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HIV & AIDS IN BEITBRIDGE DISTRICT, ZIMBABWE

Qualitative Data Analysis- Dimension Descriptions and Entry Points for Innovations

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SECTION 1: CONTEXTUAL ANALYSIS

1.0 Focus Issue: Resilience to the impacts of HIV and AIDS

The burden of HIV and AIDS has affected Zimbabwe's ability to remain resilient in the face of various man-made and natural shocks. Zimbabwe has one of the highest HIV prevalences in southern Africa. Estimates in the region put Zimbabwe alongside Lesotho, Swaziland and Zambia, with more than 14% of women and men aged 15-49 infected with HIV¹.

HIV prevalence is highest in Matabeleland South Province, at 21%. In this province, over 1 in 5 adults age 15-49 are HIV+ (MEASURE DHS, 2012). Within Matabeleland South province, HIV prevalence is highest in Beitbridge district, 26.6% (ZDHS, 2010/11), and poverty is regarded as one of the contributing factors.

Zimbabwe remains highly vulnerable to natural and man-made events that have a dramatic impact on food availability and access. Data from the 2011/12 Poverty, Income, Consumption and Expenditure Survey (PICES) indicates that in May 2012, 90% of employed persons' gross primary incomes were below the Total Consumption Poverty Line. In 2008, poor agricultural production and record inflation led to nearly half the population becoming dependent upon food assistance². According to the Zimbabwe Vulnerability Assessment Committee (ZimVAC, 2012) report, 19% of households were food insecure for the 2012/2013 consumption period, representing 1.6 million people in need of food aid. According to this report, of the eight food insecure provinces, Matabeleland South had the highest proportion of food insecure households (30%). Matabeleland South continues to stand out as a food insecure province

¹ MEASURE DHS surveys, July 2012

² UNICEF, 2010 A Situation Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005 - 2010: A call for Reducing Disparities and Improving Equity



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since the 2011-12 season. The most common coping strategy among residents was reducing the number of meals and selling cattle.³ Matabeleland South had the highest proportion of households (20%) with poor consumption patterns as a result of food insecurity.

The high prevalence of HIV and AIDS, along with crippling food insecurity, provided the justification for SA RILab's Zimbabwe team to purposively sample Matabeleland South Province, particularly Beitbridge district, for an in-depth study on the resilience of an HIV and AIDS burdened community to loss in livelihood and food insecurity. The province has the second lowest population density in the country at 12 people per square kilometer after Matabeleland North with a density of 9 people per square kilometer. The low population density of Matabeleland South Province can be attributed to adverse climatic conditions and to the effect of outmigration of the working population (15-30 age group) to neighboring countries such as Botswana and South Africa. The majority of households in this province (56%) were headed by males, while females headed 44%.

Matabeleland South Province is located in the driest region in the country, hence rain fed agriculture is not profitable and is often not an option. The major livelihood possibility is cattle ranching but, due to drought, herds are continually lost due to the decline in pastures. The situation is further compounded by the fact that there are few water reservoirs since it is an area with low rainfall area.

Wage employment within the province is also low, with most of the people in wage employment employed as migrant workers outside the country in South Africa. Most of the migrant labourers are men, leaving most households female-managed. Maphosa (2004) notes that 62 % of the adult males in ward seven (Mangwe district) were employed in South Africa and Botswana and that their remittances constituted an important source of household income. Other livelihood options include sale of *amacimbi* (mopane worms) home brewed beer, crafts, and cross border trading.

³ ZimVAC, 2012



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SECTION 2: QUALITATIVE ASSESSMENT OF DATA

Country and Geographic Area: Rural Community in Beitbridge District, Matabeleland South Province in Zimbabwe

This study was conducted in Beitbridge district, a district with a total population of 122,553 people. Of these, 64,460 are female and 58,093 are males. 80,335 live in the rural area while 42,218 live in the urban area. The study was conducted in ward 15, which has 4 villages: Mapai, Dumba, Shabwe, and Old Nuli. This ward has a total population of 4,248 and is broken down as follows: 1,971 males and 2,277 females. It has a total of 982 households and the average household size is 4.3.

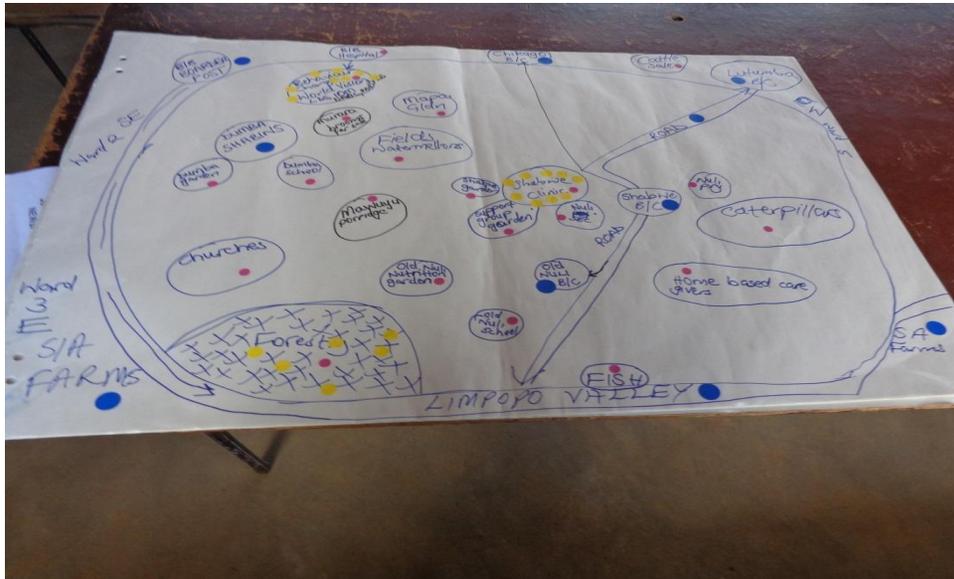
Methodology

The methodology for this study was qualitative and it entailed working with community partners in order to have a full understanding of resilience to the effects of HIV and AIDS on households. Special attention was paid to the impact on livelihoods with a focus on vulnerability factors, risk factors, coping strategies and adaptive strategies used in sustaining livelihoods. The partnership started with the District Administrator from an initial visit made by the team. The District Administrator mobilized the community for data collection with the assistance of the local councilor. Rapport was further established with the community from the three visits that the team made to Beitbridge. The research team spent close to two weeks in Beitbridge collecting qualitative data.

Data was collected using a focus group discussion guide, a key informant interview guide, as well as observation of livelihood activities, natural resources and infrastructure in Beitbridge district. Observation helped to verify some of the information given by participants during interviews. Data was collected by a team of 2 men and 2 women, ensuring gender balance and unfettered discussions. A total of 6 focus group discussions (3 with females and 3 with males) were held with 22 men and 40 women. All FGDs were conducted at Old Nuli Primary School in ward 15, which is the central place for meetings in the ward. FGD participants were drawn from people of unknown and known HIV status. Single sex FGDs were conducted to allow for unfettered discussions.

During FGDs, participants did a mapping exercise of natural resources, infrastructure, organisations and institutions supporting them. An example of the exercise is shown below.

Figure 1 : A Mapping Exercise during an FGD





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The distribution of the FGDs was as follows:

Table 1: Distribution of FGDS in Beitbridge district

Focus Group Discussion number	Number of participants	Sex of participants
FGD 1	12	Males
FGD 2	9	Females
FGD 3	10	Females
FGD 4	10	Females
FGD 5	10	Males
FGD 6	11	Females

The age range of FGD participants is 40-57 years. Individual ages were not collected, the team asked for the youngest and oldest in the groups. The youth were not present at all meetings. This was explained by the high rate of out migration by the youth to South Africa.

Fourteen key informant interviews were conducted. The team's first visit coincided with a cattle sale, so the turnout of the community to our meetings was low. The team made a second visit to supplement data collected from the first visit. Two validation meetings were held with key informants and members of the community to come to a consensus on the study findings.



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Key informants included community level and district level stakeholders. Key informant interviews were held with the following stakeholders:

Table 2: Stakeholders interviewed in Beitbridge district

Stakeholder	Title	Sex of respondent
National AIDS Council	District AIDS Coordinator	Male
Ministry of Women Affairs, Gender and Community Development	Ward Development Coordinator	Female
Ministry of Health and Child Care	Acting Deputy in Charge of Opportunistic Infectious Clinic Beitbridge District Hospital	Male
Ministry of Primary and Secondary Education	Headmaster, Old Nuli Primary School	Male
Ministry of Agriculture and Mechanisation	Agritex Officer	Male
World Vision	Programme Manager	Female
Lutheran Development Services	Programme manager	Male
Family AIDS Support Trust	Programme Coordinator	Female
Beitbridge Town Council	Administrative Assistant	Male



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Beitbridge Town Council	Councillor	Male
Business person	Business person	Male
Traditional leader	Village head	Male
Traditional leader	Headman	Male
Zion church	Pastor	Male

Data from the study was audio taped, transcribed and coded using Atlas Ti. A total of twenty primary documents were used to generate the analysis. The following dimensions of resilience were established from the study findings:

- Environment
- Wealth
- Human capital
- Psychosocial well being
- Health
- Infrastructure
- Governance
- Social capital



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Table 2 shows the frequency of quotations on each of the dimensions from the various primary documents.

Table 2: Frequency of quotations on Dimensions by Primary document

DIMENSIONS	FGD: Women	FGD: Women	FGD: Women	FGD: Men	FGD: Men	FGD: Men	KIIs	TOTAL
Environment	3	6	6	8	5	5	25	58
Governance	5	5	9	8	10	3	39	79
Health	9	8	7	9	7	5	82	127
Human capital	8	7	17	6	5	8	66	117
Infrastructure	10	5	13	7	6	4	40	85
Psycho-social	5	3	5	5	4	3	21	46
Social capital	7	3	6	3	5	2	39	65
Wealth	13	13	18	10	13	8	80	155

The dimensions with the most common quotes across all the primary documents (an indication of the significance of the stressors for the community) are Wealth (155 quotes), Health (127 quotes) and Human capital (117 quotes). These findings confirm what the



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literature states: poverty, health (HIV and AIDS) and loss of human capital are the major stressors in the area. Psychosocial support issues were not flagged out as heavily affecting people in Beitbridge, as evidenced by the least number of quotes.

Code co-occurrence shows that wealth co-occurs with all the other dimensions most frequently. This relationship is strongly evident with social capital and infrastructure. The data shows that infrastructure and social capital are some of the common dimensions used as coping strategies. This data supports the quotes analysis which shows wealth as having more quotes than the other dimensions.

Table 3: Code co-occurrence of all dimensions

	Social capital	Environment	Governance	Health	Human capital	Infrastructure	Psychosocial	Wealth	Total
Social capital	4	0	6	3	10	2	14	24	63
Environment	0	0	3	10	8	6	0	11	38
Governance	3	2	2	11	14	9	2	17	60
Health	4	10	11	2	19	5	6	14	71
Human capital	10	8	10	19	2	16	6	21	92
Infrastructure	2	7	9	5	10	6	2	24	65
Psycho-social	14	0	2	6	7	0	0	6	35
Wealth	12	24	17	14	21	24	6	2	120



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2.0 RESILIENT DIMENSIONS DESCRIPTIONS AND FINDINGS

a. DIMENSION: ENVIRONMENT

Dimension description

This dimension describes the natural environment including the climate and natural resources on which people depend for survival. Zimbabwe is divided into five natural regions, based on the amount of rainfall that each region receives. Beitbridge district is in Natural region 5 which receives below 450mm of rainfall annually. Frequent droughts in Beitbridge are described as a cause of poverty and a driver of HIV and AIDS in this district. Farming activities on which people depend for livelihoods are negatively affected by drought. Poor harvests affect the general health and nutrition of the Beitbridge community, more specifically adherence to HIV treatment for people living with HIV, which in turn weakens their immune systems and increases their vulnerability to opportunistic infections. Of the 58 quotes relative to the environment, 41 were related to cause and almost all of these discussed the frequent droughts.

'Oh yes, the other shock in our district is drought. ... Beitbridge is prone to droughts due to its geographical location, it is in natural region 5. As a result of its location, the district receives very low rainfall annually and the rains are not sufficient to sustain the life of crops. This affects people's health, particularly those living with HIV since they will not have adequate food. People on ARVs are expected to eat nutritious food in-order to boost their immune system. As a result of inadequate food, these people become vulnerable to other opportunistic infections.' (P 7: Key Informant Interview)

'The main shock in this district is drought. For the past years the area has been experiencing dry spells, it is only this year that we have had good rains.' (P 8: Key Informant Interview)

'Yes, in this area, people suffer a lot from drought because the area is dry. We rarely receive enough rains. As a result



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people usually do not have enough food for their households and are poor.’ (P 2: FGD with Women)

Women and children are the most vulnerable groups.

‘People migrate to South Africa to... deal with drought..... When they migrate the majority leave wives and children back here. The end result is neglect of the wife and children.....’ (P 2: FGD with Women)

Adaptive Strategies

The dry environment promotes *mopane*, marula and baobab trees from which the community derives livelihoods. From these trees the community harvests *mopane* worms, baobab and *marula* fruit. People harvest *mopane* worms from forests and sell them. Harvesting and selling of *mopane* worms is mostly done by women and children. Harvesting of *mopane* worms as an adaptive strategy was mentioned in all 6 FGDs as well as by three key informants. The fact that it was mentioned in all of the FGDs shows that it is a common adaptive strategy in Beitbridge district.

‘Forests help us a lot. We harvest mopane worms, which we sell. The only challenge with mopane worms is that they are seasonal.’ (P 6: Focus Group Discussion with men)

The Limpopo River is also used to support livelihoods as people get fish for their own consumption and also to sell.

Coping strategies

The Limpopo River is used to illegally cross into South Africa. This poses risks to women; as women have been raped while they attempt to go to South Africa via the Limpopo River.



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Vulnerability factors

Poor rainfall pattern was identified as a vulnerability factor under this dimension.

Causes and effects

Drought causes poverty because of poor harvests. Poor harvests lead to poor health, particularly for people living with HIV, which makes them susceptible to opportunistic infections.

b. DIMENSION: WEALTH

Dimension description

Wealth is used in both positive and negative senses. In the latter sense, it is used to refer to poverty. In the positive sense, it is used to describe assets and incomes that people possess, including food, that are key to their livelihoods, but in turn can be factors of vulnerability. This dimension closely connects to that of the environment and infrastructure on which people rely for livelihoods. Health is also closely linked to wealth as a dimension, owing to the negative effects of the livelihood options.

A filter of the codes to specifically focus on causes, effects and adaptive strategies, with particular focus on the relationship of wealth to health, infrastructure, human capital and the environment shows a strong and complex relationship between wealth and the environment. Data shows that there is a cycle created by environment, in the form of drought and poverty. The relationship of these dimensions with health is also shown to be strong, with health as an effect of both the environment and wealth.



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Table 4: Code co-occurrence of selected dimensions

	Cause: Environment	Cause: Wealth	Effect: Human Capital	Total
Adaptive strategy: Infrastructure	4	6	2	12
Cause: Wealth	13	0	5	18
Effect: Health	16	19	2	37
Effect: Wealth	7	2	2	11

People in Beitbridge are poor owing to limited livelihood options and food insecurity. As a result, they cannot access basic social services, and a cycle of poverty and vulnerability is created. A study by the ILO (2012) established that poverty in Beitbridge fueled transactional sex which resulted in HIV infections that in turn further promote vulnerability to poverty by impacting on households' livelihoods and labour productivity and on the ability of households and communities to cope (Van deWaal and Whiteside, 2003). Wealth in Beitbridge comes from remittances from people who have migrated to other countries such as South Africa to seek employment and livestock, yet such wealth in some cases promotes vulnerability to HIV and AIDS. Of the 155 quotes on wealth, 89 of them relate to causes, the majority of these describe poverty as the key driver of vulnerability.

Adaptive strategies

Women are involved in income rotating schemes.

'We do round savings schemes, we agree on the amount to contribute every month towards one woman, we rotate until everyone in the group has received pooled cash. This money helps tobuy food.' (P 1: FGD with Women)



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Coping strategies

Wealth is acquired through remittances from migrants, livestock production, cross border trade, sale of watermelons and *mopane* worms and sex work. This confirms the findings by Maphosa (2004) which show that the remittances constitute an important source of household income in Matabeleland South province, together with cross border trading, sale of amacimbi (mopane worms), home brewed beer and crafts.

Commercial sex work is a livelihood option for some women. All 6 FGDs and 9 out of 14 key informants mentioned cases of women using commercial sex work as a livelihood option and as a widespread phenomenon in Beitbridge district. As these women and girls strive to cope with poverty through commercial sex work, they contract HIV, which drains their financial and human resources and worsens their conditions. A study by ILO (2012) confirms this finding. It shows that commercial sex work is common in this district and that owing to this, the HIV and AIDS prevalence rate is very high.

Both FGDs and KIIs showed that livestock production thrives in Beitbridge. People in the area own large herds of cattle, goats and donkeys. Homann et al (2006) confirm the widespread production of cattle and goats in Beitbridge district. According to FGD and KII data, people liquidate their livestock and other assets to support urgent household and health needs.

'People here have lots of cattle which they sell in times of hardship.' (P 6: **Focus Group Discussion with men**)

'We have seen households lose every asset they had in order to procure drugs for the sick relative. By the time the person dies, the household will not have a single beast in the kraal.' (P20: **Key informant Interview**)



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However, cattle are a status symbol in the district. As a result, some households find it hard to make a decision to dispose of cattle to access important services, even when they are in need.

Beer parties are also a common coping strategy.

Vulnerability factors

Poverty is seen as a major driver of HIV and AIDS, as well as the effects of HIV and AIDS, in Beitbridge district owing to limited livelihood options. Some of the livelihood options put people at even greater risk of contracting HIV and worsening their situation. Wealth (disposable income) from sale of cattle as well as remittances promotes sex work, which fuels the spread of HIV. Intergenerational sex is common as young girls sleep with older men in order to get money to survive.

Women and children are the most vulnerable groups. There was a perception that men die early due to HIV and AIDS owing to migration, leaving their spouses and children in charge of household welfare. Women and children; therefore, bear the burden of labour provision.

Due to the dry environment, cattle die in large numbers. Furthermore, livestock theft is common and this further promotes vulnerability.

Causes and effects

Due to poverty, people living with HIV cannot afford bus fare to access and pay for health services. This results in non-adherence to treatment, poor health, and deaths. Poor health and deaths result in loss of labour which supports livelihoods.



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'Like we said, earlier, the high number of deaths in the area leads to the shortage of manpower within households because, to be honest, most young men are dying due to HIV and AIDS and most homes are left with only women to be in charge of all the work. For example, we have a gardening project that we run in this area for all residents. We call this "mushandira" [cooperative] and what I can tell you is that of the 56 people involved in the project, 52 are female and only 4 are male. 'Even that can tell you that there are not many men in this area.' **(P 5: Focus Group Discussion with men)**

Due to poverty, some school children from the age of 13 are lured into sex work resulting in early pregnancies, school drop-outs and HIV infection. This was cited in all the FGDs and 4 key informant interviews. In Zimbabwe in high HIV prevalence areas, such as Beitbridge, 50% of new HIV cases are found in young people, with girls affected at younger ages. Studies have shown that AIDS orphans tend to begin sexual activity earlier than their non-orphaned peers do and are especially vulnerable to coercive sex and report increased sexual abuse (Snider, 2005; Gilborn et al, 2006, Karlenza, 1998).

FGDs with women discussed that cattle belong to men; hence, wide inequalities between men and women emerge from the ownership of livestock by men. Female participants described that these inequalities have a bearing on women's position in sexual relationships and their ability to negotiate for safe sex.

Owing to poverty, some people cannot afford to acquire travel documents. People without adequate travel documents use the Limpopo River to illegally cross over into South Africa. Most of the women that illegally migrate through the Limpopo River are sexually abused and exposed to the risk of contracting HIV.



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c. DIMENSION: HUMAN CAPITAL

Dimension description

This dimension describes education, knowledge and skills possessed by individuals and households to enable them to survive. This dimension is linked to wealth and environment land infrastructure in the sense that a lack of industries affects employment and thus impacts wealth. Furthermore, environmental factors such as drought leads to a lack of fees to finance education. Of the 117 quotes on human capital, 69 relate to causes and effects showing the ripple effects of lack of education on skills development and unemployment.

Adaptive strategies

Some women are pooling resources through income rotating schemes and through such strategies, they manage to raise money for school fees.

'Most of women we do round savings schemes, we agree on the amount to contribute every month towards one woman, we rotate until everyone in the group has received pooled cash. This money helps to pay school fees for children.' (**P 1: FGD with Women**).

Other people cope by engaging in garden projects to raise money for school fees.

'In this area we have community gardens where we plant vegetables for sale..... We get money that helps us to send our children to school.' (**P 1: FGD with Women**)

Coping strategies



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Some people migrate to South Africa to do unskilled jobs, such as picking tomatoes in farms. Maphosa (2004) also established that wage employment in Beitbridge district is low with most of the people in wage employment employed as migrant workers outside the district or even outside the country such as in South Africa and Botswana.

'People end up looking for jobs across the border in South Africa mostly in the nearby farms.' (P 9: **Key Informant Interview**).

'Most people are absorbed in nearby farms in South Africa, but this option has dangers of contracting HIV, particularly for the married people that leave their spouses behind. You know what they do, they come home once or twice a year, and when they come they want to leave the wives pregnant, as a result, use of condoms is not an option.' (P16: **Key informant Interview**).

To deal with the challenge of distances to-and-from schools, some parents resort to renting accommodations for their children near schools, which makes the children vulnerable to sexual abuse. This phenomenon of 'bush boarding' was reported to be common.

'Another factor is distance that children travel to school which makes parents decide to have them lodge near the school. It is also common that secondary school boys who are often accommodated by married women whose husbands are in South Africa end up taking these boys as their 'husbands' having intimacy with boy children. Most of these women are usually infected by HIV from their husbands.' (P 9: **Key Informant Interview**)

Vulnerability factors

The key problem under this dimension is the lack of education and skills, as well as the inability of people to get employment in skilled or better paying jobs. Distance to schools as well as inability to pay school fees are the major factors resulting in unemployment.



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I also want to add that distance to schools is another factor that makes children lose interest in education. They walk very long distances to school. Girls are then lured by men who offer them lifts and that would be it. They are impregnated at very tender ages (P 2: FGD with Women).

Just to take you back, the other reason why children drop out from school is that there are no school fees; others drop out because of the distance they walk to and from school (P 1: FGD with Women).

Due to dropping out of school, most of the people get unskilled jobs where they get low remuneration.

This area is also affected by high school drop outs and the flight of youth to South Africa. Most of the youth that migrate are unskilled hence they are not well remunerated (P18: Key informant Interview).

FGD data shows that parents can not afford to pay school fees for their children. However, it was clear that because of the value of cattle in the community, even those with large herds of cattle fail to pay school fees for their children, because of the status bestowed on people through ownership of large herds of cattle.

I know that some parents complain of drought as the reason why they do not have money but these same parents have enough livestock that they can sell and send their children to school (P 5: Focus Group Discussion with men).

Low education levels particularly among women were cited as drivers of their economic and social dependence on men and of their inability to negotiate safe sex.

The most vulnerable groups were identified as women and girl children.



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The long distances that girls walk to and from school through the thick forests exposes them to sexual abuse by men, border jumpers and truck drivers (P 1: FGD with Women).

Causes and effects

Distance to schools affects attitudes to education and results in school drop outs and low chances of getting employed in high skilled and highly remunerated jobs.

'Just to take you back, the other reason why children drop out from school is that there are no school fees; others drop out because of the distance they walk to and from school.' (P 1: FGD with Women).

Negative role models also affect the value placed on education, which leads to school drop outs.

Children are vulnerable because of poverty and limited livelihood options. I also think that children no longer value education because of migration to South Africa. Negative role models have affected our children. They see drop outs who have gone to South Africa coming back with some money and they are attracted by that (P 2: FGD with Women).

After dropping out of school, some girls engage in commercial sex work, putting themselves at risk of contracting HIV.

Low levels of education amongst girls are also a result of dropping out of school due to teenage pregnancies.

Last year alone across this district there were 117 school drop outs among girls aged 13-14 years as a result of pregnancy (P 9: Key Informant Interview)

Due to dropping out of school, most of the people get unskilled jobs where they get low remuneration.



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'This area is also affected by high school drop outs and the flight of youth to South Africa. Most of the youth that migrate are unskilled hence they are not well remunerated.' (P18: **Key informant Interview**).

d. DIMENSION: PSYCHO-SOCIAL WELL BEING

Dimension description

This dimension focuses on psychosocial issues affecting the community, including people living with HIV. It also covers psychosocial support systems in place to support people. Issues covered here include fear, stigma and discrimination, spiritual and psychological support. Of the 46 quotes on psycho-social well being, 20 relate to causes and effects while 26 relate to adaptive strategies.

Adaptive strategies

FGD and KII data reveals that people in the community have come together to form support groups to provide psychosocial support.

'I have seen that the reduction of stigma and discrimination has helped a lot for people living with HIV and for those who wish to be tested. When the community is seen to be supporting people living with HIV, going for HIV tests becomes easy.' (P14: **Key informant Interview**).

'We have also seen that as stigmatisation by the community declines, self stigmatisation also declines.' (P16: **Key informant Interview**).



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‘Through churches we have also taught love for one another despite one’s HIV status. This has helped ensure that people living with HIV are provided with the care and support that they so desire. The church has been a pillar of strength and support as well as a source of hope to those living with HIV.’ (P19: Key informant Interview).

Because of their desperate condition, people are seeking divine intervention by turning to God.

‘People are turning to God. Going to church, after realising that the situation can only be remedied by divine intervention is one practice that we have seen.’ (P19: Key informant Interview).

Coping strategies

Promotion of positive living, including disclosure of HIV status, is a coping strategy used by some people.

‘We now hear these people openly talking about their status even at public functions such as funerals. They have devised terms that they use to remind each other about time to take their drugs such as ‘kujuicer’ [topping up]. The community is also supporting them, we no longer hear of such derogatory language as ‘mukondobera’ and ‘shuramatongo’ rather we hear of ‘varwere’ or ‘varipachirongwa.’ (P19: Key informant Interview)

However, disclosure of HIV status in some circumstances leads to stigma and discrimination.

Vulnerability factors

There are psychosocial problems emanating from HIV and AIDS and limited livelihood options in the community.



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Orphans with HIV are stigmatized and isolated.

'These children suffer stigma and discrimination, because in the majority of cases they will be infected. No one wants to live with them for fear of infection. In the majority of cases, their parents would not have left anything in terms of assets for them to fall back on because all assets will have been sold to cater for their medication. They suffer social rejection....' (P12: Key Informant Interview)

Both FGD and key' informant interview data reveals that most men are afraid of HIV testing. This results in pre-mature deaths among men.

'I have also observed that the other problem is that men do not want to be tested, women go for HIV testing, they straight away go on ART. Men are afraid, so they continue spreading HIV.' (P 4: Focus Group Discussion with men).

'Few men get tested simply because they are scared and in most cases they are tested when they are seriously ill. Let me show you statistics on what I am saying. You see, from this information that I have, in December 2013, 91 men of age between 15 and 19 were tested, against 132 women of the same age range; 106 men of between 20 and 24 years were tested while 273 women of the same age range were tested. In the same month, 192 men of between 25 and 49 years were tested while 354 women of the same age range were tested. You can see that fewer men than women come for HIV testing.' (P7: Key Informant Interview)

Causes and effects



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Unemployment has created a hopeless situation amongst unemployed people, particularly youth. Owing to their desperate situation, some people in Beitbridge resort to drug abuse.

'People here enjoy their beer. So in the community people prepare beer and invite each other. Obviously beer attracts commercial sex workers.' (P 4: Focus Group Discussion with men).

Two key informants noted that because of the education that circumcision reduces the spread of HIV, the practice of circumcision results in risk compensation among men.

'Some are getting circumcised with the wrong intention of engaging more in risky behaviour, thinking that with circumcision they are immune to HIV. We can never reduce HIV when people have such perceptions.' (P19: Key informant Interview)

FGD and key informant interview data indicates that matters of spirituality, such as witchcraft and religious beliefs, including the gospel of faith, are affecting HIV testing and adherence to treatment.

'In addition, the faith gospel that is being preached nowadays in the 'new churches' results in the defaulting of ARV medication where those living with HIV stop taking ARV medication. They are often told "nothing is impossible with God, you are healed of the Lord there is no need for you to continue taking ARVs". The church will tell people that are HIV positive that you are now HIV negative, but when these people come for testing the results usually show they are still positive but then choose to believe the church and stop ARV medication. New churches are doing more harm than good in the fight against HIV and AIDS.' (P 9: Key Informant Interview)

The issue of witchcraft accusations was raised in one FGD as well as 3 key informant interviews.



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Some sects promote polygamy, which fuels the spread of HIV and AIDS.

One major point emanating from both FGD and KII data is although there is a reduction in stigma and discrimination, elements of it still exist and this results in denial of HIV status, non-adherence to treatment, and negative attitudes towards HIV testing, particularly among men.

'Because HIV and AIDS is associated with infidelity, people living with HIV suffer from stigma and discrimination from community members.' (P12: **Key Informant Interview**).

e. DIMENSION: HEALTH

Dimension description

This dimension focuses on health issues including access to health services and the quality of health services. It is closely connected to the governance dimension, which focuses on institutional factors in health service delivery. The key problem in this dimension is access to screening and medication, as well as how it affects people's health, and in turn promotes different forms of vulnerabilities. Of the 127 quotes on health, 27 relate to causes, and the rest refer to health as an effect and as a component of adaptive strategies.

Adaptive strategies

In light of food shortages in the community, some people have started nutrition gardens, where they receive nutritious food to support their diet. Others are involved in income generating activities such as sale of mopane worms to procure treatment.



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People have also joined support groups to deal with stigma and discrimination.

Coping strategies

Some people sell cattle to procure treatment. However, in some cases, sale of cattle has negative consequences, resulting in poverty.

'The effect of HIV and AIDS is poverty. We have seen households lose every asset they had in order to procure drugs for the sick relative. By the time the person dies, the household will not have a single beast in the kraal.' (P20: **Key informant Interview**)

Vulnerability factors

Some factors that affecting access to health services are:

- o Distance to clinics
- o Long queues at clinics
- o Attitudes of health staff
- o Unavailability of essential drugs and services, including lack of equipment for testing and screening HIV and in some cases lack of electricity
- o Cost of services
- o Stigma and discrimination
- o Unavailability of food to support drug uptake

These factors shape attitudes towards HIV testing and treatment.

'There is shortage of medication in our clinics. This actually makes people see no reason for them to get tested. What is



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the point for you to know your status when there is no remedy' (P 2: FGD with Women)

'Some are getting circumcised with the wrong intention of engaging more in risky behaviour, thinking that with circumcision they are immune to HIV. We can never reduce HIV when people have such perceptions.' (P19: Key informant Interview)

Causes and effects

Owing to structural factors such as poverty, unemployment, lack of basic infrastructure and services, people in Beitbridge are failing to access health services.

f. INFRASTRUCTURE

Dimension description

This includes the basic infrastructure or physical community or societal assets, such as roads and telecommunications, which people use to function more productively. This dimension also describes the built environment promoting vulnerability as well as adaptation in Beitbridge district. This dimension is linked to human capital and wealth since some of the infrastructure is used for the generation of employment and wealth. Absence of industries is further used to explain unemployment in Beitbridge. Of the 85 quotes on infrastructure, 59 relate to causes and effects, while 35 relate to adaptive strategies.

Adaptive strategies

FGDs and KIIs referred to the importance of community gardens (irrigation) as a key intervention supporting households.

Coping strategies



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Remittances from labour migrants and cross border trade as well as sale of cattle are helping people to cope with their circumstances.

'I also think that business centres also help us to resist the effects of HIV. I know people may want to oppose my point but let me say the same infrastructure that exposes people to the risk of HIV infection helps empower us. At business centres people sell various items and get sustain their livelihoods. Through the border, people cross to South Africa and sustain livelihoods, the cattle sale pens also help us.' (P 3: FGD with Women).

Vulnerability factors

High unemployment levels in Beitbridge, partly due to lack of industries, has resulted in people occupying themselves at the border offering services such as clearing goods and other service jobs.

'Male migration is also a result of high levels of unemployment in Beitbridge. There are no industries here to absorb people. I understand that in this country at the moment unemployment is high but for Beitbridge the situation is even worse because of lack of industries. Most people, particularly men are employed in the border, by clearing agents, or are operating taxis. Most of these jobs attract men so women have very few options. Women as a result find themselves in commercial sex work. Because Beitbridge is a border town many people pass through so clients are not a problem.' (P 13: Key Informant Interview).

'There are no industries, and lack of development. Government should pour resources into developing border towns. Life in border towns is very expensive. Do you know that some go to South Africa every day to buy bread for sale in Beitbridge? They do that because there are no industries and the local bread is expensive' (P 13: Key Informant Interview).



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Temporary labour migrations, cross border trade, and operating small businesses that attract commercial sex workers are the most common livelihood strategies. These strategies can result in the spread of HIV.

'mostly men have migrated to South Africa from where they brought back HIV and AIDS as a parcel for their wives.' (P 6: **Focus Group Discussion with men**)

Infrastructure is helping to fuel HIV and AIDS in Beitbridge. Nightclubs, business centres, hotels, cattle sale pens, shebeens and brothels are all fuelling HIV as people seek relief and livelihoods from and through these structures.

'I also want to add that cattle sale pens at Lutumba have destroyed most marriages. Men do not come back after selling cattle, they are lured by sex workers and squander all the money.' (P 2: **FGD with Women**).

Focus group and key informant data revealed that the border is a key driver of HIV and AIDS, as people migrate legally for labour and trade purposes to South Africa. Labour migrants are mostly men while those involved in cross border trade are mostly women.

FGD and key informant interview data reveals that spousal separation, owing to labour migration, and long clearance queues at the border for truck drivers, sex as a form of tax payment at the border and commercial sex work fuel the spread of HIV resulting in the death of breadwinners and high rates of orphans. HIV prevalence surveys in Zimbabwe have shown very high levels of infections in border areas such as Beitbridge, suggesting mobility and spousal separation as major vulnerability factors (NAC, 2003).



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g. DIMENSION: GOVERNANCE

Dimension description

This dimension describes institutional factors including policies and organisations that support livelihoods as well as those that promote vulnerability. All the 79 quotes on governance relate to causes.

Coping strategies

Participants reported that in order to get services from institutions such as the police and the Zimbabwe Revenue Authority, people use bribes in the form of sex and other goods. To deal with idleness at the border, truck drivers resort to sex. No adaptive strategies were mentioned in relation to this dimension.

Vulnerability factors

The majority of people interviewed indicated that institutionalized corruption is a major problem in Beitbridge. They reported that it is common in the Zimbabwe Revenue Authority and the Zimbabwe Republic Police and that such corruption is promoting vulnerability to HIV and AIDS.

Zimbabwe Revenue Authority (ZIMRA) officials take long to clear goods leading to idleness of people including truck drivers.

‘To add to what has been said, the border also makes people vulnerable to HIV and AIDS. A lot happens at the border but to me the most important factor that needs to be addressed is speeding the process of clearing goods. Truck drivers spend a long time queuing for clearance and this forces them to look for pass time activities.’ (P 6: Focus Group Discussion with men).



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There is a shortage of drugs as well as unavailability of other essential services at clinics and hospitals. Health staff is rude and keep patients in queues for long periods of time.

There are reports of poor protection by the police of the women who report sexual violence as well as the general community who report cases of stock theft.

'Yah, I have a problem with corruption within the police force. We lose our cattle and instead of arresting the cattle rustlers they actually collaborate with them or get bribes from them. So we end up getting no help.' (P 5: FGD with men).

Causes and effects

Lack of industries in Beitbridge was considered to be political and hence a governance issue owing to the fact that the border generates revenue yet the resources are not invested back into the district for development purposes.

'This area is less developed and we are not sure why. It is surprising the level of under-development yet lots of revenue goes to the government through the border.' (P 2: FGD with Women)

The politicization of development interventions has resulted in the banning of NGOs that helped with critical services, which the government is now failing to provide.

h. DIMENSION: SOCIAL CAPITAL

Dimension description



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This dimension includes forms of connectedness among individuals, households and groups (e.g. community networks, formal and informal institutions.) In this context this dimension describes moral obligations and norms, social values and social networks (especially informal and voluntary associations). Of the 65 quotes on social capital, 38 relate to causes and effects while 27 relate to adaptive strategies.

Adaptive strategies

The community uses clubs, such as burial societies and income savings and rotation schemes, as adaptive strategies; however, women are the main participants in each of these strategies. Support groups, churches, and community structures such as the extended family are used as support systems for psychosocial support and provision of labour. Family is of paramount importance in Zimbabwean culture and remains one of the best safety nets for the vulnerable. For example, 98 per cent of orphans are cared for by their extended families, particularly the elderly (WHO, 2002).

'Women are in support groups where they support each other with psychosocial support, labour and even income. Women in support groups operate savings and lending schemes, which are very important as a fall back position in hard times. Women also form the majority in burial societies and other social clubs.' (P 3: FGD with Women)

'As has been said before, I think what makes us capable to withstand and cope with HIV which is also in our practice are social support systems. A person cannot stand alone, we are able because we support each other.' (P 4: FGD with men)



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Coping strategies

Commercial sex work is one coping strategy used by female spouses whose spouses have migrated to South Africa to seek work, and yet are not providing sufficient remittances.

Vulnerability factors

A key issue that came out from focus group discussions is the dearth of social capital owing to non-fulfillment of moral duties and witchcraft accusations related to HIV and AIDS.

Some male spouses who migrate to South Africa in search of employment abandon their obligations by failing to remit money or support families back home.

Social networks involving Malaichas (middle men), who are used by women at the border to facilitate illegal entry into South Africa or clearance of goods, expose women to sexual abuse.

Beer parties, a common phenomenon in Beitbridge, create conditions of vulnerability for both men and women. Gender inequality and abuse of women promotes loss of social capital. Data shows that some men who know their HIV status do not disclose it to wives. Furthermore, women's position in marriage does not allow them to negotiate safe sex; hence, they get infected with HIV.

'Domestic violence of this nature is common. They do not even want to get tested. If you advise them to go for HIV testing, you are accused of implying that he is unfaithful.' (P 3: FGD with Women)

Causes and effects



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The culture of cousin marriages is promoting the spread of HIV and AIDS amongst relatives.

'Most people in Beitbridge believe in 'cousin marriages' whereby a girl child is usually given as a wife to her uncle (that is her mother's brother). Once a girl reaches puberty, she is then taken as a wife by her uncle, who is usually twice or more than twice her age. In most cases the uncle has other wives, even if it is known that the uncle is HIV positive, the virgin girl is still given in marriage to her uncle.' (P 9: **Key Informant Interview**)

Many conflicts result when people contract HIV and such is linked to witchcraft leading to witchcraft accusations that then lead to very weak family network systems.

'We have also seen HIV resulting in open conflicts between and amongst relatives as people accuse each other of witchcraft. The end result is when the sick people die, orphans that remain behind have no one from the extended family to look after them because of strained relations. These orphans suffer rejection and poverty because of witchcraft accusations.' (P20: **Key informant Interview**)

There is general degeneration of social and family values especially when a male relative takes over the wife of his brother. This occurs in context of the migration of the male spouse in search of employment.

Focus group discussion and key informant interview data showed youths' lack of respect for elders, which results in lack of moral restraint. This is also compounded by lack of respect and faithfulness amongst spouses during times of separation (due to labor migration) leading to promiscuity or multiple sexual relations.



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3.0 RESILIENCE FRAMEWORK AND ENTRY POINTS

Country and Geographic Area: Rural Community in Beitbridge District, Matabeleland South Province in Zimbabwe

Focus issue: Resilience to the impacts of HIV and AIDS

Description of the framework and entry points for innovations

This analysis is informed by the nine dimensions of Environment, Health, Wealth, Psychosocial well being, Human capital, Infrastructure, Governance and Social capital. Analysis of quotes indicates that the most significant factors promoting vulnerability are Wealth (155 quotes), Health (127 quotes) and Human Capital (117 quotes). Although the numbers of quotes under the Environment dimension are low (58), analysis of the data shows that Wealth/Poverty, Health and Human Capital are all effects of a perennial problem of drought.

The Resilience Framework graphically presented below shows Wealth and Human Capital as the immediate causes/effects, while the underlying factors are Environment and Infrastructure. Psychosocial and Health are the Outcomes whilst Governance and Social Capital offer needed support systems.

The framework reveals the underlying causes of vulnerability to be Environment and Infrastructure. The main underlying cause of vulnerability in Beitbridge district is the natural environment; specifically, drought limiting agricultural activities and livelihood



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options. People often cope with the environmental induced challenges by using available infrastructure such as the border post, business centres, brothels, shebeens, and cattle sale pens, amongst other structures.

Within this scenario, the effects of the underlying causes of vulnerability are lack of human capital which has health and psycho-social implications. These dimensions are connected in a close and complex way. They have an effect on wealth/poverty, which is central to the predicament of people in Beitbridge district. These dimensions have the capacity to act positively or negatively to influence resilience and vulnerability respectively. For example, while circumcision is being promoted in a positive sense to reduce the spread of HIV, some people's risk perceptions are reduced because of the practice; paradoxically increasing their vulnerability to HIV. Another example is that though churches through their teachings are providing psycho-social support to some people; to other people, the same teachings result in non-adherence to treatment.

It is at this level that entry points for innovations are proposed, particularly through promotion of human capital through provision of knowledge and skills. What is positive in Beitbridge is the presence of social capital in supporting adaptation to shocks. Such support systems are shown on the left of the framework and they include Governance/Institutions. It is important to note that analysis of the quotes shows that Social Capital is one of the dimensions with the least number of quotes, indicating that this structure is still strong in promoting adaptation and resilience (for example support groups). Furthermore, there are a number of interventions by government and NGOs to reduce vulnerability (for example, BEAM and school fees and vocational skills support by the Lutheran Development Services).

When targeting human capital as an entry point for intervention, one important dimension to consider is the presence of infrastructure that can be used for wealth generation. Furthermore, there are social support systems and a legal framework governing sex work; hence, human capital targeted innovations can be sustained by the social support and legal framework.

The Environment and the Infrastructure are other possible entry points for innovation because the community heavily relies on these in their coping strategies. In current circumstances, the effect of the Infrastructure is used negatively in livelihoods, and is supported by poor governance in the form of corruption and staff attitudes as well as poor social capital in the form of lack of moral restraint.



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Infrastructure as an entry point would require social and human capital for effectiveness. This can further be supported by efforts targeting the main driver of vulnerability, the Environment. There are forest products that the community is currently harnessing for livelihoods, including mopane worms. Innovations can target such resources. Targeting these two entry points of Infrastructure and Environment is important in order to address the challenges that currently impact the community in a sustainable way.

