

Participation of HIV/AIDS affected female headed households in Oxfam's drought resistant seeds and fertilizer distribution project in Chirumanzu District, Zimbabwe.



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By
Erina Mawire
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The Netherlands
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Dedications

I dedicate this research project report to the Soroptimist Friesland Noord Club.

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Acronyms

AIDS:	Acquired Immunodeficiency Syndrome
ARV:	Antiretroviral
CSO:	Central Statistics Office
FAO:	Food and Agriculture Organisation of the United Nation
FHH:	Female Headed Household
HBC:	Home Based Care
HH:	Household
HIV:	Human Immunodeficiency Virus
OPV:	Open Pollinated Variety
PLWHA:	People Living with HIV/AIDS
UNAIDS:	The Joint United Nations Programme on HIV/AIDS

Abstract

The research problem that formed the basis of this study was Oxfam's lack of information on the factors that were leading to low participation of HIV/AIDS affected female headed households in the agricultural input distribution project in Chirumanzu District. 10 Kg open pollinated variety (OPV) drought resistant seeds (ZM 309 and ZM 523) and 50 Kg ammonium nitrate fertilizers were distributed per household in wards that had the highest HIV prevalence in Chirumanzu District which is also a drought prone area. The aim of this project was to improve the food security, reduce the dependence on food aid and to reduce the impact of HIV/AIDS of these households (Oxfam, 2009).

The objective of the study was to investigate why there was low participation of HIV/AIDS affected female headed households compared to male headed households in the agricultural input distribution in Chirumanzu District.

The study had a qualitative approach based on experimental data and literature. The data collected involved interviews with 12 female headed households (respondents) in three categories (widows, divorced and single mothers) and 4 influential community leaders (informants). The three categories comprised of HIV/AIDS affected households that were benefiting from the agricultural input distribution project and those that were not benefiting from the project. Interviews were also conducted with 4 influential community members to get an in-depth understanding of the participation of HIV/AIDS affected households. It was expected that the different categories would reveal how different types of female headed households had disparity in having access to developmental projects that were meant for HIV/AIDS affected households.

Data was collected by use of a combination of methods which included direct interviews, direct observations, home based care reports and Oxfam project reports.

The conceptual framework (figure 1) was used for data analysis to show how participation of HIV/AIDS affected female headed households could be improved in Oxfam's projects. The results of the study showed that some HIV/AIDS affected female headed households were not participating in the Oxfam agricultural input project mainly because they did not have access to land. All the single mothers that took part in this study did not own any land and they either rented or temporarily farmed on someone's land. The study also showed that households headed by single mothers were rarely registered in the villages of their residence because they did not own land. They were not recognised as legitimate members of the community. They were also omitted in the Oxfam database of all village households in the district. Evidence from the study showed that widows had greater access to developmental projects compared to divorcees and single mothers because they had stronger social ties within the community and faced less stigma and discrimination compared to other HIV/AIDS affected female headed households. Social capital of households proved to play a big role in increasing the probability of a household to participate in any project, as the community members lead by the village head had the final say in the final project beneficiaries. Social capital comprises of the norms, trust and reciprocity networks of a household that facilitates mutually beneficial cooperation in a community.

The selection criteria that was set for the agricultural input distribution project by Oxfam to some extent also hindered the participation of most female headed households, as most of the affected female headed households did not have access to at least 0,5 hectares of land. Most of the female headed household also proved to have constraints in labour and could not meet the requirement of at least 3 able bodied adults per household. The selection

criteria of the community at village level differed from village to village. According to the study results most villages had a selection criterion that completely deviated from that of Oxfam. For this reason most female headed households were omitted from the agricultural inputs project. Women proved to have limited time for leadership positions in the community.

The agricultural input distribution project has been of great relief to most HIV/AIDS affected households in terms of food security. Benefiting households reported a 20-50% increase in maize yields and improved nutrition for their families.

As part of the recommendations Oxfam should adjust the projects selection criteria in order to accommodate HIV/AIDS affected female headed households. Selection of beneficiaries at village level needs to be monitored so that the communities do not deviate from the intended purposes of the project. There is need also to increase the percentage number of households that are visited during the verification process of the project.

Chapter 1: Introduction

1.1 Background and Justification

HIV was first identified in Zimbabwe in 1985 and almost two million people have been estimated to be living with HIV/AIDS (1.8 million as of the end of 2011), representing the third largest HIV/AIDS in sub-Saharan Africa (UNAIDS, 2010). The HIV/AIDS prevalence rate (the percent of people aged 15 to 49 years living with the disease) in Zimbabwe is among the highest in the world, although recent evidence suggests that the prevalence is starting to decline from 36% in 1997 to 13.7% in 2011 (MoH&CW, 2011). The epidemic continues to pose significant development challenges to this low-income country, which faces additional problems including drought conditions, substantial internal migration and displacement, political instability and economic instability that intensify the epidemic's impact.

HIV and AIDS create a major threat to the well-being of every Zimbabwean particularly now in the era of economic hardships. Families are losing breadwinners, children losing parents, young girls and boys taking on the added responsibilities of looking after their siblings. While HIV and AIDS is not entirely a women's problem, the gender dimensions cannot be ignored. Women in Zimbabwe have a higher susceptibility to HIV because of increased vulnerability due to their biological make up and cultural practices that promote gender inequality in Zimbabwe. According to Zimbabwe's National AIDS Council, an estimated 60 percent of Zimbabwean adults living with HIV at the end of 2010 were female. This gender gap is even wider amongst young people. Women make up around 77 percent of people between the ages of 15 and 24 living with HIV. NAC, (2011) has also reported that one in every five widows in Zimbabwe is HIV positive.

Agriculture has been and remains a fundamental part of Zimbabwe's economy; about 70% of rural people derive their livelihood from subsistence agriculture (Manyumwa, *et al.*, 2012). However, due to structural changes in the sector, the economic crisis of the past decade, HIV/AIDS and recent droughts, Zimbabwe's agricultural sector has declined sharply and the country is no longer food self-sufficient. One reason for low productivity, particularly by rural farmers is the inability to access seeds and fertilizer.

Oxfam is an international NGO which is working in Zimbabwe to tackle poverty through improvement of rural livelihoods. Much of Oxfam's efforts go towards agricultural programs because farming is central to the lives of the poorest in Zimbabwe, especially women. Oxfam has launched a 4 year project in Chirumanzu District; the project distributes free agricultural inputs to HIV/AIDS affected rural households. The agricultural inputs package comprises 10 Kg open pollinated variety (OPV) maize seeds, 50 Kg ammonium fertilizer and trainings on good agronomic practices. The objective of the project is to increase access to improved seeds (drought resistant seeds) among 4,000 HIV/AIDS affected households in Chirumanzu food-insecure wards. This is intended to improve the food security, reduce the dependence on food aid and to reduce the impact of HIV/AIDS of these households (Oxfam, 2009).

1.2 Problem statement

Oxfam, Economic Justice Department has been running an agricultural input distribution project in Chirumanzu District for the past 2 years. The project targets households that are affected by HIV/AIDS. Female headed households (FHH) make up 60% of the total households in this district (Oxfam, 2009). There is an increase in female headed in Chirumanzu District due to increased male migration in search of work in neighbouring

countries and also death due to AIDS. Despite the greater population of households in this district being female headed, only 20% of the total HIV/AIDS affected female headed households participate in the input distribution project compared to 39% of affected male headed households that are participating. Yet women also make up a larger percentage (65%) of the people living with HIV/AIDS in the district (Oxfam, 2010). Oxfam Economic Justice Department lacks knowledge on the reasons for low participation of HIV/AIDS affected female headed households in the input distribution project and wants to investigate why most of the HIV/AIDS affected female headed households are not taking part in this project.

1.3 Research objective

To come up with recommendations for Oxfam, Economic Justice Department on how to improve participation of HIV/AIDS affected female headed households to drought resistant seeds, trainings and fertilizer distribution projects.

1.4 Problem Owner

Oxfam Economic Justice Department, in Chirumanzu District.

1.5 Main Research Questions

1. What are the selection procedures of the community members and Oxfam that is affecting the participation of HIV/AIDS affected female headed households in the input distribution project?
2. What is the relevance of the input distribution project in meeting the needs of the HIV/AIDS affected female headed households?

1.5.1 Sub Research Questions

- 1.1 What are the selection criterion of Oxfam and the community that affects participation of female headed households that are affected by HIV/AIDS?
- 1.2 What is the involvement of HIV/AIDS affected female community members in the selection of project beneficiaries?
- 1.3 What changes are necessary in the selection criteria of beneficiaries to increase participation of HIV/AIDS affected female headed households?
- 1.4 What is the effect of social cohesion in the community in relation to participation of HIV/AIDS affected female headed households?
- 1.5 What are the hindering factors from the perspective of the affected household in participating in the input project?
- 2.1 What are the perceived and actual benefits of the input distribution project in mitigating the impacts of HIV/AIDS by the female headed households?
- 2.2 What are the other livelihood options for the HIV/AIDS affected female headed households?
- 2.3 What do the HIV/AIDS affected female headed members perceive as necessary adjustments to this project to increase their participation?

1.6 Definition of concepts

A **selection criterion** pertains to characteristics of the household, which make them eligible to be beneficiaries for a particular project (Oxfam, 2009).

A **household** is a group of persons who normally live and eat together. These people may not be related by blood, but make common provision for food or other essentials for living and they have only one person whom they all regard as the head of household (CSO, 2010).

A **female headed household** is a household where an adult woman and often her children reside, without the presence of a male partner (Chant, 2000). Female headed households in this research encompass divorced women and widowed women.

HIV/AIDS affected households are households caring for chronically ill person(s), orphans or those which had experienced death of member(s) from HIV/AIDS related illness.

Livelihood is defined as the activities, the assets and the access that jointly determine the living gained by household (Ellis, 2005).

Social cohesion is the network, norms and social trust within a community that facilitates coordination and cooperation for the benefit of the community (Gregson, *et al.*, 2002).

Participation is the act of engagement and active involvement in developmental projects for the benefit of an individual, household or community.

Conceptual Framework

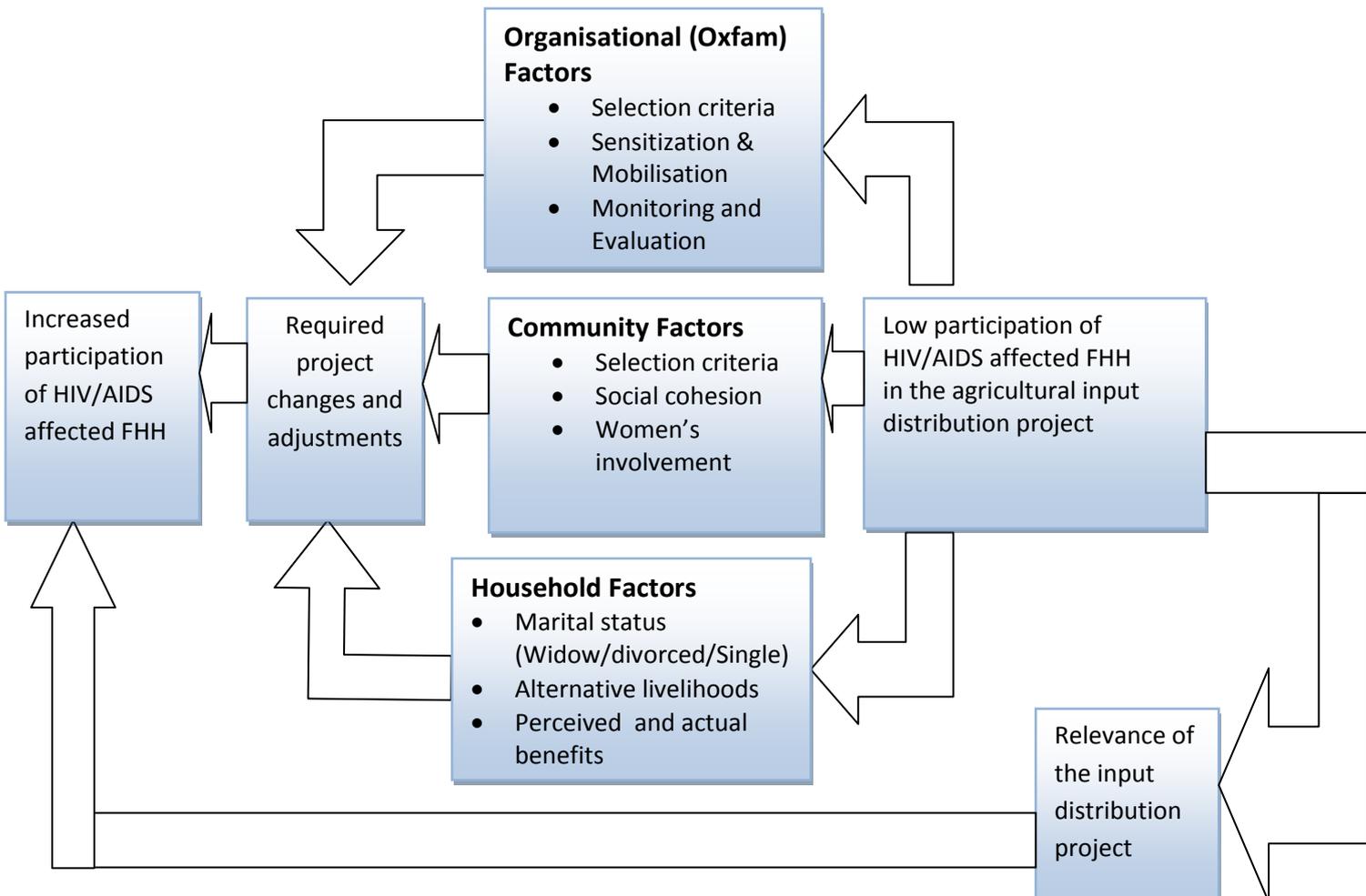


Figure 1: Conceptual framework

A framework has been designed to guide the research and the analysis. The framework is based on how HIV/AIDS affected female headed households can be affected at three levels in participating in agricultural input distribution projects. The first level is organisational level; how Oxfam as an organisation may be affecting participation of HIV/AIDS affected female households.

The second level is the community in which these affected female headed household reside. At this level, the framework will identify how the HIV/AIDS affected households relate to the community and how this may affect their participation in the input project. The last level will be at household level; this level identifies any personal factors that may be affecting these households to participate in the project. Indicators that will be used for measuring the factors at all the three levels are indicated in Figure 1.

The required changes and adjustments of the input distribution project from the contributions of Oxfam, the community and the HIV/AIDS affected households will increase the participation of HIV/AIDS affected female headed households in the project. When the non-participating households realise the relevance and the impact of the agricultural input distribution project, they will be motivated to join the project and participation will increase.

Chapter 2: Literature Review

2.1 Oxfam Zimbabwe: Agricultural input distribution project

Oxfam has been operating in Zimbabwe since 1980. The mission of Oxfam is to work with others to overcome poverty and suffering through creating lasting solutions to injustice of poverty in Zimbabwe by empowering people to create a future that is secure, just, and free from poverty. In response to the Impact of the AIDS epidemic in Zimbabwe, Oxfam programmes continue to have a profound impact on HIV affected households and persons living with HIV/AIDS (PLWHA). The quality of life of the PLWHA as beneficiaries of Oxfam's programmes has improved as they can now put food on their tables to avert hunger and assist them in complying with their medication, especially antiretroviral (ARV) drugs. Oxfam's projects are designed to prevent, provide care, support and mitigate the impacts of HIV/AIDS (Oxfam, 2010). In 2009, Oxfam launched an agricultural input distribution project in Chirumanzu District for HIV/AIDS affected households to mitigate the impacts of HIV/AIDS on households and individuals.

Zimbabwe experiences periodic droughts and the impact of these droughts is worsened by a rise in unemployment, a decline in gross domestic product, and an estimated 13.7 percent rate of HIV/AIDS incidence among adults (CIAT, 2010). The current food security crisis in Zimbabwe has had a negative impact on the nutritional status of most people, especially poor households and people living with HIV. The situation is likely to get worse due to shortages of seed and fertilizer on the market. In past years, most households have responded to drought by increasing their food purchases, but this is not a sustainable response for most HIV/AIDS affected households that usually have high medical bills to cover because of treatment of opportunistic infections and ARVs. In most areas it is difficult to find grain for purchase and most households consume their limited seed stocks, creating acute seed deficits for the next growing season (Chimhowu and Hulme, 2006). The use of quality drought resistant OPV seeds, along with other inputs and appropriate cultural practices, is recognized as the most cost-effective way of increasing crop production and productivity. Oxfam has been distributing open pollinated drought resistant maize seeds (10 Kg) and ammonium nitrate fertilizers (50 Kg) to 4,000 households that have been affected by HIV/AIDS. These households also receive trainings on good agronomic practices that are offered by Oxfam in collaboration with the Ministry of Agriculture. A single household can cultivate on 0.5 hectares (which is equivalent to 10 kg of maize seed, 30*90 cm spacing).

Relief programmes on free agricultural input distributions assume seed distribution will contribute to an expansion of cropped area and fertilizers will increase production levels and quality. Fertilizer utilisation in Zimbabwe has fallen since 2000 owing to the disruption caused by the land reform, physical unavailability, increased fertilizer prices and financial constraints (FAO, 2010). Only one-fifth of the rural farmers in Zimbabwe use fertilizers according to FAO. In order to realize the potential for increased fertilizer use in this subsector, the farmers should have better financial and physical access to fertilizers and guidance concerning their use. Organic manure can be a substitute to fertilizer in improving the soil fertility but most HIV/AIDS affected households do not have livestock as they usually sell their livestock to cater for healthcare and other household needs. A research conducted by Mutangadura, *et al.* (2007), showed that 70% of the HIV/AIDS affected households in Zimbabwe lose their livestock through distress sale. Most rural soils in Zimbabwe are poor due to poor soil management and this has led to reduced crop yields. Nonetheless, drought re-occurs year after year in Zimbabwe and these programs are simply started afresh (FAO, 2006). Most rural farmers have adopted hybrid maize. The rising costs of this seed in recent years had led many to replant seed derived from their previous season's grain production. This has been contributing to a decline in average maize yields. The delivery of OPVs by Oxfam offers

farmers a cheaper, more sustainable, alternative way to save on the costs of maize seeds. Open pollinated maize seed varieties can be replanted using previous seasons harvest without reducing the yield for three consecutive years (Oxfam, 2009).

Different selection criteria can be used to target households for agricultural input aid. The major one is based on the wealth status of the household. Inputs can also be targeted at the well-off households that normally have other complimentary inputs and infrastructure to effectively put the donated inputs to use but these households may also not be in need of the donated inputs for they can afford to buy the inputs from the market (if available). Inputs can also be donated to the needy resource poor farmers, who, although they really need the inputs due to their inability to purchase the inputs from the market, may be too poor to put the inputs to efficient use. These households for example, may not have draught power and other tillage implements and in the case of HIV/AIDS affected households may not even have adequate farming labour. The incidence of female headship is believed to have increased worldwide and, in both developed and developing countries, a high proportion of these households are found to suffer poverty (MoH, 2005). Thus female-headed households have become an easily identifiable group on which to target poverty alleviation measures.

2.2 Feminisation of Poverty

Female headed households are globally viewed as marginalised and poorer compared to male headed households because of their limited access to assets, resources and their double burden of productive and reproductive responsibilities (Huisman, 2005). However, the efficacy of such targeting has been widely questioned (Quisumbing, et al., 2001; Chant 2003). Female headship results from a variety of causes: widowhood, divorce and de facto headship, arising, for instance, from the illness of a spouse or his migration to an urban area to find work: and that consequently does not map directly into poverty and deprivation. For example, comparative research done by Moser in Guayaquil, Manila, Budapest and Lusaka on the impacts of structural adjustment in low-income neighbourhoods showed that, except for Lusaka, there is no direct relation between sex of the household head and income level (Moser, 1996). Also, a study in Botswana by O'Laughlin in 1997, found that the median disposable income of female headed households in rural areas was slightly higher than that of male headed households. A major reason why female headship cannot be automatically used as an indicator for poverty is that households headed by women are not a homogeneous group and thus not all female headed households are equally disadvantaged (Wieggers, 2007).

In contrast, according to a research carried out by UNICEF, female headed households are more vulnerable compared to male headed households. The HIV/AIDS endemic has left many orphans, most of who are taken care of by female-headed households and grandmothers. A UNICEF led research in Zimbabwe indicated that one-third of the 708 randomly sampled households were caring for orphans, with female and male headed households looking after an average of respectively 1.9 and 1.6 orphans (MoH&CW, 2010). In addition, 25% of the households looking after orphans were headed by grandmothers. The study also showed that female headed households besides caring for more orphans tend to care for younger orphans than male headed households. Consequently, female headed households with orphans have fewer economically active members in the household, as is reflected in a higher dependency ratio, and thus experience more labour problems compared to male headed households.

2.3 HIV/AIDS, gender and food security

According to FAO 2010, households with PLWHA experience longer periods of food insufficiency from their own produce than non-affected households. One effect of this is a decrease in the nutritional status of these households simply because less food is grown by the family and less money is available to cover the shortfall. Unfortunately, the resulting malnutrition of these increasingly impoverished families is also associated with a more rapid progression of HIV to AIDS and this increases the vulnerability of HIV-positive persons to opportunistic infections, further speeding up the need for yet more funds for the medicines needed to keep these patients alive. Households directly affected by HIV/AIDS face significant challenges in trying to pay for medical treatment and ultimately for funeral costs. These costs lead to a steady decline in the household asset base, and in some cases, households sell their agricultural productive resources, including animals, equipment and inputs, to cope with the burden. FAO data for Southern Province of Zambia shows that non-affected households own almost twice as many cattle, goats, chickens, ox ploughs and ox carts than affected female headed households with orphans (FAO, 2006).

It has been asserted that women's productivity in agriculture is held back by poverty, illiteracy, their lack of assets, access to seeds, fertilizers and by being female. The situation of the divorced woman is usually worse than that of the widow when it comes to resources. On divorce the woman receives no share of the household's land or assets, she may have to leave her children with her husband and she may also have to hand over her possessions, such as clothes bought during the marriage and money saved from her own income-generating ventures (Huisman, 2005). She is expected to return to her own relatives and to be supported by them.

2.4 Social Cohesion of HIV/AIDS affected households

Social cohesion is generated through families, groups or community relationships and networks. Assets, knowledge, norms, trust and culture can be shared in these relationships and networks. These networks facilitate mutual beneficial cooperation in communities and are an important asset as they help in reducing household vulnerabilities and increase opportunities for development (Wieggers, 2007). Social norms and beliefs which are often found in social networks make individuals and households comply with established rules and customs and hence reduce the need for formal checks. Social cohesion helps individuals and households in coping with uncertainties, ill health, food deficits, financial needs and other stresses. Stigma surrounding HIV and AIDS remains one of the biggest obstacles to the effective engagement and participation of PLWHA and their families in community projects and activities.

HIV/AIDS related stigma and discrimination has been proved to directly slow down the effectiveness of HIV/AIDS programmes that are meant to improve the living standards of most PLWHA and their families (UNAIDS, 2009). Stigma and discrimination is a barrier to people opting for voluntary testing and directly affect the likelihood of protective behaviour. According to UNAIDS, (2010), 1.3 million people in Zimbabwe are HIV positive but only a few people are comfortable to disclose their HIV status. This makes the epidemic invisible or as experts say, forces it underground. The lack of social conditions to come out deters the opportunity to unify cohesive gathering of PLWHA as a group. Thus, their voice is still limited or unheard. Strong public perception on the association of HIV/AIDS with socially marginalised people such as sex workers and injecting drug users (IDUs) still prevails in Zimbabwe, making the stigma stronger and persistent. Several countries perceive these groups as socially deviant and illegal, which deserve punishment. The less privileged background of PLWHA gives an impression that they are not capable of making a significant change in their communities.

A research study in 2010 by the Asia-Pacific Network of people living with HIV/AIDS shows that among HIV-positive people in India, Indonesia, Philippines and Thailand, there is widespread existence and severe challenge of AIDS-related discrimination in the region. Based upon structured interviews of 764 people living with HIV/AIDS in the above countries, the study found that 80 percent of them experienced discriminatory practices in various settings. In particular, various forms of discrimination were experienced in the health sector (54 percent), in the community (31 percent), within the family (18 percent), and 18 percent at the workplace (APN, 2010). The study also revealed that the extent of discrimination in the community and within the family was significantly greater for women living with HIV/AIDS than that for men living with HIV/AIDS. Discriminatory practices for women included physical assault and forced relocation of residence and exclusion from community developmental programmes. The study demonstrated with evidence that discrimination against PLWHA, particularly women, is present in all walks of life.

2.5 Women living with HIV/AIDS

There has been an alarming HIV trend in Zimbabwe, women are disproportionately affected by HIV/AIDS compared to men, constituting 51% of the Zimbabwean population and 62% of people living with HIV/AIDS in 2010 (WHO, 2010). The estimated number of women living with HIV/AIDS has been higher than that for men since 1985, and the number of new infections among women has exceeded that among men since 1985 to date (WHO, 2010). Recent data from the national surveillance system show a decline in HIV prevalence among pregnant women from 26% in 2002 to 16% in 2010 (UNICEF, 2010). Changes in sexual behaviour appear to have contributed to the decline. However, infection rates in Zimbabwe continue to be among the highest in the world. Studies by the MoH&CW show that severe gender inequality in political, social, educational, and economic areas and absence of informed choices in Zimbabwe render women extremely susceptible to HIV and subject them to intense stigma and discrimination in the communities they live in. Women often have no control over their sexual lives and have extremely limited access to prevention information and services. However, even the best knowledge of prevention does not guarantee safety for women because of the overpowering dominance of patriarchy. HIV infection brings in disproportionately heavy burdens on women. Reports from women living with HIV/AIDS in Zimbabwe show that most of the time, they are morally judged, blamed for the infection of their spouses and are burdened with the care of the latter (Mutangadura et al., 2007). When the women themselves fall sick with HIV related illnesses, they are thrown out of families and denied legal rights. The prevailing gender inequality worsens the conditions of women when they are burdened with HIV. Several HIV positive women are denied their legal rights over their own properties and that of their spouses who died of HIV-related illnesses. Mostly their productive assets like land, cattle and ploughs are grabbed by other family members.

When HIV/AIDS widows lose their land due to grabbing by the relatives, their livelihood which is mainly agriculture is affected. This is the reason why most HIV/AIDS affected female headed households are more vulnerable to the impact of AIDS compared to male headed households. Implicit to the concept of vulnerability are the differences in resilience of households to the impacts of HIV/AIDS (Loevinsohn, 2008). Resilience in the context of HIV/AIDS refers to the responses that enable households to avoid adverse impacts on their livelihoods or to recover faster than normal (Loevinsohn, 2008). In times of HIV/AIDS shocks in households, productive assets are sold to cover household costs. Disposal of productive assets mainly affects female headed households compared to male headed households because they are less able to cope and struggle with adverse impacts (World Bank, 2009).

Gender inequality is a central aspect of vulnerability differentiation. Inequalities in rights and responsibilities on the basis of sex and age mainly create differences in the ability of households to respond to shocks. For women, these gender-based disparities in asset

ownership are often worsened by high incidence of low levels of education and economic status which further limit their opportunities to generate income and increase the likelihood of women to turn to risky survival strategies for obtaining income or food such as transactional sex.

Moreover, the traditional domestic and nurturing roles assigned to women represent a double burden, as women bear the load of caring for the sick and orphans, while also trying to secure a livelihood for the household. In cases of inadequate resources, the demand of caring for ill family members progressively forces women and girls to engage in survival sex (NAC, 2010).

2.6 Participation of PLWHA in Developmental Projects

According to UNAIDS, there is little or no active involvement of people living with HIV in decision-making of most of the projects that are designed for them. In Zimbabwe, there is low representation of PLWHA even in the national HIV/AIDS policy discussion forums (NAC, 2011). Participation of PLWHA in developmental programmes is low because of the limited capacity of PLWHA groups to engage in decision making and lack of supportive environment conducive to empowerment of PLWHA and their groups. Exclusion of PLWHA has also been driven by HIV/AIDS related stigma and discrimination, violation of human rights and erroneous beliefs that HIV infected persons cease to be productive contributors to the society. However, their contribution has the potential to improve the wellbeing of PLWHA, their response to the HIV/AIDS epidemic and the sustainability of PLWHA projects. Studies and evaluation of PLWHA programmes in Chivi District, Zimbabwe clearly indicates that mere involvement does not denote participation (Mutangadura, 2005). Participation in the true sense denotes capacity, resources, access to services for PLWHA. Participation of women living with HIV in projects is generally lower compared to that of men who are also living with HIV because women living with HIV experience a higher level of internal stigma and external discrimination, compared to men living with HIV. Socio-cultural and economic realities also shape the barriers and the opportunities for women to participate in developmental projects. In the Zimbabwean culture, it is acceptable for a man to be HIV positive but women who are HIV positive are usually associated with prostitution. Because of this reason women prefer to keep their HIV status a secret.

The impact of HIV/AIDS projects on women in Zimbabwe is quite different for both urban and rural women. In fact, there is extensive confirmation that rural women are mostly neglected, and always have no say in most of these projects (Loevinsohn, 2008). A report by the Hunger Project, (2008) reveals that when women are included in developmental projects, they are often treated as powerless individuals who should be given assistance. There is also overwhelming evidence of development policies and projects formulated bypassing the involvement of rural women in most African countries (Hunger Project, 2009). The majority of the population in Zimbabwe resides in rural areas and approximately 70% are women, this shows the extent to which women's interests are represented in most projects.

Historically, women have been neglected as subjects and objects of development; there is an increased realization by governments, donors and communities that, particularly in agriculture no meaningful development can take place unless women are granted access to all resources. Excluding women in rural development programmes underutilizes half to over half of the potential human capital. African women undertake 60-80% of the workload, in agriculture, making up more than 40% of the estimated labour force in the sector and grow about half of the food supply in the world (UN, 2010). Unfortunately, recognition of their participation has not always led to their inclusion as project beneficiaries. Access to productive resources such as land, credits appropriate technology and training has always been insufficient to enable women to achieve their full potential. In most cases these

resources have always been made available to men only yet in most communities women play a significant role in agriculture, which is the basic sector of the rural economy (Potts, 2009). Hence, participation of women is very crucial to the success of any developmental project and achievement of sustainable rural development characterized by food security.

2.7 Developmental Project Adjustments

Monitoring and evaluation is the process of thoroughly assessing the design, implementation and results of development and humanitarian interventions (projects and programmes) considering their impact, effectiveness, efficiency, sustainability and relevance (Oxfam, 2009). Evaluation is an integral component of the planning, monitoring, evaluation and learning cycle which is essential for maximizing the effectiveness of interventions. The purpose of monitoring and evaluation is to enhance accountability and learning between communities, service providers and donors. Results from monitoring and evaluation activities should constitute a summary of performance to date from a backward-looking perspective, but also inform decision-making moving forward to improve project performance.

According to the humanitarian charter and minimum standards in responding to disasters, developmental projects must use the right based approach in which accountability is of high importance to communities that are served. The quality of projects needs to be honestly assessed, shared and lessons are supposed to be learnt from the findings so as to make relevant adjustments. Project adjustments are necessary for any developmental project as they are key in meeting the objectives of a project.

Chapter 3: Methodology

3.1 Research Area

The study was conducted in Chirumanzu District which is in the Midlands Province of Zimbabwe. The district receives moderate rainfall (450-650 mm) which is characterised by mid-season dry spells (FAO, 2006) which makes it an ideal area for drought resistant maize seeds that Oxfam distributes for free to HIV/AIDS affected households. Chirumanzu District has a total population of 72,991 people and 16,319 households (Oxfam, 2010). Oxfam's project is running in only 10 (wards: 3, 4, 6, 7, 8, 9, 10, 21, 23, 25) of the total 25 wards. The agricultural input distribution project targets HIV/AIDS affected households so that was the reason why Oxfam concentrated on the 10 wards that are on the Southern part of the district. According to the National Aids Council (NAC, 2009), these wards have the highest HIV prevalence rate in the district (*refer to figure 2*).

The study focused only on ward 9, which is the central point of this rural district. The Zimbabwe Demographic Health Survey for 2009-2010 reported that the Midlands Province had a HIV prevalence rate of 16% (CSO, 2010). At the moment, Chirumanzu has an HIV prevalence rate of 14.1% which is higher than the 13.7% general prevalence rate for the country (NAC, 2011).

Ward 9 was selected for the study because:

- The business centre of the district is found in this ward; hence high HIV susceptibility is most likely to be in this ward due to presence of the business centre. A lot of people migrate to this ward in search of work and business opportunities. It is also the biggest ward in the district with a total of 41 villages.
- Ward 9 has the biggest hospital and voluntary counselling and testing centre (St Theresa Hospital) and a well-established home based care system, which was vital for this research. The home based care system helped in identifying female headed HIV/AIDS affected households that were non beneficiaries of the agriculture inputs project.
- The researcher, who is an employee of Oxfam has been working in this ward for the past 2 years and is very conversant with the leadership and villages of this community.

Chirumanzu District map showing the different HIV prevalence rate at ward level.

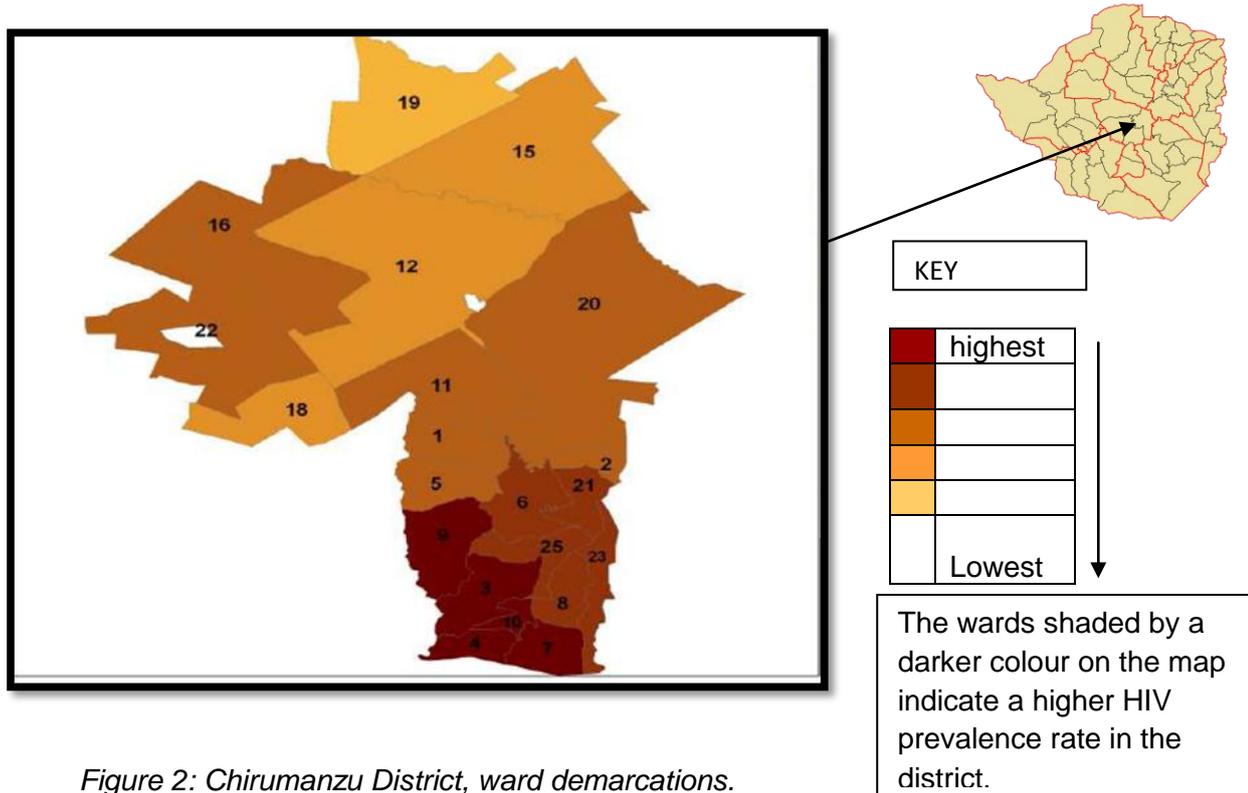


Figure 2: Chirumanzu District, ward demarcations.
Source: Adapted from NAC, (2009).

3.2 Research Design

A desk study was carried out prior to data collection to review existing literature on participation of HIV/AIDS affected households in developmental projects and enlighten on how the type of household headship can affect access to developmental projects. The desk study facilitated the designing of the research framework and the methodology for this study.

A qualitative research was carried out for data collection. A case study was conducted to gather data from the community and from the HIV/AIDS affected female headed households. The case study gave an in depth understanding of the factors that are affecting participation of HIV/AIDS affected female headed households in the agricultural input distribution project. Two different checklists were used, with open ended questions for the case study. One of the checklists was used to gather information from the community (selection committee members and community leaders) and the other one was designed for HIV/AIDS affected female headed households. Open ended questions are probing and they gave a chance to the respondents to feel free to talk about all issues that are affecting the participation of HIV/AIDS affected female headed households.

Collection of information about Oxfam as an organisation and how it operates was obtained directly from the office documents since the researcher is employed by Oxfam under the Economic Justice Department.

3.3 Selection of Respondents

A total of 16 respondents were selected for this study. HIV/AIDS affected female headed households that are benefitting from the agriculture input distribution project were selected at

random from the Oxfam’s database of beneficiaries. HIV/AIDS affected female headed households that are non-beneficiaries of the project were selected at random from the Home Based Care referral list, with the help of a home based care officer. This sampling was ideal because of the sensitivity of HIV/AIDS related issues. Households were comfortable to participate in the research when referred to them by someone they trust. Stratified sampling was used from the selected households (benefiting and non- benefiting) to obtain three clusters of HIV/AIDS affected female headed households (widows, divorced and single mothers). From each cluster two households participated in the case study. It was important to obtain information from the different types of household headship as they may have differential factors that affect their participation in the agricultural input project.

Information from benefiting and non–benefiting HIV/AIDS affected female headed households was collected by carrying out alternating visits between benefiting, non-benefiting households and influential community leaders to compare their views on the project and to fill in the information gap on participation issues. The checklists were at times redesigned for every different visit to suit the particular information that the researcher found necessary to gather in order to get an in-depth understanding of why some of the HIV/AIDS affected female headed households are taking part in the project yet some households that are also female headed are not able to participate in the project.

Data collection from benefiting FHH, non-benefiting FHH and community leaders.

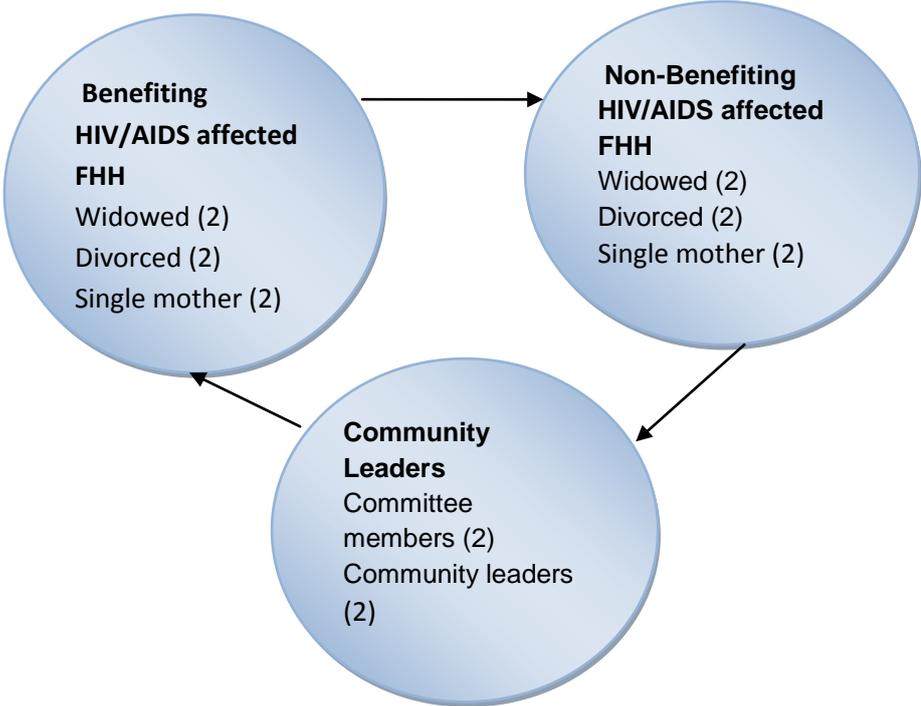


Fig 3: Alternating visits between affected FHH and community leaders

From the community, two respondents were selected from the community project committee and two other members were selected from of the community local leadership. Project committee members are responsible for facilitating the smooth running of the input distribution project at community level. Local leaders usually have power in selection of the final list of households who benefit from the input programme. It was very vital to collect information on project participation from these influential members of the community as they also have influence on all developmental projects in the community.

3.4 Data Collection and Ethical issues

In-depth interviews with households took approximately 1.5 to 2 days per household. Through these interviews, household's time line, social capital, perceptions, and experiences, especially on sensitive topics such as HIV/AIDS related issues were collected. The household social capital was measured using the social capital tool adopted from Dudwick *et al.*, (2006) (refer to section 4.2.2). HIV/AIDS is a very sensitive topic in many Zimbabwean communities and for this reason in depth interviews were carried out in the comfort of the respondent's home for confidentiality.

Respondents were assured that the information obtained for this research would be anonymous and highly confidential. It was also made known to the participants that their decision whether to or not to participate will not prejudice their future relations with Oxfam Zimbabwe. They were free to decide to participate and to discontinue participation at any time without prejudice.

The checklists for the interviews covered the following topics:

Beneficiary selection criteria

The data collected focused on how the community and Oxfam select eligible HIV/AIDS affected households for participation in the agricultural input distribution project. The information collected showed how households are sensitised and mobilised for Oxfam's projects in Chirumanzu. The data collected was useful during analysis as it reflected on how well the affected households had information about the project and how this may affect their participation.

Perceived and actual benefits of the input distribution project

The opinions of the affected female headed households and the community on the perceived and the actual benefits of the project were collected under this topic. The information showed whether the set objective of the project was actually being met. This information also showed whether the perceived benefits versus the actual benefits of the project affect participation of HIV/AIDS affected female headed households.

Participation and involvement of female headed households in projects

The information collected showed the extent to which affected female headed households are involved in project activities. It showed the number of women that are in influential positions in the community and specifically in selection committee. The information was useful in analysis as it reflected on the number of women that are in a position to make significant decisions in community developmental projects.

Required project adjustments

The information gathered centred on the opinions of HIV/AIDS affected female headed households and the rest of the community on how the agricultural input project could be improved or adjusted to increase the participation of HIV/AIDS affected female headed households.

Researchers Observations

Observations were used to collect information on the factors that affected participation of female headed households in the inputs projects. As the researcher carried out the

interviews in the field observations of what is happening on the households of female headed households were also noted and recorded especially on livelihood alternatives, land size, number of livestock, number of able bodied adults within the household and social capital.

Data Triangulation

Data collected was triangulated by comparing the information obtained through household interviews and influential community members with the observations of the researcher. Oxfam and home based care reports were also used for triangulation of data on the participation of HIV/AIDS affected female headed households in the agricultural input project.

3.5 Data Analysis

The conceptual framework (figure 1) was used for data analysis. The factors that affected female headed household participation in the agricultural inputs distribution project were divided into three components: Organisational, community and household level. These components were used to analyse how Oxfam as an organisation and the community affect female headed household participation in the project. The third component, household level, was used to analyse the factors within a household that affect participation.

Table 1: Factors and aspects that were considered for data analysis

Factors	Aspects considered in data analysis
Organisational	Selection criteria Sensitization and mobilisation Monitoring and evaluation
Community	Selection criteria Social cohesion Women’s involvement
Household	Marital status (widow/divorced/single) Alternative livelihoods Perceived and actual benefits Accessibility to project

The proposed changes and adjustments that should be made to the project to increase female headed household’s participation were used for data analysis. These proposed ideas by the community and the HIV/AIDS affected female headed households formed the basis of recommendations for Oxfam to help in improving female headed households’ participation in community developmental projects.

Chapter 4: Results

4.1 Organisational Factors

4.1.1 Selection Criteria

Selection of HIV/AIDS affected households for the agricultural distribution project was in accordance to the procedures set out by Oxfam, Economic Justice Department in 2008.

Eligibility Criteria

Oxfam invited all HIV/AIDS affected households to participate in the agricultural input distribution project. In this project, HIV/AIDS affected households were households caring for chronically ill person(s), orphans or those which had experienced death of member(s) from HIV/AIDS related illness. Eligible HIV/AIDS affected households were supposed to meet the following criteria;

- a) Have not more than 2 Cattle
- b) Have at least 3 able bodied adults
- c) Not benefiting from another input distribution project elsewhere
- d) Have to own at least 0.5 hectares of land

4.1.2 Selection Process

Community based approach targeting was used, through local structures such as the community selection committee and the community leadership. For effectiveness, the targeting approach focused on the village as a unit. To enhance rigour and accountability Oxfam worked with villages to identify vulnerable HIV/AIDS affected households within those villages with the above mentioned characteristics. Each village was allocated a certain number of households that were to benefit from the project based on the total number of households in that particular village. Verification activities included public verification meetings, anonymous feedback boxes, and household beneficiary verification. These were conducted to ensure that the most deserving HIV/AIDS affected households directly benefited from the project. Verifications also determined the degree of inclusion and exclusion within the project.

4.1.3 Sensitisation and Mobilisation

Mobilisation and sensitisation of key stakeholders and 4,000 benefiting households was done through community based approach. Stakeholders and beneficiaries were mobilised through consultative meetings and planning meetings to discuss the planned activities and proposed interventions. During the mobilisation process, the project goals and objectives were explained. Project outputs and targets were set, activity dates were set, duration of project and communication channels were established. Mobilisation was done through local leadership structures such as councillors, chiefs, village heads and selection committees. Through this project Oxfam also collaborated with relevant government departments such as the Ministry of Agriculture and the Ministry of Health to enhance linkages and reduce fragmentation. Mobilisation of stakeholders ensured that communities and other relevant bodies were supportive of the project which was an important ingredient for effectiveness of the project.

As for the sensitisation and mobilisation meetings, all community members were notified at least 2 weeks before the meetings to aim for high attendance. Mobilisation was done through schools, clinics, churches and community leaders. According to the attendance registers at

village level, at least 80% of all the households in all the villages attended the beneficiary selection meetings. Oxfam has a policy that for the beneficiary selection process to start, at least 80% of the households that reside in that village must be present.

4.1.4 Monitoring and evaluation

Monitoring, evaluation and learning is essential for maximizing Oxfam's effectiveness in achieving its mission. Monitoring is an ongoing process that is regularly conducted at all stages of the project from project initiation to project completion. Monthly monitoring visits were conducted to measure the agricultural input distribution project output and outcomes. According to Oxfam monitoring and evaluation reports, both male headed households and female headed households were equally involved in the monitoring and evaluation process at community level. Pre-distribution and post distribution meetings for the input distribution project were held in public and they were announced at least 2 weeks before they were conducted so that every household prepares for the meeting in advance. Oxfam had anonymous suggestion boxes where households could forward their complaints about the project in an anonymous way. However, not everyone in the community can read and write. This limited the efficiency of the suggestion box as a verification method. Project evaluations were conducted on a midterm basis (after 2 years) and at the end of a project.

4.2 Community Factors

4.2.1 Selection Criteria

From the household interviews that were conducted it appeared that different villages had different selection criteria's although they were guided by the Oxfam selection criteria. In some villages, the Oxfam selection criterion was overshadowed by the village selection criteria. The most common criterion used at village level was rotation of households in benefiting from NGOs regardless of the type of benefit received from the other NGO. In all villages, the levels of how well a household socialised with other households played a big role in increasing the probability of that household to participate in the input distribution project. Female headed households that were not benefiting from the input distribution project proved to have low social capital in the villages regardless of being a widow, divorcee or single mother. Social capital comprises of the norms, trust and reciprocity networks of a household that facilitates mutually beneficial cooperation in a community.

4.2.2 Social Cohesion

Social cohesion is generally low in Chirumanzu District because of the harsh economic conditions in Zimbabwe. However, HIV/AIDS have compounded the situation as HIV/AIDS affected households are perceived and treated in a different way by the community. Due to the harsh economic conditions households have resorted to individualism, even extended families and immediate families have diverted away from the traditional social security systems that protect and care of the vulnerable like the HIV/AIDS affected households.

The interviews carried out proved that selection that was conducted at village level at times dominated the selection criteria by Oxfam and for a household to be selected it was supposed to have a strong social capital. Other village members were responsible for selecting the households that benefited from the agriculture inputs project. Social capital of participating households was found to be generally higher than that of non participating

households. Widow headed households appeared to have strong social ties in the community. Of all the FHH categories, households headed by single mothers had the lowest social capital and non participating single mothers scored no point on the social capital scale. According to the informants households headed by single mothers have low social capital regardless of being affected by HIV/AIDS or not. Most single mothers are discriminated and stigmatised in the villages and they are perceived as prostitutes.

Divorcees also have a low social capital but are better off compared to single mothers. The information obtained from the interviews proved to be true after conducting a social capital test on all the different household categories that took part in the research. The social capital test was used to come up with a social capital scale for all the different household categories.

Social capital scale

According to Dudwick, *et al.*, (2006), the World Bank has been involved in the conceptual and piloting work to develop survey instruments for measuring social capital in the context of poverty reduction in developing countries. The World Bank has developed a so called intergrated questionnaire that measures various dimensions of social capital and follows dimensions or proxy indicators of social capital of households. All the 12 HH that were interviewed were asked ten questions to measure their social capital within the community. The 10 questions that were designed were as follows:

1. If HH associated with more than 3 households in the vilage at the time of the study?
2. If HH has received any financial support from community members in the past year?
3. If HH received any emotional support from community members in the past year?
4. If HH has received any labour support from the community in the past year?
5. If HH has received any food from community members in the past year?
6. If HH has received any clothing from the community in the past year?
7. If HH has received any advice from community members in the past year?
8. If HH has borrowed a plough or cattle for their land preparation in the past year?
9. If HH has left their children to be minded by neighbours whilst away or sick in the past year?
10. If HH has had any visit from any community member in the last month?

Any positive answer by the household was considered a point on the social cohesion scale. A negative answer would not yield any point on the scale. From the social cohesion test, it proved that widows that were participating in the agricultural input project had a stronger social capital compared to other female headed households that were affected by HIV/AIDS. HIV/AIDS affected widow headed households were getting much of their support from the local church in form of clothes, cash and food. The support the widows received from the church was not consistent and the ration received varied from time to time. Basing on the information gathered from key informants, the aid is donated by well wishers from abroad to the church, hence the donations are not consistent. It was suprising to note that divorced and single mothers did not get any support from the church. Single mothers were left out as they were perceived as prostitutes by the community.

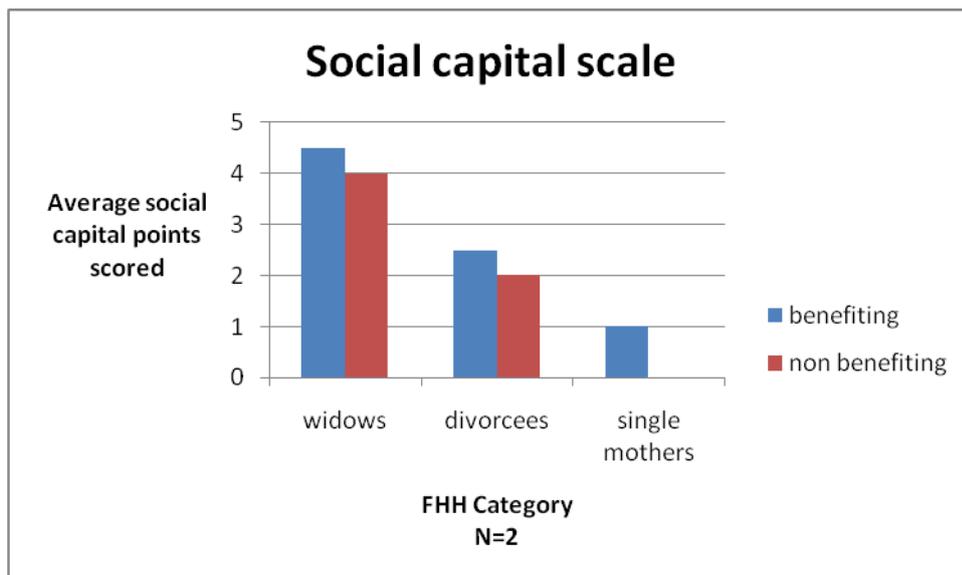


Figure 4: Average social capital points scored by affected FHH

4.2.3 Women’s Involvement

According to the key informants, women are represented in the selection committee as they make up half the number of the selection committee members (four). However, the representation is only in figures and not in action as these women leaders have little say in the committee. After an interview with one woman who is a member of the committee, this information was confirmed to be true.

“When I was voted to be part of the committee by the people in this ward, I wondered if I would get the time and also be able to manage the responsibilities. But after being in the committee for more than 2 years I have realised my only responsibility is to write meeting minutes and give them to the secretary. The rest of the work is done by men”.

Jane Chimuti, 38, Charandura Village (Vice Secretary in the selection committee)

The women were only selected to be part of the committee to meet the requirements of the local gender committee and also that of Oxfam. At village level the situation was also the same as most women have limited time to attend the selection meetings. However if they manage to attend they cannot have their voices heard in the presence of men. After further probing the root of this problem proved to be the cultural norms of the community, even when women are given a chance to be in a leadership position they personally feel that they cannot have their voices above that of men. Below is a table that shows the selection committee positions marital status and the gender of the person in leadership.

Table 2: Members of the selection committee

Position Held	Name	Age	Sex	Marital status
Chair person	Takunda Marufu	43	Male	Married
Vice chair person	Amos Rindanayi	51	Male	Married
Secretary	Josphat D. Zuze	49	Male	Married
Vice secretary	Jane Chimuti	38	Female	Married
Committee member	Kudzai Chirikure	26	Male	Married
Committee member	Nyarai Kasirai	33	Female	Married
Committee member	Rudo Maumbe	27	Female	Married
Committee member	Dencia Mwale	40	Female	Married

It was interesting to note that most of the influential positions were filled by men and all the members of the selection committee were married. Almost all the members fell within the active age group. According to the informants all the community leadership positions (Chief, headman, councillor and village heads) are held by men in this ward.

4.3 Household factors

4.3.1 Production factors for the different FHH categories

Land Access

Generally participating households had more land available to them compared to non-participating households. Households headed by single mothers appeared to be the most affected when it came to access to developmental projects in Chirumanzu District. Most single mother headed households did not have access to land compared to widows and divorcees. At the time of the study all single headed households interviewed either rented land or were temporarily given a small piece of land not more than 1 hectare since land is scarce and expensive to rent. According to the informants, 0.5 hectares of land can be loaned for one cropping season at a price of 3 USD. Considering that a qualified high school teacher earns 120 USD a month in Zimbabwe, 3 USD is not an affordable price for an ordinary HIV/AIDS affected rural female headed household.

“I do not know of any single mother in this village who owns her own land, but all of them are farming. The fact that we do not own land does not mean we are not growing our own food. We are feeding from our own crops that we grow on other peoples land. We should also be given the agricultural inputs even if we do not own land”

Non Benefiting HIV infected single mother, 27, Rinda Village

Most single mothers were not recognised as members of the village. They were also not legally registered as members of the village and hence were not registered in Oxfam's database of villages. Widows were generally in a better position to be selected as beneficiaries compared to divorcees and single mothers. All the widows that took part in the study had at least 3.5 hectares of land that they had inherited from their late husbands. Land grabbing when a husband dies is common in Zimbabwe but the situation was different in Chirumanzu District where widows inherit every asset that belonged to their late husbands. Widows were legally recognised as members of the community and were registered within the village records and also in Oxfam beneficiary database. One of the divorcees interviewed did not have access to land as all the land was taken from her by the former husband when he married another woman. When the woman was divorced by her husband she lost all the productive assets like land, cattle and ploughs. The only asset she remained with was chickens. All the interviewed participating single mothers did not fall within the Oxfam criterion as they did not own any land.

Table 3: Average land owned/loaned by HIV/AIDS affected FHH

Household Category	Marital Status	Number of respondents	Average land owned (Hectares)	Average area loaned/rented (Hectares)
Non-Participating	Widow	2	4	0
	Divorced	2	1	0
	Single	2	0	0
Participating	Widow	2	4.75	0
	Divorced	2	2.5	0
	Single	2	0	0.75

Labour Availability

The study showed that the average number of able bodied adults that were able to perform agricultural activities was higher in female headed households that are headed by widows compared to those that were headed by divorcees and single mothers. The average number of able bodied adults in households that were headed by single mothers and not participating in the inputs distribution project did not exceed 3. Hence, households headed by single mothers in Chirumanzu proved to lack the adult labour force that was required for a household to be part of the agricultural input distribution project. Interviewed non-participating households raised their concerns about this criterion as they argued that their children significantly contributed to farm labour but had been overlooked by the Oxfam criterion. From the information gathered from interviews, children were involved in almost all the activities in maize production. Land preparation is commonly done by men but children and women are involved in planting, weeding, harvesting and de-husking.

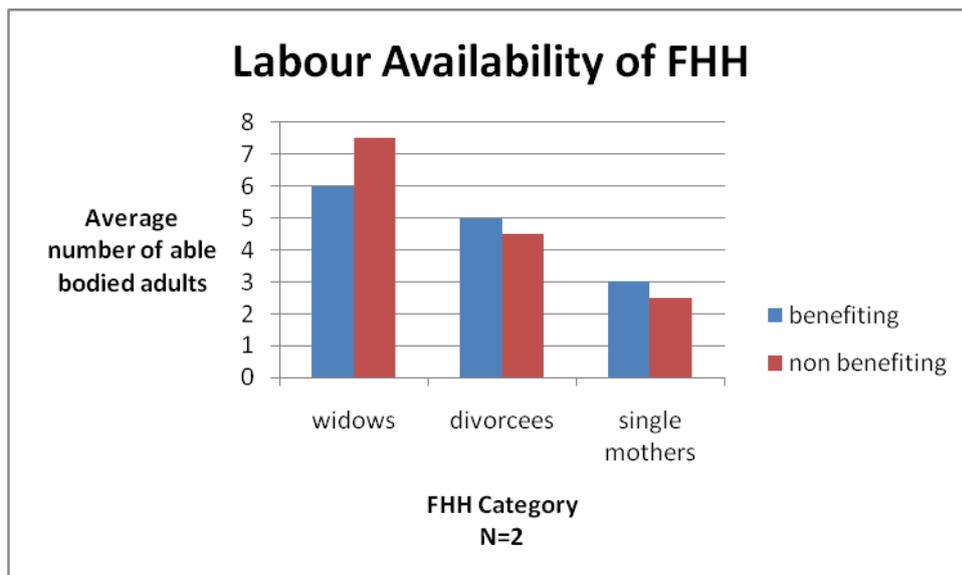


Figure 5: Labour availability

Household Livestock

Non-participating affected FHH had more livestock compared to participating households. Generally the number of cattle owned by all the affected female headed households was low with an average of 0.91 cattle per household. Affected female headed households had more goats compared to cattle. Chickens were a common asset for every household. Widows had more livestock compared to divorcees and single mothers. Non-participating households headed by single mothers had the least livestock.

Table 4: Average number of cattle and goats owned by HIV/AIDS affected FHH

Household Category	Marital Status	Number of respondents	Average number of cattle	Average number of goats	Average number of chickens
Non-Participating	Widow	2	3	4.5	21.5
	Divorced	2	1	1.5	11
	Single	2	0	0	4
Participating	Widow	2	1.5	3.5	15.5
	Divorced	2	0	1	9
	Single	2	0	0.5	12.5

4.3. 2 Alternative Livelihood options by HIV/AIDS affected female headed households

Most HIV/AIDS affected female headed households in Chirumanzu had limited livelihood options regardless of the household category. According to the research results, most households that were headed by widows were in a better position to receive aid compared to

single mothers and divorcee headed households. Of all the interviewed households wild honey sales was a common source of household income.

Table 1: Households alternative Livelihoods

Alternative livelihoods	Participating FHH			Non-participating FHH		
	Widows N=2	Divorcees N=2	Single mothers N=2	Widows N=2	Divorcees N=2	Single mothers N=2
Oxfam food aid	+	-	-	+	-	-
Christian Care aid	+	-	-	+	-	-
Aid from church	+	-	-	+	-	-
Small livestock sales	+	+	-	+	+	-
Wild honey sales	+	+	+	+	+	+
Vegetable sales	-	+	+	+	-	-
Craft work sales	-	-	-	-	+	-
Cross boarder trading	-	-	-	-	-	+
Gold panning	-	-	-	-	-	+
Barter trade	+	-	+	+	+	+
Remittances	+	-	-	+	-	-
Food for work (<i>Maricho</i>)	-	-	+	-	+	+
Temporary migration	-	-	-	-	+	+

+ indicates the households are undertaking livelihood, - indicates the households are not undertaking livelihood

4.3.3 Perceived versus Actual benefits of the agricultural input distribution project

Reports from informants claim that droughts, diseases such as grey leaf spot (*Cercospora zea maydis*), rusts, leaf blight and pests such as maize stalk borer and witch weed are also contributing to low maize yields. Crop yields per households is low also due to the high cost of agricultural inputs, there is also low/no input of fertilizes in the district.

The agricultural input distribution project has been expected to solve the problem of low soil fertility through the distribution of the fertilisers and since the improved OPVs are drought resistant the maize yields were also expected to increase. Benefiting households also expected an increase in household food security and improved nutrition for their families.

The improved maize OPVs which has been bred and selected for special characteristics such as drought tolerance can be recycled by households for a maximum of three years without significant yield loss but local landrace seeds will not maintain vigour in subsequent generations, and can result in yield losses of 30% or more. Information gathered from the interviews, confirmed that the improved OPV maize varieties had shown a 20-50% increase in yield when compared to the traditional or landrace varieties. The improved OPVs also can be stored for longer periods without pest damage compared to the landrace varieties. Household maize production in Chirumanzu has traditionally been based on the use of unimproved OPVs, the improved OPV drought tolerant maize varieties such as ZM 309 and ZM 523 and the ammonium nitrate fertilizers have addressed the problems of low soil fertility and maize varieties that succumb to droughts easily. The harvested crop has provided cash income and improved nutrition for most HIV/AIDS affected households in Chirumanzu. Benefiting households highlighted how the agricultural input distribution project has reduced their dependency on food aid.

4.3.4 Relevance of the Input distribution project

Table 6: Relevance of the input distribution project according to responses given by benefiting households in percentages

Relevance of project		Frequency	Percentage
Did the input distribution project meet your household needs?	Yes	4	66.7
	No	2	33.3
	Total	6	100
Has food security for your household been improved?	Yes	5	83.3
	No	1	16.7
	Total	6	100
Has nutrition in your household been improved?	Yes	4	66.7
	No	2	33.3
	Total	6	100

The results of the study showed that most of the beneficiaries of this project were satisfied with the inputs distribution project.

Chapter 5: Discussion

5.1 Organisational Factors

5.1.1 Selection Criteria

Labour Availability

According to Muller, 2005 most HIV/AIDS affected households labour quality and quantity are reduced, initially in terms of productivity when the HIV-infected person is ill, and later the supply of household labour falls with the death of that person. Moreover, the probability that more than one adult per family is infected is high, given the heterosexual nature of HIV transmission in Africa. A compounding factor is that infection rates are higher among women, who account for 70 percent of the agricultural labour force and 80 percent of food production. In addition, other household members will devote productive time to caring for the sick persons and traditional mourning customs, which can last as long as 40 days for some family members, can adversely affect labour availability. A study conducted in Zimbabwe Chivi District, showed that labour shortages were mostly felt by HIV/AIDS affected female headed households compared to HIV/AIDS affected male headed households (Mutangadura, 2005). In this study, the selection criterion that required at least three able bodied adults for a household to be eligible for the inputs distribution project proved to hinder participation of most female headed households that were affected by HIV/AIDS especially those households that were headed by divorcees and single mothers which appeared to have limited labour when compared to the households that were headed by widows. Participating households generally had more adult labour available compared to non-participating households. This showed that households with limited labour force were automatically screened out of the input distribution project regardless of their vulnerability in terms of not being able to afford agricultural inputs.

The study results show that children offer significant labour in maize production in Chirumanzu District for most HIV/AIDS affected female headed households, during labour demand peaks such as planting, weeding and harvesting time most children of school going age assist with the farm chores. Although the problem of school dropouts was not picked in this study, Gilborn, (2007), has reported that the heavy burden of nursing for ill parents and increased farm labour shortages, often forces children to miss or drop out of school, increasing their vulnerability. A survey done in Uganda show that 26 percent of children living with parents infected by HIV/AIDS said that their attendance at school declined, citing the need to stay home to care for sick parents, increased household responsibilities and falling incomes.

Land Access

HIV/AIDS-affected households generally have less capital to invest in agriculture, and are less productive due to limited financial and human resources. Thus the issue of land use becomes extremely important as a result of the epidemic's impact on mortality, morbidity and resultant loss of skills, knowledge and the diversion of scarce resources (Mavanza, 2009). Female headed households in Zimbabwe regardless of being HIV/AIDS affected or not have limited access to land compared to male headed households (MoA, 2009). This is a common scenario in Chirumanzu District as women can only have access to land through a male guardian, in whose name land rights are registered. This can be a spouse or a male relative, including a son. Generally in Zimbabwe property grabbing or asset stripping occur when the

widows and children of male-heads of household who die from AIDS or other illnesses, have some or all of their productive resources taken by the surviving relatives of the male. This is probably related to a combination of factors which include traditional practices and the stigma associated with HIV/AIDS. However, land grabbing was not observed in Chirumanzu District. Female headed households that were headed by widows in this district had access to land that they inherited from their late husbands; this made them eligible for the input project.

Unfortunately, it was observed that divorcees lose land to their husbands when a marriage is cancelled and this decreased their probability to participate in the input project. As for the households that were headed by single mothers, they had minimal chance of participating in the project because they did not own land. Although women in Zimbabwe have always participated in agricultural production, they still remain invisible at the level of formulation of land distribution policy, which has so far focused on racially based discrepancies. Renting land is expensive and as reported by FAO, (2010), most HIV/AIDS affected households in Zimbabwe have limited disposable income due to the rise of medical expenses which may include ARVs and treatment of opportunistic diseases. The 2006 poverty assessment study survey II showed a substantial increase in poverty in Zimbabwe; between 1990 and 2006 the poverty rate rose from 25 per cent to 73 per cent (FAO, 2006). As in most countries, rural households register a higher poverty rate than urban households. Most farm incomes and production are inadequate and food shortages are rising.

Livestock

Generally HIV/AIDS affected households did not own more than two cattle in this study. Cattle are a sign of wealth in Chirumanzu and most affected households lose their cattle during distress sale to cater for medical and other household expenses. It is tradition in Chirumanzu that a cow is supposed to be slaughtered during the funeral of an adult; because of this tradition most affected households have lost a considerable number of cattle during funerals. Mutangadura, (2005), reported that HIV/AIDS affected female headed households had fewer cattle compared to affected male headed households in Zimbabwe. This has been confirmed in Chirumanzu District. HIV/AIDS affected female headed households tend to dispose more cattle compared to affected male headed households during distress sale and generally cattle rearing is associated with men. Most affected HIV/AIDS affected female headed households experience death of livestock due to lack of care and poor management practices that arise as a result of members' sickness and death. When comparing the different female headed households' categories widows were in a better position because they inherited cattle from their late husbands.

Chickens and goats are perceived as women's livestock in Zimbabwe. All the interviewed households had chickens, chickens are easy to breed and they multiply fast. They also bring household income through sales and barter trade.

5.1.2 Sensitisation and Mobilisation

Sensitisation and mobilisation for this project was done on time and the project information was well known by all the households even the ones that are not participating in the project. Community mobilisation is important as it expands the base of community support for developmental projects and also promotes community ownership. Sensitization and mobilization of projects have been found to promote sustainability for work (beyond funding cycles for projects) and long-term commitment to a social change movement (Oxfam, 2009).

Women are much less likely than men to be literate as they make up two-thirds of the world's illiterate population (UN, 2010). The situation is likely to be the same in Chirumanzu District.

Although there is a high literacy level of 90% in Zimbabwe according to the Ministry of education, most rural women are illiterate. The use of the suggestion box as a way of verification could not have been useful to most of the female headed households who could not read and write.

5.2 Community Factors

5.2.1 Selection Criteria

Selection criterion at village level at times deviated from that of Oxfam, as most villages made sure that households rotated in getting aid from Oxfam and Christian Care. Rotations of households in getting aid have excluded some deserving female headed households in benefiting from the inputs project. According to the information gathered, Christian Care (NGO) gives out food hampers to HIV/AIDS affected households and this should not hinder a household from benefiting again in the Oxfam Input distribution project. Households that had received food hampers were denied access into the input distribution project.

5.2.2 Social Cohesion

Social cohesion of a household was one major criterion that was important for selection of households at community level. A household's access to social capital varies with an array of factors, including personal characteristics such as age, gender and health of the household members; family circumstances such as education, employment, attitudes and values of members as well as characteristics of the area of residence (Wiegers, 2007). Use of social capital by households tends to be identified with positive outcomes, but it is not equally accessible to all households. Non-participating households had lower social capital compared to participating households. This was a clear indication that the probability of participating in the project was high for households with a stronger social capital. Widows had strong social connections in the community as most people sympathised with them for the loss of their spouses. Households headed by widows had greater access to aid from the local church, Christian Care and Oxfam compared to the households headed by divorcees and single mothers because they were effortlessly selected at community level. Divorcees and single mothers were unpopular in the community and even found it difficult to socialise with married women as they feared that their husbands may be *snatched* from them.

As shown by the social capital scale, households headed by single mothers that were non beneficiaries of the input project hardly had any contact with the community. This indicated that it is difficult for households headed by single mothers to get support from the community in form of labour, advice, emotional, material or spiritual.

5.2.3 Women's Involvement

Women's involvement in developmental projects was found to be low with not even a single woman in community leadership except for the four women that were part of the selection committee. Female headed households were hardly represented in selection committee as all the members of the selection committee were married. This clearly showed that the concerns of widows, divorcees and single mothers were not represented in this committee. The women in the selection committee even filled the least of positions in the committee and they were voiceless. According to Muller, (2005), rural women hardly get time to be in

leadership when compared to men because the allocation of time between women and men in the household is a major gender issue in the evolving discourse on time poverty. In most African societies, women and girls are allocated critically important and time-consuming responsibilities, which overburden them with work in the reproduction, production, household, and they have limited time for community roles. The patriarchal foundation of the distribution of roles by gender is the major cause of gender inequality, the heavy time-burden on women and girls, and ultimately, the feminization of poverty. According to the South African 2005 time-use survey, males between the ages of 15 and 65 years spend on average only 84 minutes per day on unpaid work, while for females, this increase to 215 minutes (Sunders, 2005). Limited time for women has also been cited in this study as a constraint to involvement of women in leadership.

As part of the Shona culture in Zimbabwe, all women should be under men and the decisions made by men in the household or community should be respected. This is not common in Zimbabwe only, African women have borne the brunt of cultural traditions, many of which have been described as oppressive, and which limit the progression of women. Male dominance has been cited as a major obstruction to gender equality. Becker, (2006) defines male dominance as “a situation in which men have highly privileged access, although not always exclusive rights, to those activities to which the society accords the greatest values, and the exercise of which permits a measure of control over others”.

Women leaders in the rural areas are not exposed to the privileges of urban life where education is accessible and professional development is readily available. Consequently, these leaders would generally lack confidence and have lower self-esteem because they are not trained with the appropriate leadership skills.

5.3 Household Factors

5.3.1 Marital status

Vulnerability refers to the likelihood of adverse impacts on food security or livelihood due to HIV/AIDS occurring at household level (UNAIDS, 2010). Vulnerability levels differed substantially among different households and implicitly exposed factors that enabled or impeded households in responding to HIV/AIDS. In Chirumanzu the underlying causes that influenced household's vulnerability levels included, restricted access to assets such as land, weak social ties and lack of adult labour. Of the entire affected female headed households that were interviewed, widow headed households were the least vulnerable, followed by divorcees and lastly single mothers.

Resilience in the context of HIV/AIDS refers to the responses that enable households to avoid adverse impacts on their livelihoods (UNAIDS, 2010). Widow headed households have also been found to be the most resilient to the impacts of HIV/AIDS in Chirumanzu.

Alternative Livelihood options

According to Mavanza, (2009), there is increased use of natural resources by HIV/AIDS affected rural households when they lose salary earners and agricultural labour. Households turn to natural resources as the ultimate safety net. Activities such as hunting, fishing and charcoal making are increasing as families seek alternative livelihood means. Medicinal plant harvesting has increased to treat side effects of AIDS, and timber logging has accelerated in many areas to supply to growing coffin industry. From the study, HIV/AIDS affected female

headed households also relied on the environment for household income through selling of wild honey.

The impact of HIV/AIDS illness and death, often results in the re-allocation of livelihood tasks amongst household members. As observed from the study most HIV/AIDS affected female headed households are rarely taking gold panning and cross border as alternative livelihoods because they are associated with men. These female headed households are mostly involved in small livestock sales and vegetable sales which are associated with women.

5.3.2 Perceived versus Actual benefits of the agricultural input distribution project

Zimbabwe has been experiencing severe droughts for the past ten years, the food security situation is fragile and without resource mobilization and assistance from the international community, it will worsen the food shortage and deepen the food crisis the country is experiencing. Input supply, extension services and improved agricultural management practices remain critical for improved agricultural productivity and food security (Foti, *et al.*, 2007). According to the study the agricultural input distribution project has been able to meet the needs of the HIV/AIDS affected female headed households in Chirumanzu District. The agricultural input distribution project has improved the food security and nutrition of most affected households.

Chapter Six: Conclusion and recommendations

6.1 Conclusions

The selection criteria set by Oxfam to a large extent hindered the participation of HIV/AIDS affected female headed households in the agricultural input distribution project. Two of the set criteria limited access of affected female headed households in this project. Having at least three able bodied adults within the household and the issue of having at least 0.5 hectares of land proved to be a real challenge for most HIV/AIDS affected female headed households. Land access proved to be a serious problem for households that were headed by divorcees and single mothers and because of this reason most households headed by widows made it into the project because they owned land but divorcees and single mothers were left out. However, single mothers are the most affected as they did not own any land and they relied on loaned or rented land.

Labour availability was a challenge for most HIV/AIDS affected households but the situation was severe for affected female headed households when compared to affected male headed households. Households headed by widows were better off in terms of labour when compared to households headed by divorcees and single mothers. Labour constraints in these affected female headed households excluded them from the inputs project. Labour was generally low in non-participating households which proved the level of exclusion of labour constrained households in the input project. Households headed by single mothers were the most vulnerable when it came to labour availability. This showed that there were high levels of exclusion of female headed households that were headed by single mothers in the project because they lacked land and labour. In setting the criterion on adult labour, Oxfam totally overlooked the significant labour force that is contributed by children in maize farming.

The other two criteria of Oxfam confirmed not to be of any effect to the participation of affected female headed households in the inputs project. HIV/AIDS affected households proved to have limited number of livestock and affected female headed households had less than 1 cattle per household on average. Affected female headed households had more of goats and chickens. However, as in the case of land and labour, households headed by single mothers had the least livestock.

Christian Care and the local church were the only two sources of aid in this community. None of the aid given was in form of agricultural inputs. Nevertheless, some villages deviated from the set criteria and used rotation among households in benefiting between Oxfam and Christian Care. This resulted in exclusion of some deserving female headed households.

Mobilisation and sensitisation for the project was done on time and all households were notified about the project before inception. The community was well informed about the project activities even the non-benefiting households, which was a clear indication that mobilisation and sensitisation was not a hindrance in the participation of female headed households in the inputs project. Monitoring and evaluation for the project also proved to be a non-hindrance to female headed household participation.

Social cohesion in Chirumanzu District is generally low due to economic hardships but household social capital plays a big role in having access to developmental projects. Affected female headed households that were headed by widows had higher social capital compared to all the households and hence had greater access to the inputs project compared to the households that were headed by single mothers and divorcees which had lower social

capital. Most households headed by single mothers showed to have no social capital at all and hence failed to make it within the Oxfam input project.

Women's involvement in developmental projects was low due to time limitations and cultural reasons. Female headed households were not represented in leadership hence their concerns about developmental projects were hardly heard. Representation of women within the selection committee was merely in terms of numbers not ideas or suggestions.

There were limited livelihood options for HIV/AIDS affected female headed households in the district. HIV/AIDS affected households were relying on the environment for survival. All female headed households were involved in wild honey sales and they used barter trade to obtain other essential household needs. Affected female headed households headed by widows had more livelihood options compared to divorcees and widows. Much of the aid and remittances that comes to this district goes to households headed by widows.

The distributed maize OPVs has shown an increase in maize yields in the district and households can now store the harvested crop for longer periods as it has shown resistance to postharvest pests that damage maize in granaries such as maize weevils.

6.2 Recommendations

The recommendations presented for consideration by Oxfam are based on the need to increase participation of HIV/AIDS affected female headed households in the input distribution project.

All the non-participating households that were interviewed in this research showed interest in being part of the project. However, Oxfam has to reconsider two of the set selection criteria. Limited labour and land were common problems in HIV/AIDS affected female headed households especially the households headed by divorcees and single mothers. Participating affected female headed households headed by single mothers showed their ability to temporarily borrow/rent a piece of land for the agricultural input project. Non-participating households also headed by single mothers have shown their ability to farm on 0.5 hectares of land in the presence of only one able bodied adult and the help of the children.

Oxfam needs to adjust the land and the labour criteria to increase affected female headed households participation. Households that are capable of renting or borrowing land should be eligible for the inputs project; this has proved to work for the interviewed households being headed by single mothers that are benefiting from the inputs project. A household that also has enough labour to work on 0.5 hectares of land should be eligible for this project as children have been observed to be contributing significant labour force in maize production. However, Oxfam should do an analysis to check that the rights of the children are not violated in terms of child labour and dropping out of school.

Selection of beneficiaries at village level needs to be monitored and verified so that the communities do not deviate from the intended purpose of the project. There is need also to increase the percentage number of households that are visited during the verification process of the project, verifications are essential in confirming that the most deserving households for the project have been selected.

Women's representation in community leadership was observed to be idle and merely just in numbers. Oxfam has a policy of empowering women and giving men and women equal opportunities in leadership and in developmental projects. Women and men in the selection committee need to be informed through trainings on what their responsibilities are within the

committee and how they can be a tool in addressing the issues of women and men within their community.

Most HIV/AIDS affected households that were headed by single mothers were not registered within their villages of residence. Therefore they are not in the Oxfam database of households in Chirumanzu District. Oxfam needs to update the database of households in Chirumanzu District by adding these female headed households in their database so that they can be included in Oxfam projects.

In the future Oxfam could also consider having projects that target HIV/AIDS affected female headed households only. Projects that target female headed households only will be able to narrow the gaps that exist in accessing services between female headed households and male headed households.

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Annex A

Checklists for HIV/AIDS affected households

Factors affecting household participation

- Marital status
- Alternative livelihoods
- Perceived and actual benefits
- Accessibility to project
- Impact of the project
- Changes/adjustments in the project

Checklist for community leaders and Selection committee

- Selection Criteria
- Social cohesion
- Women's involvement in the project
- Perceived and actual Benefits of project
- Impact of project
- Changes /adjustments in the project

Checklist for observations

- Land size
- Number of livestock
- Labour availability
- Livelihood options
- Social capital