

HIV/AIDS IMPACT ON HOUSING COOPERATIVES



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TABLE OF CONTENTS

Table of Contents

List of Tables and Figures

Acronyms

Executive Summary

Chapter 1

1.0 Introduction and Background to Study

1.1 Purpose of the Evaluation

1.2 Structure of the Report

1.3 Historical global overview of housing cooperatives

1.4 Historical and legal context of Housing Cooperatives in Zimbabwe

1.5 Conceptual Context of HIV/ AIDS and housing cooperatives

1.6 Housing People of Zimbabwe and housing cooperatives

1.7 Housing cooperatives stakeholder analysis

1.8 Context of HIV/AIDS in Zimbabwe

1.9 Gender and HIV/AIDS

1.9.1 HIV/AIDS Economic effects

1.9.2 HIV/AIDS Educational effects

1.9.3 HIV/AIDS Social effects

1.9.4 HIV/AIDS Psychological effects

1.9.5 HIV/AIDS Socio-cultural Context

Chapter 2

2.0 Evaluation Methodology

2.1 Introduction

2.2 Data Collection, Management and Analysis

Chapter 3

3.0 Findings

3.1 Cooperatives Characteristics

3.2 Indicators of cooperatives sustainability

3.3 Cooperatives membership patterns

3.4 Demographic characteristics

3.5 Capacity to generate income for cooperatives

3.6 External linkages with institutions

3.7 Organizational sustainability position with regard to housing cooperatives

- 3.7.1 Availability of leadership/organizational planning skills
- 3.7.2 Training
- 3.7.3 Availability of accounting skills
- 3.7.4 Participation in decision-making
- 3.7.5 Capacity to generate income
- 3.7.6 Internal vs. External mobilization of resources
- 3.7.7 External linkages
- 3.7.8 Internal communication
- 3.7.9 Benefits generated
- 3.7.10 Income generating capacity
- 3.7.11 Access to technical inputs
- 3.7.12 Participation
- 3.7.13 Overall objectives achieved
- 3.7.14 HIV/AIDS activities
- 3.7.15 Income levels of cooperative members
- 3.8 Orphan prevalence
- 3.9 Reasons for joining cooperative
- 3.10 Cooperative members awareness, knowledge, awareness, attitudes and practices
- 3.11 Problems faced by cooperatives
- 3.12 Group dynamics
- 3.13 HIV/AIDS knowledge, Awareness, attitude, practices
- 3.14 Requirements for registration
 - 3.14.1 Criterion for membership
 - 3.14.2 Subscriptions policy
 - 3.14.3 Default policy
 - 3.14.5 Criterion for termination
- 3.15 HIV/AIDS Impacts
 - 3.15.1 Economic Impacts
 - 3.15.2 Educational Impacts
 - 3.15.3 Health Impacts
 - 3.15.4 Social Impacts
 - 3.15.5 Psychological Impacts
 - 3.15.6 Technological Impacts
- 3.16 Response/Coping Mechanisms

Chapter 4

4.0 Conclusions and Recommendations

Annexes:

- 1.Key Informants
- 2.Questionnaires

List of Figure:

- Figure 1: Housing coops environmental analysis
Figure 2: Housing coops stakeholder analysis
Figure 3: Housing cooperative membership trends

Table 1: List of coops in the study

Table 2: Cooperative characteristics

List of Acronyms:

AIDS –Acquired Immuno Deficiency Syndrome

ASO's-AIDS Support Organisations

Coop- Cooperative

HIV- Human Immuno deficiency Virus

HPZ-Housing People of Zimbabwe

IGP- Income generation project

ILO-International Labour Organisation

NGO-Non-governmental Organisation

ZINAHCO-Zimbabwe National Housing Association of Housing Cooperatives

S.0 Executive Summary

S.1 INTRODUCTION

The executive summary draws out the key findings and recommendations of the HIV/AIDS impact on housing cooperatives. A myriad of interrelated factors do impact on housing cooperatives just like other sectors given the HIV/AIDS scenario.

S.1.1 Background

The purpose of the study was to collect and analyse information in relation to the impact of HIV/AIDS on housing cooperatives, group dynamics and sustainability. Housing cooperatives are a strategy by low-income earners to pool resources, towards acquiring shelter. They offer a structure for decision making for implementing a plan, purchasing of goods and property and sharing benefits and losses.

The study looked at the global and historical development of housing cooperatives in various countries and then focused on Zimbabwe. The concept of housing was initiated in Europe and United states in the 1920's. The housing cooperative concept was adopted by developing countries as one form of self-help aide schemes such as squatter upgrading, site and service, and core housing. In Zimbabwe housing cooperatives emerged in late 1980's.

HIV/AIDS cases emerged around 1985. To-date Zimbabwe has one of the worlds largest HIV prevalence with over 2000 HIV/AIDS related illnesses occurring every week. The effects of HIV/AIDS have been felt at both macro and micro levels. The various sectors of the economy, industry, agriculture, health, and education have been negatively impacted by HIV/AIDS, which have been well documented and researched. Effects of HIV/AIDS on housing cooperatives while evident have not been documented hence the commissioning of this study by Housing People of Zimbabwe (HPZ) a local non-profit organization.

The gendered context of HIV/AIDS impacts was taken into account. Women and girls bear the burden of taking care of the sick and support the family.

S.2 The study looked at ten cooperatives, four in Harare, three in Chitungwiza and three in Bulawayo. The following areas were examined;

- Characteristics of the cooperatives.
- Cooperative /organizational sustainability indicators and
- HIV/AIDS impacts.

S.2.1 Characteristics of cooperatives

S.2.1.1 Reasons for joining cooperative

Respondents joined housing cooperatives for the following reasons;

- Due to failure to get a house or stand from local authority.
- Cooperative provided a promise of affordable housing.
- Access building society or other funds such as company or donors.
- Sick and tired of living in single or tied accommodation.
- Urban nomadism.
- Need for freedom.
- Security in old age.
- Members had seen successful housing cooperatives elsewhere.

S.2.1.2 Indicators of Cooperatives organizational sustainability

- All cooperatives in the study had a committee leadership with good organizational planning skills through executive committees.

S.2.1.3 Cooperative membership patterns

The duration of existence of cooperatives existence range from 2 years to 12 years and averaged 6 years. With a period 2 years between formation and registration. Membership of cooperatives ranged from 12 to 105 members. The duration of the existence of the cooperative appears to have an impact on the membership drop out as the older cooperatives had a membership attrition rate of over 50%. With HIV/AIDS impacting on the cooperative membership is likely to decline. Type of membership varied between work based and community-based cooperatives e.g. teachers, security guards, vendors.

S.2.1.4 Capacity to generate income for cooperative

Monthly contributions range from \$ 1000 to \$8300 per month. Subscriptions constituted the major internal source. Some work based cooperatives had external resources from the employers in the form of loans. The current level of subscriptions is generally low.

S.2.1.5 External linkages with institutions

Most of the cooperatives did not have external linkages except for HPZ, NAHCO or their employers.

S.2.1.6 Organisational sustainability position with regard to housing cooperatives

- ❖ In 80% of the cooperatives commendable organizational and planning skills were available
- ❖ In 20% of the cooperatives these were rudimentary or elementary.
- ❖ Women were also cooperative leaders in the case of Perseverance (Mrs. E Wizard) and Phumemela Housing Cooperative.

- ❖ A good number of members had received training especially the executive members.
- ❖ Accounting skills were available in all cooperatives.
- ❖ Capacity to generate income was generally good however the over 144% inflation rate nullified the real value of contributions.
- ❖ Generally good however the over 144% inflation is a major constraint.
- ❖ Benefits to date are the stands acquired.
- ❖ Technical assistance is through HPZ
- ❖ No cooperative is having HIV/AIDS activities
- ❖ Orphan prevalence could not be ascertained due to the absence of a database for members.

S.2.1.7 Problems faced by cooperatives

- ❖ Inadequate funds resource base is based on low-income earners.
- ❖ Illness and deaths among members, this is a complex situation given the denial situation and absence of structures to deal with prevention, education care and support in terms of HIV/AIDS. The current cooperative by laws do not have HIV/AIDS clauses.
- ❖ Retrenchments, has resulted in work based s like Tichaedza Varombo were employed by Cone Textiles losing over 90% of members.
- ❖ Reduced subscription levels due to the difficult economic environment.
- ❖ High inflation as monthly contributions will not match costs
- ❖ Slow progress by contractors resulting in contractors not able to meet deadlines for instance the case at Riddle Ridge where there is almost six-month delay.
- ❖ Payment of subscriptions was difficult for some members who are lodgers since they have to pay rent as well.

S. 3.0 HIV/AIDS IMPACTS

The HIV/AIDS impacts housing cooperatives are multifaceted in economic, educational, health, social, psychological and technological aspects on cooperatives in general and more specific to women, men boys and girls.

S.3.1 Economic Impacts

- HIV/AIDS related effects come at a time when cooperative members are currently unable to meet their monthly contributions due harsh economic environment. Inflation has spiraled the cost of building materials, hence decreasing progress in the construction of the houses by the cooperatives.
- The loss of the breadwinner means the loss of an income and loss of future earning potential due to HIV/AIDS, which is real given the

- 33% HIV prevalence rate in urban areas and orphan prevalence of 21.4%. (UNICEF-CDC-Children on the Brink, 2001)
- Medical expenses have increase substantially during illness of the member resulting in use of savings thus stressing cooperative members ability to meet subscriptions.
 - Women have to care of the sick taking out time from their other productive activities, which contribute to household income.
 - The costs for funeral and mourning are very high leading to defaults in subscriptions and dropout in membership.
 - Economic hardships make it necessary to look for unacceptable alternative sources of income e.g. prostitution, street children or early marriage.
 - The economic performance of the household is reduced due to illness therefore ability to contribute fully to the cooperative.
 - The households profiles of cooperative members become unstable especially when either or both parents die or are unable to care for their children, they are shifted into the homes of the extended family.
 - Less income results in lower nutritional status in households with many children as in the case of cooperative members who had an average household number of 6.
- In the summary the major HIV/AIDS economic impacts in the case of housing cooperatives are defaults in subscription payments and decreased membership resulting in viability of the cooperative due to reduced revenue

S. 3.2 Educational Impacts

As most of the housing cooperative members are poorly educated, this results in a vicious circle of poverty. The cooperatives require literate men,women,girls and boys for continuity and sustainability. The educational effects of HIV/AIDS are as follows;

- Girls drop out from school to attend the sick
- Low levels of education. Poorly educated women are not likely to be able to protect themselves from infected husbands. They are likely to have little health information and little power to control any aspect of sexual relations. Even if they know they are at risk, economic necessity may force them to acquiesce to an unsafe sexual relationship.
- Unemployment and inequality in wages has reinforced women's financial dependency on men thus limit them to contribute to cooperative viability.

- Due to unresolved psychological trauma, the school performance of children is negatively affected by HIV/AIDS.
- Loss of cooperative institutional memory
- Orphans face stigmatization by other children within cooperative, including at school.

S.3.3 Health factors affecting the coops

- Increased demands on the health system have affected the provision of quality health care for cooperative members.
- The quality of service delivery is inadequate due to the prohibitive costs of accessing health care.
- Poor nutrition is exacerbated by food shortages and generally high costs when available. This is made worse considering that cooperative 40%-60% on income is spent on housing.
- Medical concerns with opportunistic infections such as tuberculosis to other family members.

S.3.4 Social Effects

- In some communities it is taboo to take non-related children into one home, especially if the children are sick.
- Dying is not talked to children so they do not understand what is happening in the household until the parent dies.
- Many die in interstate (without written wills) resulting in property grabbing by relatives leaving the surviving spouse and children impoverished.
- Children and elderly people become head of household and these have limited or no capacities to meet subscriptions and participate meaningfully in cooperative matters.
- Poor families are more affected by losing a family member and may become impoverished forever, moving from poverty to destitution. This usually means loss of membership and revenue to the cooperative.

S.3.5 Psychological Effects

- Psychological effects are the least visible because there are the least seen. Low and none participation in coop affairs is one manifestation.

- Emotional suffering appears in various forms for everyone (e.g. depression, aggression, drug abuse, insomnia, failure to thrive, malnutrition, etc }
- Children with sick parents will worry about the future, where they will go and no one will take of them. This result in instability of coop households.
- Loss of consistent nurture, which can lead to serious development and loss of guidance, which makes it more difficult for the child to reach maturity and to be integrated into cooperative and society in general.
- Psychological damage can arise at any time after the event (months, days and even years).
- Children may not understand the situation and therefore cannot express their grief effectively. Even if they want to express their feelings there is often no one to listen.

S.3.6 Technological impacts

- Due to low levels of education and incomes most cooperatives do not have access to technological developments and information especially on HIV/AIDS except for some elite coop members.

S.3.7 Response/Coping Mechanisms

- Housing cooperatives do not have response or coping mechanism to HIV/AIDS.
- Most cooperatives do not have systems stopping property grabbing.
- Poverty and gender inequalities have dynamics that place the poor, particularly women and girls at the bottom of the ladder. Poverty and gender roles have a direct bearing on the spread and impact of HIV/AIDS. Owing to gender inequalities, women lack the power to negotiate for safer sex for themselves within marriages or other relationships where they are dependent on men for their upkeep.

S.4 Conclusions and recommendations

- HIV/AIDS status is not discussed at cooperative level. This implies denial of its existence in HIV/AIDS prevalence of 30-34% environment.
- There is no reference to HIV/AIDS in cooperative by laws or Act itself. The Act and by laws are outdated as they do not recognize the impact of HIV/AIDS on cooperatives.

S. Recommendations

- ❖ Develop a database for cooperative members household profiles).
- ❖ There is need to develop and implement an HIV/AIDS programme for cooperative members as part of HPZ support to cooperative.
- ❖ There is need to review and amend sections of the cooperative law and by laws to take into consideration HIV/AIDS impact. HPZ through its advocacy section take a lead in this process.

Chapter 1

1.0 Introduction and Background

The Housing People of Zimbabwe (HPZ) commissioned the study of HIV/AIDS as a holistic approach to their housing programme in Zimbabwe. The impact of HIV/AIDS is a gray area to HPZ and its constituent partners as there is no documented established patterns or linkages of HIV/AIDS impact on housing cooperatives.

1.1 Purpose of the Evaluation

The purpose of the study was to find what HIV/AIDS has done and what it is doing to the housing cooperatives. A gendered context of the impacts on the cooperative members group dynamics and sustainability was conducted. The results of the study would assist HPZ and its partners to identify possible solutions that can be used to reduce or minimize the effects of HIV/AIDS on the existence and continued success of housing cooperatives.

1.2 Structure of the Report

The specific focus of the study is on HIV/AIDS impacts on cooperatives. The report outline is as follows; introduction and background to the study, global overview on housing cooperative, Zimbabwe housing cooperative context, HIV and AIDS general impacts and purpose of study are presented in Chapter 1. The methodology, tools and sample are explained in Chapter 2. Chapter 3 presents the major findings of the study. Based on these results conclusions are drawn and recommendations made in Chapter 4.

The study was conducted in the light of HIV/AIDS impact on housing cooperatives, which are to a large extent constituted by marginalized urban members. The concept of housing cooperatives arose from the need of affording basic shelter based on self-reliance initiatives by groups of people sharing common problems and characteristics. Housing cooperatives provide for a structure for democratic decision for implementing plans, purchasing goods and property and sharing benefits and losses (Nyasondo S, 1997). The advantages of forming these cooperatives was several fold namely:

- To provide a common pool of funds for housing needs given the constraints faced by local authorities in meeting the growing needs of housing to poor urban dwellers.
- A way for people with limited resources to pool their resources towards a common purpose in this case housing.

- And to an extent to short-circuit the local authorities housing waiting list.

The impact of AIDS is not specifically related to housing cooperatives but both to the macro and micro social-economic aspects of life not only in Zimbabwe but the world at large. Several HIV/AIDS impact evaluation studies have been conducted in various sectors such as agriculture, health, education, business as well as cross cutting domains like gender, child centeredness and empowerment. This study particularly focuses on housing cooperatives, which is virgin territory but nonetheless affected by the scourge of HIV/AIDS. Like in other areas HIV/AIDS a myriad of interrelated factors have taken their toll in loss of a parent or both, separation of and from siblings, stigmatization, insecure future and impoverishment. HIV/AIDS is essentially 100 percent fatal but the effects vary in severity to each sector.

The concept of housing can be described as a place to in peace, safety and dignity (Habitat, 1993). Housing goes further beyond physical needs by promoting a sense of stability, which enables both men and women to focus on their activities (Oxfam 1996). In this instance the concept of housing cooperatives promises affordable housing to low-income earners.

Housing cooperatives is one of several strategies for low income earners which have been initiated mainly to meet the basic needs of the urban poor these include aided self help schemes such as squatter upgrading, site and service and core housing (Hardiman and Midgley,1982).

In housing cooperatives members come together to construct houses for themselves, owning land jointly with members have separate housing units. According to the International Labour Organisation (ILO) 1998 housing cooperatives are one form of self aided help to ease the shelter problem.

1.4 Historical global overview of housing cooperatives

The concept of housing cooperatives evolved in Europe where it was generally successful. After the First World War the housing conditions deteriorated. In Sweden housing cooperatives were formed in the 1920 to address housing problems on a cooperative basis through the HSB housing organization. The objective was to provide members with basic housing at cost prices. In the United States community based organizations took initiatives around the 1920's through renovations to deteriorating houses. In low-income countries housing cooperatives exist in various forms in such countries as Cape Verde, India, Mexico, Egypt, Ethiopia, Ghana, Kenya, Nigeria, Senegal and Zimbabwe. This was because of unprecedented urban growth resulting in demand for housing outstripping supply.

One of the largest housing cooperatives schemes was implemented in Egypt in 1978. The 100 000 membership scheme involved slum upgrading through the government assisted by the US Housing Foundation (ILO, 1985). The 1974 Ethiopian experience after the 1974 revolution encompassed three types of housing cooperatives based on income levels involving 8754. In Kenya the housing cooperatives were spearheaded by the trade union based National Cooperative Housing Union, which offered various assistance to housing cooperatives.

1.5 The Historical and legal context of housing cooperatives in Zimbabwe

Post independence Zimbabwe inherited an immense segregated housing low income housing stock, which was overcrowded. The need to meet demand was over stripped by supply. The government enunciated a policy for housing for all. The policy framework encompassed provision of decent affordable housing for all specifically targeting the low-income earners. In built in this policy was the concept of self-help as one vehicle for alleviating the pressure on housing through promotion of strategies such as housing cooperatives. The proposed support was in the form of providing services in auditing, legal, training, loan and surveying (Mutizwa-Mangiza, 1988). However because of a broader mandate the housing cooperatives were “left to fend for themselves” (Vakil, 1994).

Housing Cooperatives operate under the auspices of the Cooperatives Societies Act, Chapter 24:05 of Zimbabwe. There are model housing by laws guiding the cooperatives in the areas of identity, membership rights, responsibilities and obligations, organization, administration and financial management of the cooperative.

The 1990's saw the emergence of housing cooperative in Zimbabwe and most of the cooperatives were of mixed –gender composition with members drawn from low income earners such domestic workers, security guards ,informal traders, commercial and industrial workers.

1.6 Housing People of Zimbabwe and Housing Cooperative Movement

Housing People of Zimbabwe (HPZ) is a local Non Governmental Organisation (NGO), which works with and assists housing cooperative. HPZ was founded in 1992 as a non-profit organization committed to creating and maintaining a vibrant sustainable housing cooperative movement in Zimbabwe. HPZ works with local authorities, relevant government ministries and housing cooperatives around Zimbabwe. HPZ target groups are low income earners. The mandate of HPZ is to assist this target group in building and maintaining affordable housing for themselves through;

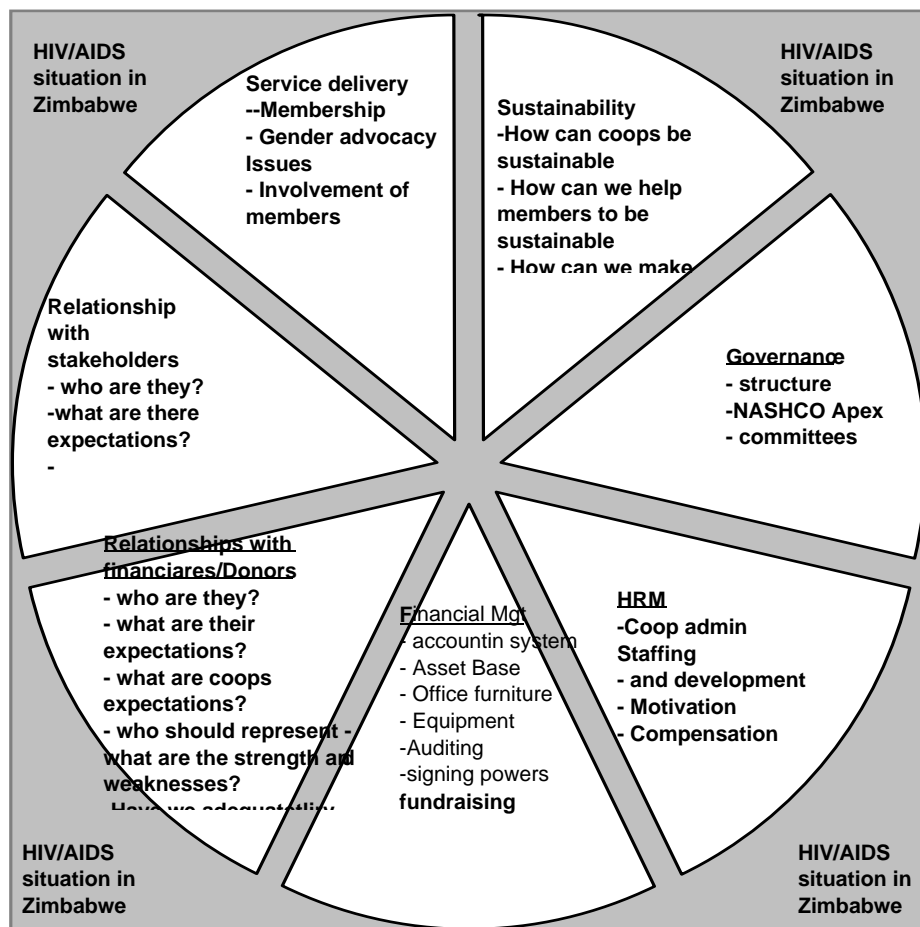
- ❖ Financial consultation
- ❖ Management training
- ❖ Technical services
- ❖ Legal services

HPZ facilitated the establishment of Zimbabwe's first national housing cooperative apex organization, Zimbabwe National Association of Housing Cooperatives. (ZINAHCO). It is one of the roles of HPZ to advocate for cooperative housing. This is done through national seminars; to date research has encompassed issues such as mortgage finance and withholding tax on interest earned. The promotion of gender in cooperative housing as well as mainstreaming HIV/Aids is critical areas for HPZ.

There are a myriad of interrelated factors impacting housing cooperatives given the HIV/AIDS scenario as shown in Figure 1. Figure 1 depicts linkage opportunities for housing cooperatives in the light of HIV/AIDS.

1.7 Conceptual context of HIV/AIDS on Housing Cooperatives

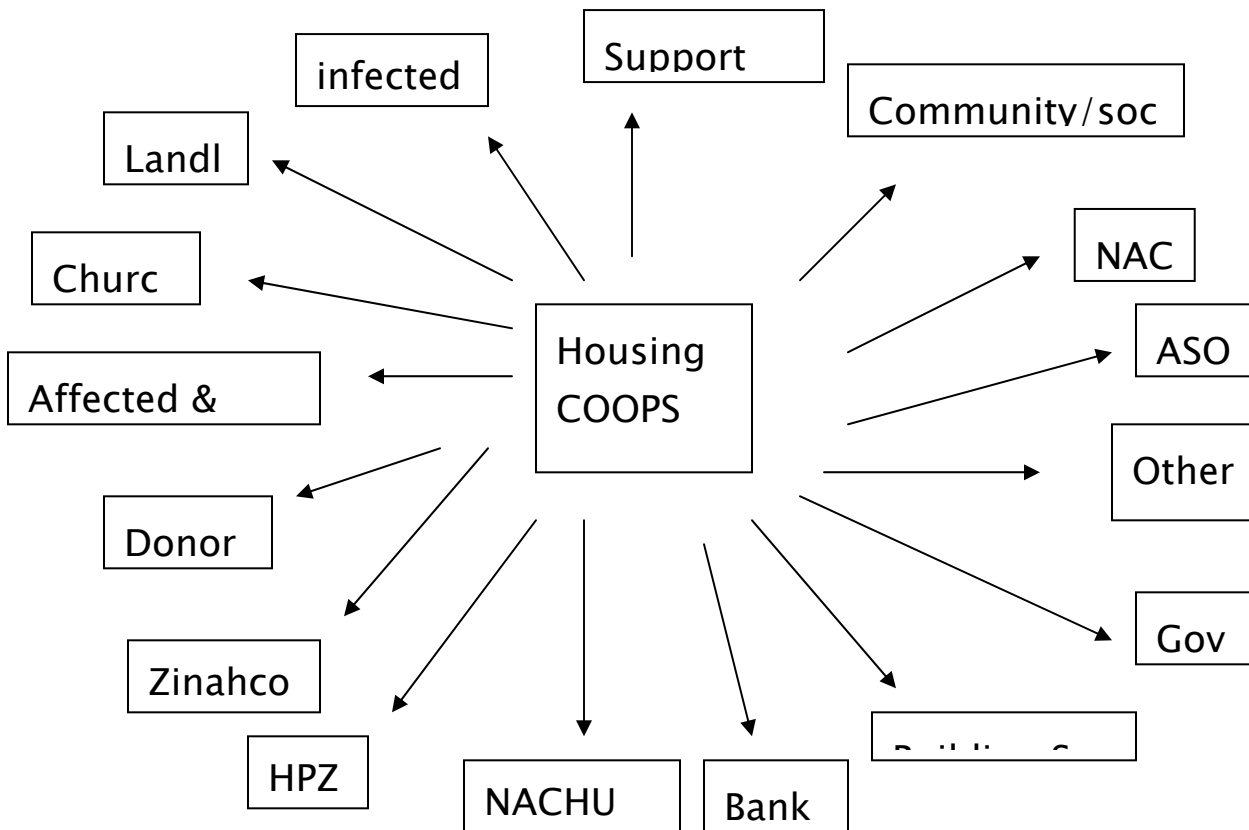
Figure 1: Housing coops HIV/AIDS environmental analysis



Housing Coops HIV/AIDS environmental analysis

1.8 Housing Cooperatives stakeholders' analysis

A diagrammatical presentation of housing cooperatives stakeholders is as follows in Figure 2:



1.9 Context of HIV/AIDS in Zimbabwe

The first case of HIV in Zimbabwe was diagnosed in 1985. The numbers of HIV/AIDS cases have since grown exponentially according to CDC Surveillance to crisis proportions with a prevalence rate of 35% among the adult population. Of these 10% of the HIV positive population have AIDS and require care. The most affected sub-group is the reproductive and productive ages of between 18 to 45 years. This is the age group that mostly constitutes the membership of housing cooperatives. Statistics show that at least 2000 deaths are recorded every week with 60-70% being related to HIV/AIDS diseases like tuberculosis, meningitis, pneumonia and diarrhea.

1.9.1 Gender and HIV/AIDS

The gendered context of HIV/AIDS is viewed from patriarchal notions of power relationships and traditional beliefs. Gender refers to socially constructed status in relations between men and women. (Schler and Munanula, 1996). Patriarchy reinforces traditional and social norms regarding male superiority. The gender relationships within the patriarchal system assume sex, sexuality as a domain for males. As a result women and girls are more vulnerable due to the direct linkage of the virus with sex and sexuality. Women and girls are the least to access information, protection and health services as a result of inhibitions about discussing sexual issues and sexual education. In Zimbabwe women consist 51% of the 11.5 million and overallly 33% of households (urban and rural) are headed by women (Zimbabwe Women's Resource Centre-ZWRCN,1999). Oxfam Journal 1996 noted a general increase in female-headed households in most cities in the world, with Zimbabwe being no exception. Access and control to resources in housing is limited to women as revealed by Scylyter (1989) that during the implementation of the housing project in Harare in 1982 only 151 (2.2%) out of 5610 stand holders were women. Gender biases, socio-cultural factors, economic and political factors often form a barrier which restricts women's access to shelter which Women and other female community members carry the burden of home care for the sick. It is the traditional expectation that women's roles are primarily those of caring. Commuter families is a common split family survival strategy in cases where housing conditions are difficult. This pattern fosters new patterns of sexual relationships, with men tending to increase the number of sexual partners. Housing cooperative members are mostly drawn from these marginalized groups.

With most bread winners dying the burden is left to the surviving woman to continue to support the family. It is worrisome that there have been increases in cases of property grabbing and misadministration of estates by relatives on the death of a person, usually male, leaving the widow and children without houses household good and other assets.

As a result of being more vulnerable some women adopt survival strategies by engaging in commercial sex, as a ready market exists

Women and girls are disadvantaged in terms of access and control of household assets in this the house and household goods which leads to them being more vulnerable. Thirty-six percent of women attending antenatal were HIV positive. Out of the 1.8 million people living positively with AIDS 52% are women. The most affected group is the 15 to 24 age group with 17%.

1.9.2 Economic Effects

There are usually ripple economic effects on individuals, families, communities and companies, housing cooperatives, business and the general economy. Considering low income earners spend 40%-60% of their income on housing illness and loss of a breadwinner would have negative impacts. The household economic effects of HIV/AIDS are felt when a member of the household falls ill these are as follows;

- Loss of income (usually the breadwinner)
- Household expenditures for medical expenses increase substantially
- Other household usually daughters and wives may miss school or work less in order to take care of the sick
- Death results in a permanent loss of income, from less labor on the farm or from lower remittances; funeral and mourning costs; the removal of children from school in order to save on educational expenses and increase household labour, resulting in a severe loss of future earning potential. (Source Bollinger et al Futures-economic Impact of AIDS in Zimbabwe, 1999)
- Savings are used for medication/treatment
- Economic hardships make it necessary to look for alternative sources of income e.g prostitution, street children or early marriage
- Illnesses reduces the economic performance of the household
- When both parents die or are unable to care for their children, they are shifted into the homes of the extended family, often taxing the stability of households
- Lower nutritional status in households with less income and many children
- In the case of housing cooperatives default in rent payments and decreased membership resulting in viability of the cooperative due to reduced revenue
- Inability to maintain house

1.9.3 Educational effects

- The presence of AIDS in the household, and the additional responsibilities and burden it brings to the family, may cause children to drop out of school.
- Due to unresolved psychological trauma, the school performance of children is negatively affected by HIV/AIDS.
- Traditional skills, passed through generations, die with the parent before being taught to the children.
- Orphans face stigmatization by other children, including at school.

(Source HIV/AIDS in Africa)

1.9.4 Social Effects

- In some communities it is taboo to take non-related children into one home, especially if the children are sick.
- Dying is not talked to children so they do not understand what is happening in the household until the parent dies.
- Many die in intestate (without written wills) resulting in property grabbing by relatives leaving the surviving spouse and children impoverished.
- Medical concerns with opportunistic infections such as tuberculosis to other family members.
- Children and elderly people become head of household.
- Poor families are more affected by losing a family member and may become impoverished forever, moving from poverty to destitution.

(Source HIV/AIDS in Africa)

1.9.5 Psychological Effects

- This the least visible effect because it is least seen.
- Emotional suffering appears in various forms for everyone (e.g. depression, aggression, drug abuse, insomnia, failure to thrive, malnutrition, etc }
- Children with sick parents will worry about the future, where they will go and who will take of them.
- Loss of consistent nurture, which can lead to serious development and loss of guidance, which makes it more difficult for the child to reach maturity and to be integrated into society.

- Psychological damage can arise at any time after the event (months, days and even years).
- Children may not understand the situation and therefore cannot express their grief effectively. Even if they want to express their feelings there is often no one to listen.

(Source HIV/AIDS Children in Africa)

1.9.6 Socio-cultural context

The major effect of HIV/AIDS is the loss of the breadwinner usually male. The resultant effects viewed from the inheritances practices; beliefs and patterns invariably affect access and control of both reproductive and productive resources. As mentioned earlier gender issues emerging from the traditional patterns of inheritance are as follows;

- Male line of descent has inheritance opportunities for access and control of assets depriving widow's access and control of such items as homestead "musha". This is of course a pertinent issue in this study.
- Women only inherit items of sentimental value i.e. utensils, clothes and motherhood cattle

In the case of cooperatives ownership of the house is legally with the cooperative and agreements are usually with the male-headed household member.

Chapter 2

2.0 Evaluation Methodology

2.1 Introduction

A pre-implementation program briefing meeting was conducted with key HPZ staff, the Director, Ms B Kohlo and Mr G Marimbata the Business Development Manager. Background information was obtained through literature review and documentation search. The study tools were drawn and reviewed by both parties. The following study tools were developed and administered;

- a) Tool 1 (Reference Appendix A) targeted at cooperative leaders
- b) Tool 2 (Reference Appendix B) administered to cooperative members.
- c) Tool 3 (Reference Appendix C) for Apex officials
- d) Tool 4 for infected and affected HIV/AIDS persons.

Tool 1 for key informants usually cooperative leaders was designed to capture cooperative history, membership details, cooperative management structure, subscriptions policy, group dynamics, financial status, title, networks, HIV/AIDS awareness knowledge and impacts.

Tool 2 was designed and administered to cooperative members. Respondent's demographic awareness, knowledge and opinions on the housing cooperative issues, HIV/AIDS and its effects

Tool 3 for Apex organization Zimbabwe National Housing Cooperatives (Zinahco) members was a series of questions on an interview guide for Apex leaders.

Tool 4 was semi structured for affected families.

Research assistants were then trained in the use of the tools.

2.2 Study Population and sample

The study comprised of 10 cooperatives from Bulawayo, Chitungwiza and Harare namely;

Table 1. List of coops in the study

Area	Name of Cooperative
Harare	1.Kugona Kuronga
	2.Tichaedza Varombo
	3.Tavapamberi
	4.Vakomana vekuseri (Replace Chikurubi)
Chitungwiza	5. Southern Granites
	6. Safeguard
	7. Masibambane
Bulawayo	8.Radiator and Tinning
	9.Perseverance
	10 Phumelela

The sample selection was done by HPZ. The proposed sample was 200 with 20 respondents being drawn from each of the 10 cooperatives. However due to the timing of the survey end of year most the cooperative members were not available as most of the cooperatives are worked based and had closed. The absence of a database for cooperatives and members made the work of the study team difficult.

2.3 Data Collection, Management and Analysis

After field data collection, the questionnaires were edited, checked and coded. Coding was based on a dictionary created for the study. The data was then analyzed.

Chapter 3

3.0 Findings

Table summarizes the characteristics of cooperative in the study. Most of the cooperatives were formed around the 1990 with Tichaedza Varombo being the oldest having been formed in 1985 and Vakomana Vekuseri being the “new kid on the block” having being formed in 2001

3.1 Cooperative Characteristics

Table 2: Cooperative characteristics

Name of Coop	Year of Formation	Year of Registration	Membership at Formation	Current membership	Monthly Contributions
1.Kugona Kuronga	1997	2000	102	87	\$4 000
2.Tichaedza Varombo	1985	1987	201	12	\$1 000
3.Tavapamberi	1997	1999	130	40	\$6 300
4.Vakomana vekuseri (Replace Chikurubi)	2001	2002	105	105	\$6 000
5. Southern Granites	1996	2000	14	12	\$2 000
6. Safeguard	1994	1995	40	10	\$2 000
7. Masibambane	1999	2001	50	36	\$ 8 300
8.Radiator and Tinning	1993	1994	189	26	\$ 1 050
9.Perseverance	1993	1995	22	16	\$ 1 000
10 Phumelela	N/a				

The names of the cooperative have connotations symbolic of their quest for decent housing or previous housing status such as Vakomana Vekuseri.

3.2 Indicators of Cooperatives organizational sustainability

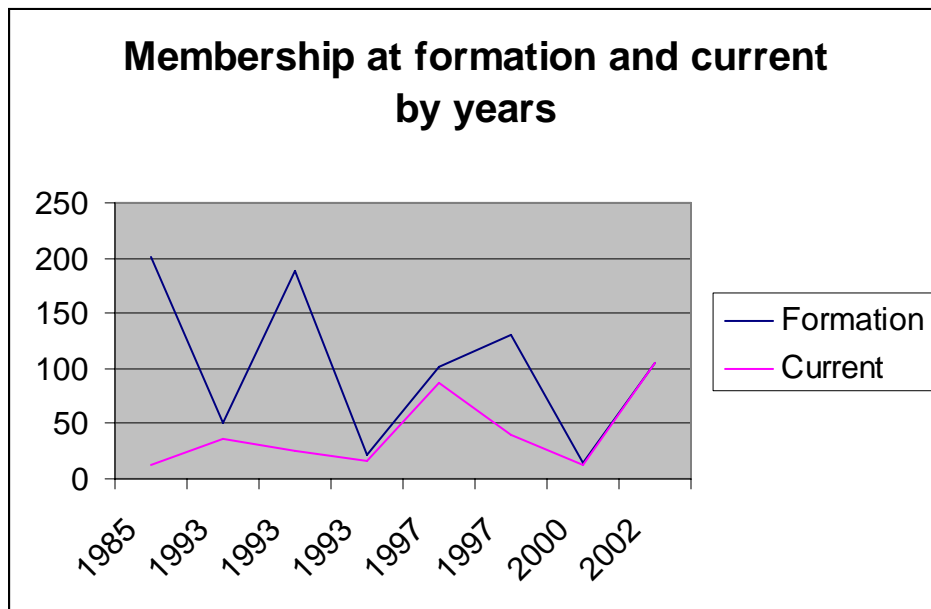
Availability of leadership/organizational planning skills

All the cooperatives surveyed have an organizational structure which has received training from HPZ. The exact composition of the organizational structure varies from cooperative to the other. The executive committee plays an important role in the running of the cooperative affairs.

3.3 Cooperative membership patterns

The cooperatives existence range from 12 years to 2 years and average 6 years. The period between formation and registration is on average 2 years. There are various sizes of cooperatives with members ranging from 105 to 12 members. The duration of the existence of the cooperative appears to have an impact on the membership drop out. The older cooperatives have a membership attrition rate of over 50% in the case of Tichaedza Varombo and Radiator and Tinning over 90%. There has been a high membership “mortality” in most cooperatives as the current membership is a far cry membership at formation with worst-case scenario starting with 201 members with only 12 members left. The drop out trend will continue with the effects of HIV/AIDs on members see Figure 3 below.

Figure 3:Housing Cooperative membership patterns



3.4 Demographic Characteristics

Most of the respondents were male this could be attributed to the fact that most of cooperatives are work based. The nature or type of membership had both negative and positive relationship e.g. teachers, security guards. Most of the cooperative members were married and in the 26-45 age group. Female membership in the cooperative ranged from 25% to 30%. The membership age group common attribute is the desire to settle down and

have safe stable lifestyles. The average household membership number was six.

3.5 Capacity to generate income for cooperative

Contributions range from \$ 1000 to \$8300 per month. Subscriptions were the internal source for income generation. Some work based cooperatives had external resources from the employers in the form of loans. The extent of money actually required for the attainment of the cooperatives goals is a far cry from the income being generated. It appears that the potential to generate more resources internally is limited given the levels of contributions. For most cooperatives subscriptions are the only strategy to mobilize resources. The proportion of cooperatives relying from internal resources –subscriptions was 90%. The duration of existence of the cooperative had both negative and positive relationship. Negative for older cooperatives as the level of subscriptions is low. The need to be creative and design new strategies like investing on the money market or have income generation activities is paramount. This is important in the light of HIV/AIDS.

3.6 External linkages with institutions

Most of the cooperatives did not have external linkages except for HPZ, ZINAHCO, NACHU or their employers. Cooperatives with facilitation from ZINAHCO and HPZ should step up their linkages programme by approaching other stakeholders as shown in Figure 2.

3.7. Organisational sustainability position with regard to housing cooperatives

3.7.1 Availability of leadership/organizational planning skills.

- ❖ In 80% of the cooperatives commendable organizational and planning skills were available
- ❖ In 20% of the cooperatives these were rudimentary or elementary.
- ❖ Women were also cooperative leaders in the case of Perseverance (Mrs E Wazara) , Phumelela (Mrs Guduza)

In the likelihood of HIV/AIDS the probability of losing some of these cannot be ruled out.

3.7.2 Training received

- ❖ A good number of members had received training especially the executive members.

3.7.3. Availability of accounting skills

- ❖ Available in all cooperatives.
- 3.7.4. Participation in decision making
 - ❖ The executive makes major administrative decisions and in consultation with members.
- 3.7.5. Capacity to generate income
 - ❖ Generally good however the over 144% inflation is a major constraint.
- 3.7.6. Internal vs. external mobilization of resources
 - ❖ 90% internal through subscription
- 3.7.7 External linkages
 - ❖ Minimal
- 3.7.8. Internal Communication
 - ❖ Good at present in all cooperative. Some members do not have copies of the constitution
- 3.7.9. Benefits generated
 - ❖ Stands available
- 3.7.10. Income generating capacity
 - ❖ Minimal
- 3.7.11. Access to technical inputs
 - ❖ Through HPZ other opportunities in this area could be explored
- 3.7.12. Participation
 - ❖ Ranges from high to medium
- 3.7.13 Overall objectives achieved
 - ❖ Partial with the acquiring of stands
- 3.7.14 HIV/AIDS activities
 - ❖ None at present at cooperative level
- 3.7.15. Income levels of cooperative members
 - ❖ Low income- whose buying power has been nullified by hyperinflation. The proportion of families earning incomes has significantly decreased over the years due to retrenchments and closures.

3.8 Orphan Prevalence

Orphan prevalence is a proxy indicator on impact of HIV/AIDS.

The problem of orphans is not evident in most of the cooperatives due to the fact that most cooperatives have not moved to designate cooperative sites. Members are living in different high-density areas .The absence of a database for households for members are a major limitation in ascertaining orphan prevalence.

For those that do have orphans, the reasons faced in tackling the problem are due the lack of funds and skills to implement a community based orphan

support programme. The communities lack skills to identify opportunities for orphans to learn skills that may help them earn an income. In most of the surveyed cooperative communities, with an orphan problem, there are no organizations providing help.

3.9 Reasons for joining cooperative

The respondents cited the following reasons for joining a cooperative;

1. Failure to get a house or stand from local authority

Most of the cooperative members joined housing cooperatives for the purpose of acquiring houses or stands after failing to secure accommodation from the local authorities due to the long waiting list.

2. The promise of affordable housing

Cooperatives were the only viable option with the promise of acquiring a house or stand.

3. Housing cooperative concept which is based on international principles of cooperation namely; open and voluntary membership, democratic control, limited share on capital, equitable distribution of surplus, cooperative education and cooperation among cooperatives.

The housing cooperative concept was quite attractive as the idea of pooling resources together makes the idea of owning homes easier as some earn very little to afford building or buy homes on their own.

4. Access building society or other funds such as company or donors

5. Sick and tired of living in single or tied accommodation

6. Urban nomadism

7. Need for freedom

8. Security in old age

9. Case histories of successful housing cooperatives

Most members joined their respective organizations after attending awareness meetings on the work and objectives of the co-operatives and, grasping the need to address their own personal housing problems. The majority of members joined their co-operatives at inception under the influence of, either their work mates or other community members. For work-based co-operatives, membership is restricted to either the husband or the wife who is an employee of the company. For community-based co-operatives, membership is family based, allowing both spouses to participate. The range for length of membership is between 2 to 10 years.

3.10 Cooperative members awareness, knowledge of housing cooperative issues.

Knowledge on house ownership is mixed, throughout those surveyed, some do know when house ownership reverts to them whilst others do not. Most cooperative members were lodgers or are still lodgers, in other instances, prior to owning their present houses through the cooperatives. Some members are not conversant with the issue of ownership, since it has not been discussed at the meetings held. Others feel it is too early to discuss or that the issue should be dealt with when houses are built. The other members are of the opinion that they assume ownership once they occupy the houses. Some stated that ownership is assumed after meeting payment for the construction of the house.

There was a high satisfaction expressed by members to the housing cooperatives as they had secure housing stands for their members. Cooperative members, find that their respective organizations have increased their access to ownership of either houses or stands on which to build. All the cooperatives surveyed have transparent management structures and, are well organized.

Financial management and general cooperative administration was good due to in-house training provided by HPZ.

3.11 Problems faced by cooperatives

The general challenges being faced are:

- ❖ Lack of funds, this is major constraint as most members are low-income earners.
- ❖ Deaths and illness among members, this is compounded by the fact that most cooperatives do not have structures to deal with prevention, education care and support in terms of HIV/AIDS. All cooperative by laws do not have HIV/AIDS clause.
- ❖ Retrenchments, some work based cooperatives like Tichaedza Varombo were employed by Cone Textiles were severely affected when the company collapsed.
- ❖ Access to financial facilities. Most housing cooperatives do not have the necessary technical skills to write bankable financial proposals to fund their operations and thus are limited in accessing financial facilities.
- ❖ Reduced subscription levels due to the difficult economic environment. For the work-based cooperatives, subscriptions are debited directly from members' salaries; thus these do not have

problems of defaulters. But, for the community based ones, the ability to meet their monthly contributions is being made difficult by having to pay municipal rates on top of other costs. This has led to arrears arising in subscription contributions, as members are unable to adequately provide for their other requirements.

- ❖ High inflation as monthly contributions will not match costs
- ❖ Slow progress by contractors resulting in contractors not able to meet deadlines for instance the case at Riddle Ridge where there is almost six-month delay.
- ❖ Payment of subscriptions was difficult for some members who are lodgers since they have to pay rent as well.

3.12 Group dynamics

Group dynamics are generally good according to respondents their management committees meet monthly and, the general membership meets quarterly. For those that attend cooperative meetings, have a good understanding of the issues pertaining to the management of their cooperatives and, find that the sharing of information on other issues, such as, the prevention and management of HIV/AIDS, beneficial. However, most members are not happy with attendance to their meetings. They feel that other members are not pulling their weight. The reasons for non-attendance vary from work and family commitments. Work commitments include extra informal activities to cushion the effects of inflation. Family commitments include funeral attendance which is “mandatory” has had an effect on regular interface among members as well as attending to the sick.

The general objective amongst the cooperatives is the provision of housing for their members and being able to meet their construction targets. Some of the cooperatives are going beyond the provision of accommodation, to facilitate for the provision of information on matters critical to sustainability of the cooperative. However the issue of HIV/AIDS is not a priority at the cooperative level but is felt more at individual level. This lack of recognition to this factor is largely attributed to the immediacy of having to meet the cooperatives objective of providing housing for members. The danger however is that HIV/AIDS

A change in management of some of the cooperatives has increased their access to information e.g. on HIV/AIDS. For those cooperatives that do not have a Service Agreement with Housing People of Zimbabwe, they would like to see one in place, as a positive development. There is a general feeling

among most members of the cooperatives that they would like to see their cooperatives initiating some income generating projects (IGPs).

Apart from the provision of housing, most members expect their cooperatives to provide:

- Some of employment for their offspring through the creation of income generating projects
- Awareness campaigns on issues such as HIV/AIDS enabling them to educate others

A fair number of the members have had relatives, friends, neighbours and colleagues who have died as a result of HIV/AIDS. The members' attitude towards people living with HIV/AIDS is positive, in that they maintain infected people need to be encouraged to live positively and, that support structures have to be put in place. Of those surveyed, family members who died in the last five years were of an economically productive age. However, due to non-disclosure the cause of death was unknown. Most members are aware of the provisions of the wills and inheritance laws, in particular the tenets of the Amendment of Administration of Estates Act and the Wills Act.

3.13 HIV/AIDS Knowledge, Awareness, Attitude and Practice

All those surveyed are knowledgeable HIV/AIDS as a disease and, that it is transmitted through:

- Having sexual relations with an infected person
- Use of the same razor blades with a person whose blood is contaminated
- Contaminated blood transfusion and,
- Mother to child infection

Most members felt that awareness campaigns on HIV/AIDS helped inhibit the transmission of the disease with more people understanding the disease and its ramifications. They, however, viewed AIDS as a disease of poverty that exacerbates HIV transmission as people felt the need to supplement their incomes through:

- Prostitution, use of unsterile needles and through inferior health care, particularly the lack of treatment for STIs.

- Increase in migrant labour resulting in commuter families, family break up, landlessness, overcrowding and homelessness.
- Poor people are less likely able to take seriously an infection that is fatal years hence, if they are struggling with daily survival.

Factors facilitating in the spread of HIV/AIDS were cited as follows;

- Lack of knowledge
- Morally unacceptable behavior
- Cultural beliefs resulting in denial
- Practice of inheritance

Respondents noted the increase of HIV/AIDS related in the past five years. It was noted that HIV/AIDS was a threat to the cooperatives. For the following reasons;

- Loss of members
- Erosion of the cooperative revenue base
- Planning problems
- Failure to meet targets

With regards to acceptance respondents suggested that the issue of HIV/AIDS status should be revealed in confidence to the cooperative executive. This was to help the cooperative to plan and advise members accordingly. The major impact of HIV/AIDS has been noted in the loss of members that has impacted heavily on the coops finances resulting in budgetary adjustments, delays and failure to meet targets.

To help inhibit the spread of HIV/AIDS it was felt that it was important for society at large, to believe that the disease exists and, that it, must not be associated with loose women, only. Men should stop boasting about their STDs for showing that they are “real” men who have sexual relationships, because this facilitates the spread of HIV/AIDS. Both sexes are responsible for the spread of the disease but, the situation of women is made worse by the traditional and cultural factors that view men as superior and more important than women.

In Zimbabwean customs, when a brother dies, the remaining brothers agree among themselves who should assist the widow, look after her family and continue all the marital duties their brothers would have left behind. When the husband has died of AIDS, the young widow may well have HIV infection and the brother will then be at high risk.

Nearly all the cooperatives surveyed, have not experienced an HIV/AIDS problem in the cooperative communities. Maybe, due to non-disclosure, they are aware of neither a decrease nor an increase in the numbers of members that are infected. Nevertheless, they all felt that HIV/AIDS is a major threat to the cooperatives' existence because:

- It is a prolonged illness that involves great suffering for families
- It places a financial burden on families thus, reducing the subscriptions level to the cooperatives
- Consequences of the situation will be increased deaths
- Increased numbers of orphans, single parents and child headed families
- Greater demand for health care and social services
- Low productivity at work places.

Thus, it was felt that cooperative members who are infected with HIV should inform their cooperative of their status and, not keep it a secret. HIV/AIDS has not impacted on these cooperatives.

Political factors have affected coops in that;

- Coops have lost members due to the current land reform programme where people opted for free land
- Coops are unable to secure stands in arrears of their choice due to political influence by politicians who maintain their political constituencies ahead of parliamentary or presidential elections.
- Conducting cooperative activities especially meetings have become difficult in the light of POSA where gatherings of more than ten people requires police presence and clearance, hence member are not free to discuss issues in the presence of security agents.

Local authorities should have by-laws that govern the activities of cooperatives. Members of Parliament are perceived as being ineffectual in lobbying for change in the cooperative movement. During the Presidential elections, some cooperatives were aligned with the opposition movement thus, holding meetings made impossible.

3.14 Cooperative Policies and effect on HIV/AIDS issues

3.14.1 Requirements for registration

Most cooperatives are guided by model housing cooperative by laws, which include;

- A membership register
- Constitution
- Membership on local authority waiting list
- Clear structure on management committees
- Training as a group
- Non ownership of a house
- Signatures of at least seven members

HIV/AIDS effects or impacts are not an issue as there is not incorporated as part of training or inclusion clause in the constitution.

3.14.2 Criterion for membership

For the cooperatives studied the following criterion was as follows;

- For work based cooperatives a member to be an employee of the company. This criterion excludes the wives.
- To be aged between 18 and 60 years. The high proportion of aged persons in the cooperatives was a major concern in terms of sustainability to some members.
- Ability to pay. For those members who are ill due to HIV/AIDS or otherwise they would not qualify yet this is the most needy group.

3.14.3 Subscriptions Policy

Coops cited the following;

- For work based cooperatives the employer deducted from the employee
- Fine of \$200 for defaulting members
- Monthly payments on specific days and failure to pay in three months results in termination of membership or later payments attract an interest of 5%.

In the case of work based coops once the employee dies there is automatic discontinuation of payments. In this case HIV/AIDS affected and infected survivors suffer. The same scenario would apply to the cited cases.

Use of subscriptions

Coops major use of subscriptions was for the payment of building materials , paying the contractor or loan servicing . A small percentage was used for administration purposes. Whilst it is justified that a major proportion goes to hardware components such as construction, non-focus on software issues such as administration and social safety nets present a long problem.

3.14.4 Default Policy

Termination is the guiding principle. This then affects HIV/AIDS members, as they are the most vulnerable. For work based coops this was not an immediate issue as long as the members were alive and still working for the company. This however presents a problem of mortgaging the employees to the workplace.

The reasons for defaulting for community-based cooperatives were;

- ❖ Retrenchments
- ❖ Illness and death of members
- ❖ Aged members who are no longer economically active
- ❖ Lack of access to loans
- ❖ HIV/AIDS threats
- ❖ Harsh economic conditions
- ❖ Overlooking payment dates

3.14.5 Criterion for termination

The criterion for termination varied as follows;

- Eight months for resignations and withdrawals.
- Non-compliance with coop by laws.
- Three months notice
- Arrears and non involvement

HIV/AIDS affected and infected person is the mostly affected in cases of termination.

3.15 HIV/AIDS IMPACTS

The economic, educational, health, social, psychological and technological impacts are;

3.15.1 Economic Impacts

The current economic environment has created enormous social and ethical dilemmas. Cooperative members are unable to meet their monthly contributions due to retrenchments. Inflation has spiraled the cost of building materials, hence decreasing progress in the construction of the houses by the cooperatives.

- Upon the death of the breadwinner there is loss of income and loss of future earning potential as the case in work based housing cooperatives.
- The household medical expenses increase substantially during illness of the member. Savings if any are used up.
- Women, especially girls drop out from school work less in order to take care of the sick
- Funeral and mourning costs.
- Savings are used for medication/treatment
- Economic hardships make it necessary to look for alternative sources of income e.g. prostitution, street children or early marriage
- Illnesses reduces the economic performance of the household
- When both parents die or are unable to care for their children, they are shifted into the homes of the extended family, often taxing the stability of households
- Lower nutritional status in households with less income and many children
- In the case of housing cooperatives default in rent payments and decreased membership resulting in viability of the cooperative due to reduced revenue
- Inability to maintain house

3.15.2 Educational Impacts

Most of the housing cooperative members have low educational qualifications. This results in a vicious circle of poverty. Due to this poverty, levels of education and the provision of health care is reduced. Poorly educated women are not likely to be able to protect themselves from infected husbands. They are likely to have little health information and little power to control any aspect of sexual relations. Even if they know they are at risk, economic necessity may force them to acquiesce to an unsafe sexual relationship. Unemployment and inequality in wages has reinforced women's financial dependency on men.

- The presence of AIDS in the household, and the additional responsibilities and burden it brings to the family, may cause children to drop out of school.
- Due to unresolved psychological trauma, the school performance of children is negatively affected by HIV/AIDS.
- Loss of institutional memory as parents die the history values vision is lost to the children as well as the coop.
- Orphans face stigmatization by other children, including at school.

3.15.3 Health Impacts

The provision of quality health care has been made impossible as more people are making increased demands on the health delivery system. The quality of service delivery is inadequate due to the prohibitive costs of accessing health care. Poor nutrition is exacerbated by food shortages and generally high costs when available.

3.15.4 Social Impacts

- In some communities it is taboo to take non-related children into one home, especially if the children are sick.
- Dying is not talked to children so they do not understand what is happening in the household until the parent dies.
- Many die in interstate (without written wills) resulting in property grabbing by relatives leaving the surviving spouse and children impoverished.
- Medical concerns with opportunistic infections such as tuberculosis to other family members.
- Children and elderly people become head of household.
- Poor families are more affected by losing a family member and may become impoverished forever, moving from poverty to destitution.

3.15.5 Psychological Impacts

- This the least visible effect because it is least seen.
- Emotional suffering appears in various forms for everyone (e.g. depression, aggression, drug abuse, insomnia, failure to thrive, malnutrition, etc }
- Children with sick parents will worry about the future, where they will go and who will take of them.

- Loss of consistent nurture, which can lead to serious development and loss of guidance, which makes it more difficult for the child to reach maturity and to be integrated into society.
- Psychological damage can arise at any time after the event (months, days and even years).
- Children may not understand the situation and therefore cannot express their grief effectively. Even if they want to express their feelings there is often no one to listen.

3.15.6 Technological impacts

Due to low levels of education and incomes most cooperatives do not have access to technological developments and information especially on HIV/AIDS except for some elite coop members.

3.16 Response/Coping Mechanisms

Most cooperatives have a system whereby upon registration a member appoints the next of kin to take over in the event of death of the breadwinner. However most of the deceased next of kin have been unable to continue to contribute subscriptions hence they have opted to withdraw and be refunded contributions minus interest. This has negative effects on the surviving spouse and children. For work based cooperatives it is also more difficult for the surviving spouse /children to continue with payments since they were salary deductible.

As measure for minimizing the spread of HIV/AIDS in the cooperative communities, the cooperatives:

- Encourage their members to go for voluntary testing for HIV so that they can make informed decisions about their lives and live positively
- Increased HIV/AIDS awareness campaigns and the sensitizing of men, women, boys and girls so that they can be fully involved in efforts to combat the spread of the epidemic.

Most of the cooperatives have not experienced situations where the husband who was a member died or, where the surviving spouse also died or both, or a single member. They, however, felt that scenarios if they were to occur would cause havoc to the operations of the cooperatives. The husband who would be the breadwinner, thus contributions to the cooperative would cease. The surviving spouse would take over and, continuity would depend on whether she has an income. Where both parents died, the children would

be disadvantaged as, their relatives could grab the house. Most cooperatives do not have systems stopping property grabbing.

The cooperatives do not have regulations or by-laws on HIV/AIDS. Although they do not have laid down structures for the support of members who are HIV/AIDS patients, they do offer:

- To provide emotional and practical support to those members
- To provide education and information on home based care
- To promote counseling for behavior change and encourage positive living.

The members are aware of HIV/AIDS support organizations such as ZAPSO, DACC whom they find easily accessible. Most of the cooperatives have a member belonging to the DACC and, is responsible for HIV/AIDS awareness campaigns within the cooperative. The cooperatives formed study circles for HIV/AIDS discussions.

Female members are very much involved in policy and programmed development and decision making within the cooperatives. However, because of gender inequality and increasing poverty more women are engaging in sex work. Poverty and gender inequalities have dynamics that place the poor, particularly women and girls at the bottom of the ladder. Poverty and gender roles have a direct bearing on the spread and impact of HIV/AIDS. Owing to gender inequalities, women lack the power to negotiate for safer sex for themselves within marriages or other relationships where they are dependent on men for their upkeep.

Chapter 4

4.0 Conclusions and recommendations

HIV/AIDS status is not discussed at cooperative level. This implies denial of its existence. 30-34% of the urban population is HIV positive. It can be assumed that cooperative members are not an exception. The absence of a data base for cooperative members makes it difficult to estimate orphan prevalence and death patterns among cooperative.

Recommendation 1

There is need to develop a data base for cooperative members.

Hence the need to raise awareness levels through educating members This could be done through provision of literature such as pamphlets on HIV/AIDS.

As measure for minimizing the spread of HIV/AIDS in the cooperative communities, the cooperatives:

- Encourage their members to go for voluntary testing for HIV so that they can make informed decisions about their lives and live positively
- Increased HIV/AIDS awareness campaigns and the sensitizing of men, women, boys and girls so that they can be fully involved in efforts to combat the spread of the epidemic.

Recommendation 2

There is need to develop and implement an HIV/AIDS programme for cooperative members as part of HPZ support to cooperative. The programmes suggested by respondents were;

1. Peer education on HIV/AIDS for boys and girls
2. Women education on HIV/AIDS- this training should include income generating projects for membership continuity in the event of unemployment, retrenchment of the breadwinner or death.

Cooperative Policy on HIV/AIDS

There is no reference to HIV/AIDS in cooperative by laws or Act itself. The Act and by laws are outdated as they do not recognize the impact of HIV/AIDS on cooperatives.

Recommendation 3

There is need to review and amend sections of the cooperative law and by laws to take into consideration HIV/AIDS impact. HPZ through its advocacy section take a lead in this process.

There is need to link with ASO's to village health workers to have HIV/AIDS support structures .

HPZ could facilitate this process of creating these linkages

Consideration of creating linkages with other institutions like DACC, ZNPP+ to get assistance to affected and infected members and their dependants.

Access housing cooperatives with technology and information on HIV/AIDS.

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