Caught between Scylla and Charybdis: Exploring the Effects of Zimbabwe’s Political Crisis on HIV and AIDS Behavior Change Communication Programming

A thesis presented to

the faculty of

the Center for International Studies of Ohio University

In partial fulfillment

of the requirements for the degree

Master of Arts

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August 2010

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This thesis titled
Caught between Scylla and Charybdis: Exploring the Effects of Zimbabwe’s Political
Crisis on HIV and AIDS Behavior Change Communication Programming

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ABSTRACT

GWEMENDE, TITUS M., M.A., August 2010, Communication and Development Studies

Caught between Scylla and Charybdis: Exploring the Effects of Zimbabwe's Political Crisis on HIV and AIDS Behavior Change Communication Programming (pp. 143)

Director of Thesis: Rafael Obregon

The twin challenges of HIV and the political crisis had debilitating effects on the communication efforts of health organizations in Zimbabwe. This study explores the effects of the Zimbabwean political crisis on the implementation of behavior change programs by eight implementing organizations in Zimbabwe. This thesis is a product of triangulation of methods, that is, ten interviews, two focus group discussions and documents review. Drawing from the structural intervention approach, this study analyzed political obstacles to successful health programming in Zimbabwe and highlighted the bi-directional causal connections between HIV and conflict. Key findings for the study are the government ban of field operations of NGOs, widespread violence against beneficiaries and staff, collapse of public health delivery system, migration, decline in funding and abuse of power by political leaders. The study raises questions of program design of the behavior change programs, dealing with an intransigent government, donor funding in conflict zones, human resources capacity of NGOs and civil society’s role in development in Zimbabwe. This study recommends safe participatory communication strategies, capacity strengthening, creative partnerships and
the positive deviance approach as alternative and potentially effective measures for health programmers in conflict settings.

Approved: __________________________________________________________

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ACKNOWLEDGMENTS

“As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them.”
John Fitzgerald Kennedy

I wish to sincerely thank my thesis Chair Professor Rafael Obregon whose insightful comments and reflections informed the writing of this thesis. Many thanks for being my academic advisor for the two years I have been a student of the program. Indeed I have grown as a scholar.

Furthermore, a special thanks to Dr Chikombero for believing in me even before I became a student in Ohio has bee. Thank very much for the mentorship and keen interest in my studies and dreams.

Dr Andrew Ross opened my eyes in many ways during the courses I have taken with him and I wish to thank him for his much needed insight for this study. As an interdisciplinary study, he has been infinitely helpful each time I have dealt political science theory.

I remain indebted to the advice, support and mentorship of the following professors who have not just taught me the last two years, but have inspired me to be a better person; Steve Howard, Lawrence Wood, Michael Burton, Vibert Cambridge, Patricia Weitsman, Matthew Adeyanju, Karen Riggs, David Mould, Daniel Weiner, Ghrimay Negash, and Duncan Brown. Many thanks to Lilia Krasteva and Idrissa Fane, friends who were supportive in the decisive moments. I will always cherish my time at Ohio University.

Finally yet importantly, I thank my family, an awesome and supportive family for making me who I am; Mom, Dad, Sharai, Norman, Kuziva, Tadiwa and Vimbai.
DEDICATION

To the memory of the brave men and women who lost their lives before and after the 2008 Presidential elections in Zimbabwe for the defense of democratic ideals
PREFACE

My interest in the political crisis in Zimbabwe and its impact on HIV and AIDS communication programming comes from my personal experiences living and working in Zimbabwe and seeing relatives and friends dying of the dreaded disease. I had an aunt whose death could have been delayed had the government run hospital in which she died been more resourced and information been more accurate and efficient. For the almost four years I have worked in the NGO sector in Zimbabwe, I have come to realize how much of the health system in Zimbabwe is dependent on the efforts of NGOs hence one could argue that had it not been for the NGOs over the years, the epidemic would have taken many more lives. Consequently, witnessing state sponsored obstructionism and even violence against the very sector that protects and maintains the lives of millions of Zimbabweans affected me in significant way.

I felt the need to do my part to confront the politics of Zimbabwe and to suggest ways NGOs could consider so that they continue their work even in repressive environment like Zimbabwe and this research is a modest effort to have the field at large to have a greater and more accurate appreciation of the nature and multi faceted effects of the Zimbabwean crisis. I have worked with organizations that were reasonably cooperative to the government and rarely confronting its excesses yet they were not necessarily spared from the ramifications of the crisis. One could argue that this experience has influenced my disapproval towards the current Zimbabwean government in general. However, this research tries to balance its critique of the government and it has a significant portion of an exploration of programming options for NGOs.
# TABLE OF CONTENTS

| Abstract | 3 |
| Acknowledgments | 5 |
| Dedication | 6 |
| Preface | 7 |
| List of Tables | 10 |
| List of Figures | 11 |
| Chapter 1: Introduction | 12 |
| Research questions | 14 |
| Rationale and significance of the study | 15 |
| Operationalization of terms | 16 |
| HIV Prevalence in Sub-Saharan África | 17 |
| HIV and AIDS Situation in Zimbabwe | 18 |
| Zimbabwean Government Response to the AIDS Crisis | 21 |
| Comparative Analysis of Government Responses in the Southern African Region | 23 |
| Background to the Political Crisis in Zimbabwe | 24 |
| State and Civil Society Relations | 32 |
| Summary | 35 |
| Chapter 2: Literature Review and Methodology | 36 |
| Literature Review | 36 |
| Methodology | 55 |
| Chapter 3: Caught Between Scylla and Charybdis: Exploring Effects of the Political Crisis | 64 |
| Organization of Chapter | 64 |
| Overview of the Effects of The Political Crisis | 65 |
| Public Health Delivery System | 68 |
| Repressive Regulatory Environment | 70 |
| Abuse of NGOs Equipment | 73 |
| Migration and Internal Displacement | 78 |
| Damned If You Leave; Damned If You Stay | 81 |
LIST OF TABLES

Table 1: Evolution of Health Communication Approaches ........................................ 44
Table 2: Summary of documents reviewed ................................................................ 58
Table 3: Reports made to Human Rights Forum, May 2008 .................................... 67
LIST OF FIGURES

Figure 1: Innovative Conflict Communication Programming Model............................127
CHAPTER 1: INTRODUCTION

Scylla and Charybdis were two dangers widely known in Greek mythology. Scylla was a many-headed monster and Charybdis was a whirlpool. According to ancient writers, Scylla and Charybdis faced each other on opposite sides of a narrow strait. Charybdis sucked down passing ships without warning three times a day and only spewed up the remains hours later. Once sucked down by the whirlpool, there was no escape so ships intent on sailing through the strait would pass by on the other side, risking attack by Scylla. This is a perfect metaphor for the situation in Zimbabwe pertaining to the HIV and AIDS epidemic and the violent scourge that constitutes part of the multilayered crisis in which Zimbabwe is enmeshed.

From being once hailed as the ‘bread basket of Africa’ with a world renowned tradition of food supply in the Southern African Development Community (SADC) region and beyond, Zimbabwe has sadly become a basket case in the last few years. The origins of this crisis are complex and will be discussed later in the study. Zimbabwe now has one of the lowest life expectancies in the world at 47.98 years for men and 47.11 years for women (CIA World Fact book, 2010). More than half its population is dependent on food aid and its economy has declined more than 50% since 2000 (CATO Institute, 2009). On the political front, just about every one of its ruling Zimbabwe National African Union party (ZANU PF) leaders is on targeted sanctions by the European Union and the United States for their role in corruption and political violence. Health wise, despite some decline in prevalence levels, Zimbabwe’s HIV rates, remain unacceptably high at 14.3% (UNAIDS, 2009). To aggravate matters, the Zimbabwean
population grapples with the HIV and AIDS epidemic under the backdrop of widespread politically motivated violence particularly during the 2008 Presidential elections. Infact, over 15 000 cases of political violence were reported by Zimbabwe Peace Project (ZPP) for the first half of the year 2008. More so, Zimbabwe Association of Doctors for Human Rights indicates that health practitioners have seen close to in 2,000 cases of serious injuries due to violence since the March election. Types of violence reported include abductions, physical assault, murder, torture, property violation, political discrimination, displacement, disappearance and school closure and this violence was largely instigated by state sponsored agents like army officers, police, war veterans and the intelligence community (Human Rights Forum, Special Report, 2008, p.5).

Violence against women especially, plays a crucial and devastating role in increasing the risk to women of HIV infection (Eldis, 2010). It is a key reason why women are more vulnerable to HIV infection than men. It is both a cause and a consequence of infection, and as such is a driving force behind the epidemic. HIV-transmission risk increases during violent or forced-sex situations. The abrasions caused through forced penetration facilitate entry of the virus - a fact that is especially true for adolescent girls, whose reproductive tracts are less fully developed (UNAIDS, 2004). Noteworthy, Cole & Flanigan, (1998) argue that political violence is a global public health problem yet ‘surprisingly little has been written about the dynamics of the relationship between the two crises’ (Mock et al, 2004, p.1). Fortunately, evidence is awash on a global scale. For example, the world reacted with outrage when Israeli tanks deliberately destroyed Al-Quds hospital in Gaza city during Israel’s protracted conflict
with Palestine (Sengupta, 2009). In 2004, Amnesty International released a report of testimonies of over 500 women at a refugee camp in Chad who had made testimonies of rape during the Darfur conflict. Indeed, there are numerous implications of political violence on health.

Consequently, it is imperative to investigate how this political crisis in Zimbabwe affected health interventions. However, such a focus though important is too broad for this study. This thesis has a narrower but more comprehensive focus, that is to establish the effects of the political crisis on HIV and AIDS communication efforts of eight AIDS service organizations operating in Zimbabwe and then to propose programming options they can use so that they can achieve their goals even in unstable contexts like Zimbabwe. Health programming is much more important in politically unstable environments hence NGOs need to explore ways of surviving political violence and or other similar crises.

Research questions

This study will answer two key research questions.

RQ 1. How did the political crisis in Zimbabwe affect the communication efforts of HIV and AIDS organizations?

RQ 2. What are the communication programming options NGOs should consider when working in conflict settings like Zimbabwe?
Rationale and significance of the study

The complex relationship between HIV and AIDS and conflict is still not well documented (Karkee & Shrestha, 2006; Mock et al, 2004). In addition, Boone & Batsell (2001) assert that important research agendas link AIDS and politics, and that more work in these areas could contribute to the struggle to cope with the epidemic. Regardless of the pervasive impact of HIV, other disciplines of study have erroneously overlooked HIV issues as well in academic inquiry. Boone & Batsell (2001) add that political science, as a discipline, including the branch of international relations, has been slow to grapple with the AIDS crisis. It seems that the HIV and AIDS issue has been conceived of as too private, too biological, too micro level and sociological, too behavioral and too cultural to attract the attention of many political scientists (p. 4). This is of greater importance in Zimbabwe where the Access to Information and Protection of Privacy Act (AIPPA) has reduced scholars’ ability to access information of sensitive subjects like the political crisis. As Zimbabwe begins a period of reconstruction, it is important to understand what happened and how organizations and individuals can reduce the impact of the crisis should it recur as is likely during transitional periods like Zimbabwe’s at the moment.

In addition, the HIV and AIDS epidemic in Zimbabwe is so grave that programmers need to explore ways of appropriate and responsible HIV and AIDS communication ways even in violent periods. Communication and development scholars would find recommendations in this study helpful as this would add to the discussion on innovative communication strategies in different contexts. Program delivery is important in all contexts because any temporary suspension of programs could have dire
consequences on recipients hence this study will go a long way in long-term mitigation of the epidemic. Only relentless and accurate programming will help in alleviating the epidemic.

This study is likely to jolt AIDS service organizations out of apathy towards political processes. Historically, only NGOs focused on good governance issues worried about the politics of Zimbabwe. However, ASOs have become direct victims of victims of the Zimbabwean crisis which means they now have to actively participate in confronting other structural factors like politics that impede proper health programming. In other words, findings of this study could show the common challenges of Zimbabwe’s civil society and thus potentially lead to more organized and unified advocacy strategies by civil society. In their 2001 article, Boone and Batsell echo the same sentiments by quoting some NGO critics, such as Marvelous Mhloyi, Professor of Population Studies at the University of Zimbabwe, who argues that NGOs themselves "have not really endeavored to put HIV-AIDS on the political agenda as an area of debate, to really push on it continuously and persistently" (p. 15).

Operationalization of terms

Political crisis- will refer mostly to the politically motivated violence experienced from 2000 and largely 2008, arguably one of the most violent years since independence in 1980. For example, violence includes all state sanctioned physical and structural violations which include de-registration, or stringent /absurd) licensing requirements, control of funding, withholding resources, torture, rape, assault, property grabbing and
violation and victimization on the basis of political beliefs. We need to be clear on what exactly you mean by violence and why.

Third Chimurenga- This was the word used largely by government officials to define the controversial land reform program which started in 2000 to redress the colonial imbalances.

HIV Prevalence in Sub-Saharan Africa

Sub-Saharan Africa is the global epicenter of the HIV epidemic (UNAIDS, 2005). The overwhelming burden of HIV is still concentrated in this region which is home to less than 2% of the global population yet at least one-third of all HIV-infected people reside there (Halperin, 2006). In 2008, Sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children (WHO, 2009). The region also accounted for 72% of the world’s AIDS-related deaths in 2008 (UNAIDS/WHO AIDS Epidemic Update, 2009). An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007 bringing to 22 million people living with HIV in Africa out of the global 32.9 million of HIV infected people (UNAIDS Epidemic Update, 2009). This is a developmental tragedy. Infection rates among adults in South Africa, Swaziland, Botswana, and western Kenya range from 20 to at least 30%, roughly an order of magnitude higher than anywhere else in the world, outside of Africa (UNAIDS, 2006).

There are gender dimensions to the epidemic in Sub-Saharan Africa as women and girls are disproportionately affected. For example, in Côte d’Ivoire, home to the most
serious epidemic in West Africa, HIV prevalence among females (6.4%) was more than
twice as high as among males (2.9%) in 2005 (WHO, 2009). In sub-Saharan Africa as a
whole, women account for approximately 60% of estimated HIV infections.
(UNAIDS/WHO 2009 AIDS Epidemic Update). Women’s vulnerability to HIV in sub-
Saharan Africa stems not only from their greater physiological susceptibility to
heterosexual transmission, but also to the severe social, legal and economic
disadvantages they often confront. A recent comprehensive epidemiological review
undertaken in connection with the modes of transmission study in Lesotho found that
sexual and physical violence is a key determinant of the country’s severe HIV epidemic.
According to a recent survey, 47% of men and 40% of women in Lesotho say women
have no right to refuse sex with their husbands or boyfriends (UNAIDS, AIDS Epidemic
Update, 2009). Heterosexual intercourse within the context of multiple concurrent
partnerships remains the epidemic’s driving force in sub-Saharan Africa (AIDS epidemic
update, 2008).

On a positive note, recent epidemiological trends suggest that the epidemic could
be stabilizing or slowing down albeit at a very high level though. In addition, after
dropping dramatically in the 1990s, adult national HIV prevalence in Uganda has
stabilized at 5.4% (AIDS epidemic update, 2008)

HIV and AIDS Situation in Zimbabwe

Zimbabwe has one of the highest HIV epidemics in the world at 14.3% for
people between the ages of 15-49 years old (UNAIDS Epidemic update, 2009). The first
HIV case of was identified in 1985. By the year 1990, HIV prevalence was estimated to already exceed 10%. HIV prevalence in small towns, farming estates and mines located in rural areas stood at 35% thus exceeding that of the major cities (28%), whilst transmission into and within subsistence farming areas was also extensive at 21% (UNAIDS, 2005). Historically, it may be revealing to note that in Harare, 38.4 % of 1995 antenatal patients were infected with HIV while cities like Mutare, Gweru and Bulawayo ranged from 29 % to 38% (FHI, 2009). Rates in towns near major highways, trading centers, borders, mines and plantations are even higher; for example, in 1995, it was 70% in the sugar plantation town of Chiredzi, 67 % in the highway town of Rusape, and 59 % in the border town of Beitbridge (FHI, 2009). While the aforementioned statistics may have applied over a decade ago, they serve to reveal the gravity of the epidemic for a longtime. According to a World Vision country profile on Zimbabwe, the country currently has more than 1.3 million people living with HIV and 3000 people die every week due to AIDS related illnesses. Of these the infected population, 680 000 of them are women thus pointing to the gender dimensions of the epidemic in Zimbabwe (UNAIDS, 2009).

There has been debate in the academia on what the drivers of such an epidemic could be in countries with epidemics like Zimbabwe. At a landmark Southern African Development Community (SADC) meeting of international experts held from 10-12 May 2006 in Lesotho to discuss prevention efforts of member countries, it was concluded that the key drivers of the epidemic in countries like Zimbabwe were: high levels of multiple and concurrent sexual partnerships by men and women. Furthermore, it was argued that
there was no consistent, correct condom use, combined with low levels of male circumcision. (SADC, 2006). Contributing drivers fuelling the epidemic include male attitudes and behaviors, in particular intergenerational sex, gender based violence, stigma, untreated viral sexually transmitted infections (STIs), and lack of consistent condom usage in long-term partnerships. Underlying these biological and social drivers are the structural factors of high mobility, inequalities of wealth and some cultural factors including gender inequality, with young women rendered particularly vulnerable to HIV infection (SADC, 2006).

Given such a scenario, it has to be noted that only a multisectoral or structural intervention approach can be effective in HIV mitigation in Zimbabwe. This is because the evidence provided by the SADC meeting shows that risky behavior in Zimbabwe cannot be understood outside the social, political and cultural context. Such a holistic view gives credence to the importance of this research as it seeks to explore the effects of key structural factors like the political crisis on the efforts of organizations on the ground.

Noteworthy is the fact that HIV prevalence rate have fallen in Zimbabwe during the period of 1999-2006 due to AIDS mortality, reduction in non-regularly sexual behavior change (Gregson, et al, 2010). International migration levels have been substantial and hence possibly contributing to the decline though this is difficult to quantify. (Gregson et al, 2010). Regrettably, the protracted political crisis in Zimbabwe characterized by massive famine, political violence and erratic drug supply of the 2008 period may contribute to the easing of the progress enjoyed so far. It is in this regard that, this research focuses on highlighting the obstacles faced by AIDS service organizations
in their fight against the epidemic and also mapping a way forward in enhancing their capacity to deliver.

Zimbabwean Government Response to the AIDS Crisis

Over the years, the Zimbabwean government’s response has been slow and inadequate notwithstanding the debilitating ramifications of the epidemic on the country. Unfortunately, as the government stood by, HIV and AIDS infection rates soared in the late 1980s and 1990s (Boone & Batsell, 2001). The prevailing perception among both domestic and international observers was that the Zimbabwean government simply tried to sweep AIDS under the carpet (Garrett 2000). President Mugabe publicly acknowledged the national epidemic for the first time in April 1999, when more than 1,200 Zimbabweans were dying each week from the disease. To confirm these sentiments, Batsell (2001) asserts that President Mugabe was more concerned with downplaying the magnitude of the problem and seeking to blame the western countries for exaggerating the gravity of the problem. In other words, a sections of the ruling elite viewed the constant pressure from western countries as patronizing and a desperate attempt to show how inept African governments were in protecting their populations and governing effectively. There is truth in this although the halfhearted approach to the epidemic by politicians cannot be denied.

The government’s practical response was to form the National AIDS Council (NAC) in 1999 so that it coordinates and facilitates a national multi-sectoral response to HIV and AIDS. The National HIV and AIDS Policy for 1999-2004 was launched in
1998. It adopted all 12 International Human Rights Guidelines on HIV and spelt out key principles such as confidentiality, safe blood transmission, promotion of marital integrity, reduction of sexually transmitted infections, condoms and care for people with HIV. The Zimbabwe government then declared HIV a national emergency in May 2002 thus paving the way for pharmaceutical companies to import generic drugs into the country. However, as the figures earlier given have shown, HIV remained unacceptably high from 2000.

The SADC experts meeting held in Maseru suggested that interventions in HIV prevention needed to be more coordinated and focused in dealing with the key drivers of the epidemic. These concerns and realities later influenced the beginning of the behavior change review process that was held in the context of a Zimbabwean National HIV and AIDS Strategic Plan (ZNASP), which was launched in July 2006. This, led to the development and launch of the National Behavior Change Strategy (NBCS) to cover the period of 2006-2010.

A review of the programs in Zimbabwe had showed that despite the commendable previous efforts like Beyond Awareness initiative, Zimbabwe had no national behavior change strategy in place yet heterosexual behavior accounted overwhelmingly as the key mode of HIV transmission in the country. Furthermore, a multitude of stakeholders were implementing behavioral programs without a clear strategic framework hence interventions were scattered and sometimes contradictory (NAC, 2008). In the same vein, past behavior change programs were not based on underlying factors for vulnerability to HIV infection, which made them less effective in the long-term. The NBCS is
implemented by eight organizations in 26 districts that span across all 10 provinces in Zimbabwe. This study seeks to investigate the impact of the political crisis in the nation on the implementation of the NBCS by these partners.

Comparative Analysis of Government Responses in the Southern African Region

The Zimbabwean government generally does not bother listening to its neighboring countries pertaining to issues of governance except in 2008 when President Robert Mugabe agreed to get into a coalition government with opposition leaders Morgan Tsvangirai and Arthur Mutambara in an arrangement heavily biased towards ZANU PF (Cheeseman & Tendi, 2010). With reference to HIV responses, the Zimbabwe government still lags behind counterparts like Botswana which provide anti retroviral therapy for free to the infected or more recently South Africa under President Zuma which has a better resourced infrastructure. One could however argue under President Thabo Mbeki, South Africa was notorious for denialism as the President infamously questioned whether HIV caused AIDS.

For a longtime, Zimbabwe was known to be faring worse than Uganda and Senegal whose infrastructure and institutional capacity were inferior to that of Zimbabwe. Boone & Batsell (2001) argue that countries with robust supportive infrastructure, a vibrant civil society and a committed political leadership tend to arrest the epidemic faster and more effectively than countries that do not. In the case of Uganda, the authoritarian government of President Museveni somewhat related well with health related NGOs and it supported their efforts fully hence the well heralded HIV prevalence
decline in Uganda in the 90s. Tellingly, Zimbabwe’s prevalence rates have also since declined not so much because of government’s unique support but the relentless work of civil society organizations. While the government should be commended for building the hospitals and training health professionals, its policies have led to massive brain drain of health professionals and the public health delivery system depends on the NGO sector for drugs and to some extent salaries of health professionals.

Resultantly, comparisons for governments in Southern Africa is complex better approaches by one government may not necessarily influence the other government.

Background to the Political Crisis in Zimbabwe

The year 2008 marked the climax of a complex political crisis in Zimbabwe whose causes are explained through an analysis of the shaky foundations emanating from the country’s Lancaster House negotiations in 1979, which culminated in the country’s independence on 18 April 1980 from British rule. After a protracted armed struggle and massive loss of life on both sides (African freedom fighters and the White minority government), the warring parties were finally convinced of the efficacy of negotiations that became known as the Lancaster House conference of 1979. In addition to the fierce armed resistance from the African freedom fighters, the colonial government of that time led by Prime Minister Ian Smith government was crippled with sanctions imposed by the international community following the government’s unilateral declaration of independence (UDI) from Britain in 1965. The UDI saw the Smith government declaring independence from Britain. This arrangement meant that the whites in the then Southern
Rhodesia (Zimbabwe) had no responsibility to report to Britain. They became independent yet they denied the Africans their own independence until they could no longer resist any further in 1980.

During the Lancaster House conference, the blacks were pressured to accept a clause which bound them from taking land from the British after independence until 1990. Under colonialism; the white minority had taken over the rights to mining, land, economy and governance of the country since 1890 when the whites came. The Lancaster agreement stipulated that the only way to take land was through the state buying the land from the white farmers on a willing seller–willing buyer basis. Consequently, the land issue in Zimbabwe has been one of the most contentious issues since 1980. In an article that generated widespread debate in African scholarship in December 2008, Mahmoud Mamdani argues that the land question was never adequately resolved in 1980 upon independence. Although Southern Rhodesia became Zimbabwe in 1980, the social realities of the country remained embedded in an earlier historical period. At least 6000 white farmers owned 15.5 million hectares of prime land, which translated to 39% of the land in the country. This is compared to about 4.5 million farmers in ‘communal areas’ who were left to subsist on 16.4 million hectares of the mostly unproductive land (Mamdani, 2008).

To complicate matters, the new government had just emerged from war and was desperately trying to fend for a population deprived for decades hence it could not afford to buy back the land. Financial resources were used to build infrastructure destroyed during the war and expanding social services to the black majority.
The colonial system had catered heavily for the white minority. Given all the spending by the new black majority government, not many resources were available for massive buying of highly productive lands held by white farmers. The independence euphoria did not silence the resentment towards this clause and it can be argued that this land clause in a way set up the nation for future failure. Another unjust Lancaster House provision was to reserve 20 seats in parliament for the colonial British party led by Ian Smith yet it constituted only 3% of the total population thus effectively giving it the capacity to block any potential change of constitution without their approval (Mamdani, 2008). It is important to note that this skewed arrangement materialized because the whole negotiation process was held under overall British patronage and on British soil. The British supervised the negotiations and hence they naturally wanted to get as many concessions from the black leaders as possible. Regrettably, the African negotiators were under intense pressure not just from the British but also from African Presidents like Samora Machel (Mozambique), Kenneth Kaunda (Zambia), and Julius Nyerere (Tanzania) to thrash out an agreement as the prolonged war was now affecting their countries’ economies as well.

Compromise agreements for independence have haunted African nations to this day (Cheeseman & Tendi, 2010). Neighboring South Africa also negotiated its way into independence yet the economy and land is still largely controlled by the former colonizers. Dismantling colonial authority and influence has proved difficult in countries like South Africa and Zimbabwe because the colonizers had heavily invested in infrastructure and business and the countries were meant to be settler economies hence
European influence pervades literally all the major sectors of the economy. In a way, the African negotiators had no capacity to take over all the sectors immediately without support from colonial master’s input hence the resort to ‘reconciliation’. Radical takeovers of the economy had been done in Mozambique upon independence with dire consequences hence the Zimbabwean negotiators were faced with both pressure from other African Presidents and the grim reality of their own lack of human resources capacity to do a total takeover after independence. They were caught between Scylla and Charybdis.

While the Zimbabwean government itself has not been proactive and deliberate in addressing the land issue even after 1990, the land question in Zimbabwe is a major example of neocolonialism and manipulation of the postcolonial African state. This deprivation of land for the majority was a political landmine because the poor peasants ended up having to seek other means of living other than agriculture. Massive rural urban migration ensued since the unproductive lands had failed to sustain them with a decent life. This migration of people without jobs to towns slowly built communities of discontented people who began to be involved in activities that were illegal.

The President Mugabe led government subscribed to a developmentalist model characterized by massive government spending in social services and infrastructure in an understandable attempt to address colonial injustices such as deprivation of good education, health and housing for the black majority. In fact, during the 1980s, Zimbabwe's economy grew briskly with real growth averaging about 4% per year (CEPR, 1999). Resultantly, health indicators showed dramatic improvement during the 1980s; for
example, the infant mortality rate declined from 100 per 1,000 live births to 50 between 1980 and 1988; life expectancy increased from 56 to 64 years and primary school enrollment doubled over the decade (External Review, 1998). Not surprisingly, persistent government expenditure without commensurate economic productivity led to unsustainable budget deficits.

The new Mugabe government ended up seeking IMF and World Bank assistance. By the late 1980s, Zimbabwe had joined several other African countries in implementing the controversial, structural adjustment programs (SAPs) which stipulated a reduction in government expenditure in social services and the general de-regulation of the economy. This brought significant suffering on the poor. Public sector jobs were lost and services declined as subsidies and government spending was curtailed. According to the External Review (1998), among the indicators of economic performance that declined over the period of adjustment included: between 1991 and 1996, manufacturing output contracted 14%; Real GDP per capita declined by 5.8% from 1991-1996; Between 1991-96, formal sector employment in manufacturing fell 9% and real wages declined by 26%.

Meanwhile, food prices rose much faster than other consumer prices and this disproportionately affected the rural poor, who spend a larger share of their income on food. The decline in government health care spending occurred during a period of increasing need by the population for more access to health care. HIV was spreading rapidly in Zimbabwe. Given the cost of treating HIV and AIDS patients, the World Bank predicted that the total cost of treating Zimbabwean citizens already infected with HIV was four times the entire 1996 government health budget. The IMF's fiscal targets meant
that the government was unable to effectively respond to the growing health needs of the population. The External Review concluded that access to health care fell under IMF adjustment, compared to the pre-IMF era. This did not make sense to the ordinary man in the streets. The economic decline seemed like an election betrayal by the government.

Labor union strikes became the order of the day in the 1990s as workers pressed for action from government to cushion employees from the harsh economic environment. The political environment became even more contentious as the labor union body, the Zimbabwe Congress of Trade Union (ZCTU) together with students, business and civil society convened the All Peoples Convention in 1999 that culminated in the formation of the largest opposition party Movement for Democratic Change (MDC).

During the same period, the Zimbabwean government sent 10000 troops to fight in the Democratic Republic of Congo (DRC) war in 1998 to defend the then Laurent Desire Kabila regime from Rwandese and Ugandan insurgents. The war was a massive drain to the fiscus and it led to an obvious decline of the economy. Furthermore, Zimbabwe’s liberation war veterans were given hefty compensation packages for their contribution towards the war of liberation but this had not been budgeted for thus further quickening the downward spiral. However, this silenced the growing murmurings amongst war veterans against government and from that point, war veterans became allies with government in occupying farms and silencing opposition. Since 2000, war veterans under the Zimbabwe National Liberation War Veterans Association (ZNLWA) have been a menace wantonly destroying property, kidnapping and sometimes killing opposition activists as a way of defending a cornered Mugabe regime. Labor union
protests continued unabated as costs of living skyrocketed. War veterans at that point in early 2000 started invading white-owned farms and killing farmers in the process. This was known as the Third Chimurenga or Land Reform program.

There was strong reaction from the international community led by United States, Britain, Denmark, Australia and other SADC countries like Botswana and Zambia. The US responded by declaring sanctions under the Zimbabwe Democracy and Recovery Act (ZIDERA). The Zimbabwean government in turn responded with unbridled paranoia, shutting down independent media houses like the Daily News, Tribune, Capital radio and enacted repressive legislation like Access to Information Protection of Privacy Act (AIPPA) and Public Order and Security Act (POSA), which effectively silenced independent media and freedom of assembly respectively. Even from the 1980s, the government had pushed a one-party state agenda and it failed. In the 1990s, labor leaders were victims of verbal and sometimes physical attacks by government agents. MISA, (2007) laments that under POSA, fundamental forms of free expression such as marches and demonstrations were prohibited outside Parliament, among other restricted areas, unless the Speaker of Parliament grants permission. Over the years, the ruling party has behaved with a sense of entitlement towards the people.

Admittedly, these politicians suffered repression and jail terms during the war, but they have taken the post-war period as a time of personal aggrandizement and compensation and they want their mistakes to be overlooked since they purportedly paid a huge price for the independence of the country. This is counterproductive. The government also withdrew unilaterally from the British Commonwealth of Nations
group, thus effectively losing the development assistance that came with membership. Since 1999, the economy has been on a free fall as a manifestation of the multilayered political crisis in Zimbabwe.

Zimbabwe’s political and economic environment has deteriorated at an unprecedented level but 2008 marked a new low as the nation plunged into violence and anarchy. This study will largely focus on the period from 2000 when the land reform program began but with a major focus on 2008 since it was the climax of what had been happening since 2000. The March 2008 Presidential elections saw the ruling Zimbabwe African National Union (ZANU PF) party losing the election for the first time since independence in 1980. This naturally rattled the party and what followed was one of the most violent periods in Zimbabwean history. Since there was no outright winner in the March 2008 election, the constitution stipulates a second round or runoff election, which was scheduled for June 2008. The main opposition party, the Movement for Democratic Change (MDC), withdrew from the election citing widespread violence against its supporters and the public in general. Opposition party structures were decimated and many people fled the country to either seek political asylum or in search of better living and working conditions. As of June 2008, inflation had risen to 230 million percent (IDASA, 2008). As of 14 November 2008, CATO Institute reported that Zimbabwe’s annual inflation rate had risen to an unfathomable 89.7 Sextillion \((10^{21})\) percent and unemployment rose to 94% (CIA WorldFactbook, 2009).
State and Civil Society Relations

Inevitably, Zimbabwe’s unstable political environment affected the work of HIV and AIDS organizations. The ability of AIDS service organizations to work freely determines whether Zimbabwe will extricate itself from the scourge of HIV. Indeed the civil society has been at the forefront of educating the population, providing treatment, care, and support services for the country.

The suspension of NGO licenses by government in June 2008 crippled operations of NGOs. Deputy Minister of Information Bright Matonga stated in *The Herald* of 7 June 2008 that government had suspended all licenses of NGOs and would require them to re-apply for re-registration. In a government about turn, the Acting Permanent Secretary in the Ministry of Public Service, Labor and Social Welfare, Sidney Mhishi, issued a widely read letter on 13 June 2008 to all NGOs to give clarification on the order to suspend the field operations. According to the statement of clarification; the suspension of field operations did not imply banning or deregistration of NGOs. This clarification was poorly communicated and local government agents on the ground did not heed the call. The government defined field operations as activities that involved movement by NGO personnel into communities in order to mobilize or bring together large numbers of people (NANGO, 2008). It attempted to legitimize the denial of the fundamental freedoms of association, assembly and the right to development. The clarification went further to explain that the suspension did not imply banning operations at head, regional, and district offices, except field operations.
However, a number of organizations including the National Association of Non Governmental Organizations (NANGO) regional office in Gweru were forced to close down their offices by representatives of the Zimbabwe Republic Police (ZRP) acting on the suspension letter (NANGO, 2008). During this period, the government wanted to investigate NGOs, which they suspected to be using the veil of humanitarian work in order to engage in political activities.

Historically, NGOs worked to fill the gap left by government in providing social services when the structural adjustment program was implemented and it explains why faith-based institutions or UN agencies generally support rural health care services. However, as ZCTU scaled up opposition to the Mugabe regime in totality in the early late 80s and the Catholic Centre for Peace and Justice released a report condemning government involvement in the Gukurahundi massacres of the 80s, the government started cracking down on civil society.

The government’s response to the rise of a vigorous NGO sector in Zimbabwe has been suspicious, even hostile. In 1995, the government passed the Private Voluntary Organizations (PVO) Act. The act requires NGOs to register with the government and gives ministers the power to “suspend” NGO officials from their administrative duties whenever “it is necessary to do so in the public interest.” Brian Raftopolous of the University of Zimbabwe’s Institute for Development Studies contends that the act “signaled the eagerness of the state to control the growing NGO sector” (Raftopolous, 2000). NGOs working in the AIDS area have been victims of the governments suspicion of NGOs in general (Boone & Batsell, 2001). As the years have gone by, it could be
argued that the government now sees NGOs more as competitors and agents of neo
colonialism. For a government obsessed with control, the influence of NGOs over
communities and the international community in general coupled by seemingly deep
pockets has made the government rather tense with civil society regardless of their field
of operation. Similarly, one could argue that the state in Zimbabwe now views the civil
society as competitors on the political landscape as they have the capacity to mobilize the
population and tend to have legitimacy within communities. Considering that NGOs in
Zimbabwe are largely funded by foreign aid, this heightened the paranoia of government
which then views NGO opposition as representative of an invisible hand of foreign
powers that remain bent on influencing the internal politics of a sovereign country. This
argument gained currents when the US invaded Iraq to the outrage of world opinion.

Consequently, President Mugabe is seen at least in some quarters of the African
continent as one of the last bastions of the fight against neocolonialism (Mamdani, 2008).
Consequently, one cannot understand the basis for the love-hate relationship between the
state and civil society in Africa and Zimbabwe in particular outside an appreciation of the
historical dynamics of the post colonial African state’s quest for self-determination.
Moreover, ideas and attempts for social re-engineering or structural change tend to come
through the civil society which is often backed by former colonial powers hence African
governments view NGOs in a way as a threat not just to African culture but values and
independence.
Summary

This chapter has provided an overview of Zimbabwe’s political and HIV and AIDS situation. The country has been on a downward spiral on all indicators of the Human Development Index (HDI) and the epidemic is still at an unacceptable prevalence rate of 14.3%. For HIV programmers, this is cause for concern on two fronts. First, it buttresses the need to scale up communication interventions that are focused not just at individual behavior, but at other structural obstacles to HIV and AIDS mitigation like policy and politics. Secondly, the political crisis in Zimbabwe reflects the need for innovative communication measures by NGOs which can withstand conflict periods and a reluctant government. As previously argued, state and civil society relations though vital, are generally as complex as they tense in Zimbabwe yet most programming and communication efforts are predicated upon government behavior. Communication and Development experts thus need to become engaged in the political debate in Zimbabwe and also to explore programming that respects government but can also succeed with minimum government support. The following chapter provides an extended theoretical framework and grounding to the views elucidated in the previous chapter.
CHAPTER 2: LITERATURE REVIEW AND METHODOLOGY

Literature Review

Overview of chapter

This chapter provides the theoretical and conceptual approaches influencing this research. More specifically, this section will make the case for structural approaches to HIV and AIDS mitigation as opposed to more individually focused approaches. One could say this adds to growing literature on communication for social change and the belief that while the scope of communication is finite, it has an influential role in the operationalisation of any social change initiative.

The evolution of communication approaches in the field will also be highlighted to appreciate how the field has grappled with different approaches and how the current thinking in the field fits perfectly with the approach for this research. This chapter will theorize the relationship between politics and development in general and the place of civil society in development. Towards the end the chapter, will be an explanation of the methodology of the research and the process taken to get the results presented in this thesis.

Mapping the Field

Of the obstacles to development in the sub-Saharan African region, perhaps none has had a more profound impact than the dual burdens of HIV and AIDS and conflict (Mock et al., 2004, p. 35). Nevertheless, research on these two burdens is a difficult methodological and conceptual exercise since conflict essentially makes research both
dangerous and inconclusive. However, the relationship between structural factors such as economic, political and social marginalization and behaviors that place persons at risk for contracting or spreading HIV and AIDS and STDs should be noted, nor can high-risk behaviors be seen as operating outside of social, political and economic contexts. Consequently, additional research on structural factors and their implications for HIV prevention interventions thus remains important (Blankenship, Friedman, Dworkin & Mantell, 2006). In fact, a more focused discussion of these issues is needed in HIV and AIDS circles (Diaz, Ayala & Marin, 2000; Friedman & Aral 2001; Smith & Elder, 1998; Soul City, 2000; Waisbord, 2005; Hornik, 1990)

More interestingly is Pham, Vinck, Weinstein’s (2009) assertion that public health professionals have an important role to play in assessing the impact of transitional justice on communities affected by mass violence. This is because health practitioners cannot dissociate themselves from the political discourse simply because health is a ‘non political issue’. In fact, a protracted political crisis precipitates a health crisis and hence a comprehensive HIV prevention program should imagine a violence prevention and or management provision as an in built component of the program as well.

While most health practitioners recognize the physical and psychological consequences of mass violence, they are yet to factor the effects into programs of clinical treatment and community health planning (Wray, 2004). Sadly, there has been little theoretical discussion about the intersection between transitional justice and public health, and even less empirical work to support these discussions (Basoglu et al, 2005; Mendeloff, 2009; Snyder & Vinjamuri, 2004; Thoms, Ron, & Paris, 2008). According to
Pham, et al (2009) critics think that, “pursuing justice in the midst of an ongoing conflict has ripple effects and may hinder delivery of humanitarian aid, ongoing peace negotiations and agreements, particularly where powerful actors capable of blocking such agreement fear punishment for past actions” (p.99). Put differently, dealing with political issues or obstacles to proper implementation of HIV and AIDS prevention programs is fraught with challenges.

For example, in the case of politically motivated violence, a health communication NGO may have to confront the government on the matter yet the government is often the indispensable partner in health communication efforts of the organization. This potentially jeopardizes the NGO-government relations hence programmers tend to turn a blind eye on political repression as long as their efforts are not directly hindered by the government. However, in recent years, the problem of violence has been recast from the legal to the public health domain (Cole & Flanagan, 1998, 1999). In fact, there is growing agreement that violence is a global health problem and that gender based violence especially, is inextricably linked. In other words, while dealing with political problems like violence could enhance the environment for HIV prevention, violence in itself increases the vulnerability of a population to HIV and AIDS infection.

This thesis first assesses the impact of Zimbabwe’s political crisis as manifested by unprecedented violence on HIV communication and programming, and then it will draw on the public health and communication literature to identify challenges to and opportunities for developing effective interventions. Specifically, the public health
approach to communication invokes multiple levels for analysis and intervention that provides a framework for evaluating theory and evidence (Wray, 2006).

There is a paucity of research about communication approaches to domestic violence and HIV and prevention. Given such a scenario, there is need for a holistic strategy in HIV and AIDS mitigation, which integrates violence prevention as well, and or a strategy that can endure violent conflict. If violence is a major obstacle to HIV prevention efforts, why not find ways of dealing with the violence as well in the HIV prevention program? Sadly, the donor community in Southern Africa and Zimbabwe especially has compartmentalized interventions. As a result, little has been done in terms of designing and implementing programs to address HIV among conflicted-affected populations, with some exceptions (CERTI, 2001). Surprisingly, the Durban Declaration pointed out that many of the largest conflict affected population in the world were located in regions with high rates of HIV prevalence yet little programming appreciates that reality. Southern Africa is faced with the Zimbabwean political crisis as a wakeup call on dealing with HIV matters in an unstable political environment.

According to Blankenship et al. (2006), there is yet another priority in the development discourse, which is around the question of how war and transition may influence HIV risk and in turn how to reduce this risk. With a specific focus on Zimbabwe this study argues that in an environment characterized by conflict and HIV, interventions ought to be integrated, coordinated, bold and deliberate (Mock et al, 2004).
Structural Intervention Approach

In terms of approaches, this study draws from the structural intervention approach, which deals with other intervening factors that have a bearing on the success or failure of HIV and AIDS prevention efforts. When one considers preventing HIV, they do not normally consider eliminating income inequalities or stopping war; yet these social, political and economic realities influence high-risk behaviors and issues that are not directly related to HIV often create conditions that encourage the spread of HIV, thus making structural interventions necessary (Friedman & Knight, 2003). When one looks at the Zimbabwean situation, one notes that some risky behavior (like sex work) is done by people who are aware of the consequences to their actions but do so nonetheless as a survival strategy in a country with astounding unemployment levels. More so, a woman who is aware of the risks to unprotected sex can still be raped by state security agents as a way of intimidating and punishing opponents. Consequently, knowledge on its own is insufficient to HIV mitigation in as much as individuals are sometimes not in control of certain aspects of their lives. Dealing with the entire social and political structure then is a much more long-lasting and effective way of dealing with the epidemic.

An intervention that is only focused on individuals, on the other hand, might work to inform people about the consequences of consumption of fatty or healthy foods to influence their choices. One common individual-level strategy for challenging problems defined in terms of individual risk taking, then, is education and information dissemination. In contrast, structural interventions presume a certain degree of social causation of public health problems and attempt to change product-content or social,
economic, political or physical environments that shape and constrain health behaviors or otherwise affect outcomes. (Blankenship, Friedman, Dworkin & Mantell, 2006).

Similarly, Bandura (1997) argues that, “social persuasion alone is not enough to promote adoptive behavior. In order to increase receptivity; one must also create optimal conditions for learning the new ways, provide the resources and positive incentives for adopting them and build supports into the social system to sustain them” (p.514).

The decline in prevalence for Zimbabwe at some point is statistically puzzling if one considers this view since the country’s structural factors have been weak. However, it has to be noted that the decline in Zimbabwe was due to many other factors like adult mortality of those infected and most probably migration. Since 2000, Zimbabwe has lost almost 5 million people who are largely in the productive bracket of 15-49 years of age which coincidentally is the population most infected by the epidemic. It then goes without saying that a significant number of those who left were in fact infected with the epidemic which in turn ‘brings down’ the prevalence rates. In other words, Zimbabwe’s decline is misleading as it can be explained by other factors. Moreover, the majority of the people infected by the epidemic in the world are in countries with serious structural issues of gender, policy, political commitment and a robust health service delivery like Sub Saharan Africa.

Evolution of Health Communication Approaches

There has been an evolution of health communication approaches in contemporary health communication programming. Initially, the focus was on the social
psychology discipline which was concerned with understanding why individuals behave in a certain manner with respect to their health, how and when they may use health services, their acquisition of health related habits, modification of knowledge and attitudes and ultimately behaviors (Obregon & Mosquera, 2005). Programming is appropriately evolving from communication for behavior change to communication to social change, thus encapsulating the consensus on the number of contextual variables that need for consideration when predicting or understanding human behaviors.

Obregon & Mosquera (2005) suggest that attention for context-based interventions should focus on “five contextual domains of policy, government, gender, culture, socio-economic, spirituality” (p.240). Dealing with the aforementioned contextual factors could go a long way in mitigating HIV and AIDS progression in a population. However, the critique for this thinking, particularly the UNAIDS Communication framework which was conceived in the same paradigm, is the incredible complexity in operationalization of the framework that threatens to render its noble ideas unimplementable. However, this study still seeks to have the same contextual approach but with added emphasis on politics since government has pervasive influence over policy, funding and to some extent culture through the traditional leaders. Only creative partnerships are the most feasible way of programming around the five domains. Relationally, it is important to note that by 1999, the UNAIDS was already grappling with the new focus on ‘structural factors’ when they concurred that:

Seeking to influence behavior alone is insufficient if the underlying social factors that shape the behavior remain unchallenged. Many communications and health
promotion programs proceed on the assumption that behavior alone needs to be changed, when, in reality, such change is unlikely to be sustainable without incurring in some minimum social change. This necessitates attention to social environmental context (UNAIDS Communications framework, 1999, p.15).
Table 1: Evolution of Health Communication Approaches

<table>
<thead>
<tr>
<th>Approach</th>
<th>Strategies</th>
<th>Characteristics</th>
<th>Central issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and education</td>
<td>Counseling; health education</td>
<td>Extensionist model, top-down communication</td>
<td>Messages, recommendation of behaviors</td>
</tr>
<tr>
<td>Information, education communication (IEC)</td>
<td>Increasing use of interpersonal communication</td>
<td>Greater articulation of interventions and more strategic character; limitations with complex behaviors(i.e. HIV/AIDS)</td>
<td>Media messages and products, educational materials, planning methodologies, KAP research, focus on changing behaviors</td>
</tr>
<tr>
<td>Communication for Behavior Change (CBC)</td>
<td>Increasing use of multiple communication strategies, linkages with social mobilization interventions and health services</td>
<td>Strong use of social and behavioral psychology and communication theories; more research-driven processes</td>
<td>Focus on behaviors (ideal and attainable) barriers and enablers, focus on behavior change at the individual level, efforts to reach measurable impact</td>
</tr>
<tr>
<td>Context-based approaches (UNAIDS’s HIV/AIDS Framework)</td>
<td>Integration of various communication strategies and media interventions; use of local media</td>
<td>Contextual domains as areas subject to change through communications (government &amp; policy, socio-economic status, culture, gender, spirituality)</td>
<td>Focus on changing context to facilitate individual and collective behavior change</td>
</tr>
<tr>
<td>Communication for social change</td>
<td>Social mobilisation, community participation, dialogue-based, alternative media</td>
<td>Greater emphasis on empowerment and local ownership</td>
<td>Focus on changing structural dimensions through communication processes, impact at the individual and collective levels, social norms, rights</td>
</tr>
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(Obregon, Mosquera, 2005)
This table provides an easy way of understanding the evolution of approaches over a long period. One notes that the initial focus was prescriptive and thus top down. Conceptually, it was the era of diffusion of innovations paradigm in which experts thought that they had the answers to community problems and they only needed to convey the right solutions and the community would oblige. Over the years, there has been a growing appreciation of the need for participation of community in the production of knowledge and solutions hence the focus on interpersonal relationships. In the same vein, the field has since learnt that interpersonal relationships do not operate in isolation of culture, policy, economics and power, rather individuals are influenced by their environment and so to influence the individual, it is more effective if both the individual and the environment are engaged. This is the structural approach to communication. However, the Obregon and Mosquera table compartmentalized approaches in a way that ends up being misleading. Indeed approaches overlap and the initial approach, which was to recommend behaviors to some extent still works today as organizations produce communication materials that stipulate safe behaviors. In other words, the distinctions between approaches are not as neat as the table suggests.

Within this structural approaches framework, this study will seek to suggest interventions based on assumptions grounded on theory. While behavioral theories are often cited as informing communication campaigns that promote domestic violence prevention, the role of theory has been limited in application (Campbell & Manganello, 2006), or the theories that underlie the campaigns are often not formal or explicit (p.43). Why is it important to systematically apply theory in developing communication
interventions? Program designers always bring a theoretical understanding of how the world works, but often times these theories take the shape of assumptions about the world, which may mean that programs are designed according to hunches rather than evidence. Social scientific and behavioral theories imply categories of explanation that have been applied and tested in different field and laboratory contexts. Such theories “usefully help interventions by enabling us to: explore our assumptions and make them explicit; analyze problems systematically; plan programs and devise reasonable goals; unify program planning and evaluation design; and promote efficiency, effectiveness, and accountability” (Glanz, Lewis, & Rimer, 1997, p.43)

Message design is directly connected to a hypothesis, explicit or not, of what underlies a specific behavior. If one thinks that social norms guide anti-domestic violence behavior, then campaigns will target social norms. Glanz, Lewis, & Rimer (1997) argue; Whereas if one thinks that cognitions such as self-efficacy are most important, then campaigns tend to be individually targeted. If one thinks law enforcement and service availability count most, then we will attend to these areas first. If one does not think through and test theories of behavior as an integral part of the intervention planning process, then all the communication is aimless (p. 44). This study places value in both individually focused strategies working alongside structural interventions. People’s perceptions should be altered in as much as services should be improved.
Nexus between Politics and Development

The need to study the political crisis in Zimbabwe is influenced by the belief that politics affects development. In fact, Putzel (2003) argues that success or failure in the fight against HIV and AIDS is determined significantly within the realm of politics. Experiences from the past fifteen years show that where governments fail to act, the disease spreads faster, the eventual costs of dealing with it are higher, and the negative effects on development are more far-reaching and intractable. Conversely, governments that do respond forcefully to the issue of AIDS have registered successes in bringing HIV infection rates down, such as Uganda and Senegal (Boone & Batsell, 2001).

Similarly, political instability is one of the major factors responsible for the non-realization of socio-economic and political development on the African continent. Ake, (1996) famously argued that political issues constitute the greatest impediment to development in Africa and argued the case of how politics under develops Africa (Ake, 1991). Ake believes that the authoritarian structure of many African states inherited from colonial rule created a political environment that was hostile to development. However, Mock et al (2004) caution that conflict is a complex social phenomenon and that its effects are highly contextualized. This study is drawn from a framework, which sees politics as affecting all the other development efforts like HIV and AIDS mitigation. Political violence increases the vulnerability of the poor and it limits their ability to access preventive care. Political violence increases gender inequality particularly in contexts like Zimbabwe where sexual violence was used as a weapon against political opponents. Consequently, an effective HIV strategy cannot exclude the political
dynamics the nation is facing. This study seeks to enumerate those links and explore a better framework of operation.

Incentives to Tackle HIV and AIDS

Scholars have debated incentivizing government action in dealing with HIV issues. To achieve action at the highest level requires a situation where leaders have little to lose and everything to gain by engaging the fight with HIV and AIDS – the minimization of negative incentives and the maximization of the positives (Putzel, 2003). Politicians do not have much incentive to place AIDS at the forefront of the political agenda (Fassin & Dozon, 1988). Political leadership seems to have a low risk perception of the dangers of inaction civil society often has limited capacity in communicating effectively with government. The Zimbabwe case suggests that some NGOs’ capacity for collective and political action may be quite low, contrary to political science scenarios that assume that civil society organizations are natural catalysts of civic action and agents of reform. They tend to be small, localized, and dispersed. (Boone & Batsell, 2001).

NGOs as Promoters of Political and Policy Reform

Authors Price-Smith & Daly (2004) have written on tracing the effects of the HIV and AIDS epidemic on both the withering economy and the tottering apparatus of governance in Zimbabwe. This is a reverse of this study but their study is important in that it appreciates the connection between the two phenomena. Batsell (2001) wrote a chapter on political efforts of AIDS Service Organizations (ASOs) in Zimbabwe
particularly around the enactment of the AIDS levy in January 2000, which saw the
government deducting 3% from all workers’ salaries so that it goes towards HIV and
AIDS mitigation. The chapter discusses political influence on AIDS service organizations
(ASOs) as well. Regrettably, the chapter is not comprehensive. However, Batsell’s
writings are important in trying to make sense of government suspicion of NGOs
working on non-political issues like HIV by citing ASOs’ demand to be involved in the
administration of the AIDS levy of January 2000.

Furthermore, the fact that ASOs have public support unsettles an insecure
government which suspects that that public support could easily be used against the
government. Foreign aid accounts for most of ASOs funding and the Zimbabwean
government suspects that the ‘hostile European Union and United States governments
could try to influence Zimbabwean politics through the civil society. While government
suspicion is justified in view of well known politics of foreign aid in developing countries
for example, former Prime Minister of Britain Tony Blair’s infamous admission in the
House of Commons that his government was working with the Movement for Democratic
Change (MDC) to remove ZANU PF from government, the Zimbabwean government’s
heavy handedness remains inexcusable. The best way to get rid of foreign aid the way
countries like India have done is to increase domestic productivity and promoting private
business, something the Zimbabwean government has failed to do through arbitrary
legislation that causes capital flight. In other words, the influx of foreign aid in
Zimbabwe is a direct product of the government’s ineptitude.
Noteworthy, is the fact that ASOs do not have a consistent record on dealing with government. In fact, some ASOs’ overemphasis on government partnership has made many NGOs to focus more on maintaining cordial relationships with government at the expense of unprecedented government repression. The thinking of many ASOs is that politics is the preserve of human rights NGOs. However, the 2008 period gave ASOs a rude awakening as their own programs were adversely affected by the political crisis. It became evident that the health of the nation is to some extent related to the politics of the nation and hence it would be irresponsible to have programs that did not engage government on good governance or at least create programs that could survive bad governance.

These issues have a special poignancy in the area of AIDS response. In the political domain, it is important that NGOs act as often envisioned by political science theory, that is as grassroots activists and promoters of political and policy reform. In Europe and North America, bottom-up pressure from NGOs has played a very important role in moving governmental policy forward in this area. However, for an effective fight against AIDS, it is also important that NGOs are in a position to be partners of the state. “You can’t fight AIDS without civil society and without community groups”, argues Peter Piot, the former UNAIDS director (Batsell, 2000, p. 201). Piot asserts that both the government and civil society—particularly community groups, local government and also business—to really implement programs at the grassroots level” (Batsell, 2000, p. 201). Indeed the role of government in health programming is a subject of debate amongst scholars.
Some contexts to the debate on the role of government is instructive if analyzed in hindsight. After the fall of the Berlin Wall and the end of the Cold war, communism was discredited and liberal democracy was deemed the final stage of the evolution of human government. It was ‘the end of history’ (Fukuyama, 1989). Resultantly, it was not difficult to suggest cooperation and or partnership with governments in implementation since there was an assumption that democracies are on the increase and all nations will respect transparent and accountable government. In a veiled attack of this theory, Kagan (2008) recently argued ‘the return of history’ by stating that anacrocies or autocracies are a reality and countries like China have proven that a country does not have to be democratic to be economically prosperous. The dilemma for development practitioners now is on how to work with governments that are illegitimate. Collaborating with government is usually based on the assumption that the government is legitimate and respecting human rights. However, scholars still have to expound on how to collaborate with an illegitimate, violent government that lacks the political will to tackle epidemics like HIV and AIDS. According to Morris & Waisbord (2001), to conclude that governments are antithetical to development, as some of the literature on global civil society suggests, leads dangerously to a downplaying of the reality of world governance in which states still matter (p.80). In fact, Waisbord (2005) succinctly put it by arguing that:

States still matter in development for a number of reasons; official health and educational systems reach a large percentage of the population in many developing countries (such as in the majority of Latin American countries),
national governments are important linchpins in international agreements and programs, official positions set the tone and the stage for development initiatives, international aid projects that leapfrog domestic authorities often run into all kinds of political and logistical difficulties, etc (p.80).

Hybridization of Programming Models

There is growing consensus on the indispensable nature of the government’s role in development and that of civil society organizations as well thus giving credence to the notion of hybrid development models. It is no longer just about NGOs (bottom-up) or government (top down). “After the pendulum swung from government led to community-based approaches in the development community, there has been a growing realization that top down and bottom up communication strategies are necessary to tackle a host of problems successfully” (Waisbord, 2005, p. 79). To operationalize this even further, consensus is that both interpersonal communication and mass media communication working together produce the maximum effect thus the Rogers (1962) diffusion of information paradigm-focus on knowledge transfer leading to behavior change is no longer as mutually exclusive to the Freirean (1970) Pedagogy of the Oppressed which espoused the participatory paradigm. Implementation of this conceptual cacophony is the modern day programmer’s greatest challenge. However, there is convergence in programming of different models in development thus finally discrediting a ‘puritanical development paradigm’ that sees models in black and white. It is about hybridization. Morris (2005) echoes the same sentiments by asserting that:
The gap between diffusion and participatory approaches is being bridged by proponents of both models, who knowingly or unknowingly have borrowed elements from one another. What will work in the local environment is not a question of which is the superior approach. It is a question of shaping project goals to community needs and finding the most appropriate means to pursue goals (p. 142).

In view of this study, the focus is integration of focus and programming and to factor in political concerns in health programming. It is not enough to focus programs about health without programming for a political crisis or at least program to thrive in a political crisis. Indeed the best-case scenario is having ideas for programs that can concurrently deal with a political crisis whilst mitigating HIV and AIDS progression. However, the least all organizations could do, is mastering the art of thriving and achieving goals even in conflict settings. It can be argued that programmers in Zimbabwe either saw themselves as non-political and hence not supposed to confront the political crisis which was worsening the health crisis or they did not prepare themselves from the political crisis in Zimbabwe that climaxed in 2008. History shows that organizations should be proactive and they should have measures and programming options in times of political distress. Since 2000, all political pundits agreed that Zimbabwe was on decline but even then, ASOs seemed to think that by focusing largely on health, the government or the crisis would not affect them. This judgment has been proven to be erroneous hence the need to explore an efficacious way of programming amidst periods of repression and distress.
Much of the information on the crisis in Zimbabwe has been covered by journalists and advocacy groups, not by academics. Prior studies have often examined only one facet (say, the effect of HIV and AIDS on unemployment) or the epidemic’s impact on a given country (Price-Smith & Daly, 2004). More so, there are cases where accurate information on the extent of the crisis has not been forthcoming owing to the intransigence of the gatekeepers of such sensitive information. The famous denial of Kofi Annan, Jimmy Carter and Graca Machel to enter Zimbabwe by the Zimbabwe government in 2008 underscores the desire for secrecy (New York Times, 22 Nov 2008). Such actions were a desperate attempt by Robert Mugabe to conceal the appalling situation of his country and to prevent the world from knowing how his government’s malignant policies have led to the destruction of infrastructure, widespread disease, torture, and death (PHR report, 2009).

As noted earlier, programming for communication for social change is embedded in complexity and it has to focus on several areas. This study will not focus on all contextual domains necessary to effect social change. Rather, the study will suggest ‘survival communication approaches’ so that health programmers can continue doing their jobs even in conflict settings. This study will suggest ways of dealing with a repressive political leadership. More importantly, the study equips programmers to operate in a context with a non-cooperating government. Political violence is real and detrimental to health programming hence all meaningful programming should expose the dangers of violence in fighting HIV and provide mechanisms of programming that limits exposure of beneficiaries and programmers to violence.
Methodology

This study is a product of mixed methods, which were then triangulated to enhance the quality of results. According to Jakob (2001), by combining multiple observers, theories, methods, and empirical materials, researchers can hope to overcome the weakness or intrinsic biases and the problems that come from single-method, single-observer, single-theory studies. “Often the purpose of triangulation in specific contexts is to obtain confirmation of findings through convergence of different perspectives. The point at which the perspectives converge is seen to represent reality” (p.35). Moreover, a key feature of mixed methods research is its methodological pluralism or eclecticism, which frequently results in superior research as compared to mono-method research (Johnson & Onwueguzie, 2004).

More specifically, ten interviews were done with staff, consultants and academics who work within the eight implementing community based ASOs for the Zimbabwe National Behavior Change program (ZNBCS). The Behavior Change program has the largest network of HIV organizations working on a systematic and national program and as such, their experiences could be generalized on the country. All the eight responsible managers responsible for the BC program were repeatedly approached via emails, phone calls to set up appointments but the response rate was very low on account of the nature of the topic which one respondent professed to be too political for their comfort. However, ten approximately one hour in depth and semi structured interviews were still done with two of the eight managers, four consultants who have inside information of the program having consulted for these partners, three academics and one medical
practitioner. It is important to note that a behavior change manager is usually someone with at least five years managerial experience in the NGO sector, they are a holder of a post graduate degree. The academics are renowned Zimbabwean university professors, and the medical practitioner is a registered doctor in Zimbabwe. Interviews were done between 20 June- 20 August 2009 as that is the period the researcher was in Zimbabwe. One interview with a US based Zimbabwean academic was done in April 2010 over the phone.

Different kinds of interviews were done. Ethnographic interviews; also known as the informal conversational interview or a situational conversation; this occurs while the investigator is in the field and it is most informal, spontaneous a form of interview. This could be a casual exchange of remarks, or a lull in the action, might suggest that the moment is right for asking a ‘research question’ (Lindlof & Taylor, 2005). The researcher’s experience working with the partners under study proved useful in these conversational interviews. The researcher worked with United Nations Population Fund from 2007-2008 and worked with all the eight partners during the process. Warm relations exist with all the key people in the partner organizations. Informant interviews will be done. Lindlof and Taylor (2005) argue that informants are usually those people who are conversant with significant customs and rituals in a place and how they are done. They also know the power dynamics in a place. In terms of this study, the community behavior change facilitators fall into this category since they live within the communities, work for the organizations and are widely respected in their communities. This is closely related to respondent interviews which as the Lindlof and Taylor (2005) again state
require people with appropriate experience and a thorough knowledge of critical events
and social routines so that they provide a rich lode of information.

In addition to the interviews, two focus groups discussions (FGD) with twelve people each were done in two different provinces made-up of community beneficiaries of the BC program and facilitators of the program who live in the community. One FGD was done just outside Harare and another in Buhera, all implementation sights. These two sites were chosen not only for their logistical convenience, but because Harare and Buhera were well-known conflict laden areas during the peak of the political crisis and they happen to fall in areas manned by the biggest of the eight community-based organizations implementing the program. To put together the FDGs, the researcher relied on snowballing. Behavior change facilitators invited community members they know to be participating on the program.

The researcher also carried out observation techniques of the lifestyles and operations of the organizations through visiting the communities that are covered by the program with a view to observe first hand if information coming out from interviews, focus groups and journal articles had some veracity. Beneficiaries in Harare and Buhera were randomly visited.

Other data collection methods are as follows:

Documents review

Partners produce quarterly reports on programming and UNFPA usually hosts monitoring meetings popularly known as peer review meetings. These reports have
extensive detail on operations. However, such reports go through the organizational hierarchy for proof reading and editing and it is possible that organization leaders may edit out important information they may find damaging to the reputation of the organization. Nevertheless, reports were an important resource in weighing information received from interviews. Journal articles and books were also used extensively and media reports as well. It is important to note that many of the issues covered in this study are so recent that there has not been much academic writing on it thus the reliance on unpublished documents, media reports and interviews. However, journal articles and books were important in providing theoretical understanding to the topic. Conflict and HIV issues have been tied elsewhere to some extent and the researcher found the theoretical accounts in journal articles helpful.

Table 2: Summary of Documents Reviewed

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Name of document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal unpublished organizational reports</td>
<td>Quarterly peer review reports for the eight partners, special human rights updates, monthly human rights updates, commissioned NGO reports</td>
</tr>
<tr>
<td>Print media</td>
<td>The Standard, The Independent, The Herald, Chronicle</td>
</tr>
<tr>
<td>Academic articles</td>
<td>Peer reviewed articles on Ohio Link</td>
</tr>
<tr>
<td>Books</td>
<td>Published books</td>
</tr>
</tbody>
</table>
Data management

The researcher obtained informed consent from all interviewees for this research as stipulated in the interview guide. All interviews were confidential as well due to the nature of the subject. All field notes were stored in a safe room at the home of the researcher during his stay in Zimbabwe in the summer of 2009. The scope of this research also went through the Institutional Review Board process to establish ethics and feasibility of the study. All transcribed notes were also kept on email and flash drive as back up. The field notes for interviews were labeled not by actual names of participants but letters of alphabet to maintain confidentiality.

Data analysis

Trying to synthesize varying perspectives coming from a multiplicity of data collection techniques is a challenging yet rewarding experience. This is because there is often too much information that comes out of the interviews and research and it is an arduous job to sift through the data and get the most striking and relevant parts. However, the researcher largely looked for any information that could answer the research question of the study, that is, what the effects of the political crisis on HIV communication and programming were and what solutions could be proposed. To achieve this, all interviews were transcribed and analyzed manually. The inductive grounded theory analysis was used and themes that shed light on the research questions emerged The basic idea of the grounded theory approach is to read (and re-read) a textual database (such as a corpus of
field notes) and "discover" or label variables (called categories, concepts and properties) and their interrelationships (Glaser & Strauss, 1967). The ability to perceive variables and relationships is termed "theoretical sensitivity" and is affected by a number of things including one's reading of the literature and one's use of techniques designed to enhance sensitivity (Glaser & Strauss, 1967). Some interviews were done in English but some in Shona hence translations were done after transcriptions. These themes emerged from concepts embedded in the interviews and the themes were organized into categories, which formed the sub headings of the findings section.

The researcher used open coding which is essentially the part of the analysis concerned with identifying, naming, categorizing and describing phenomena found in the text. Essentially, each line, sentence, paragraph etc. is read in search of the answer to the repeated question "what is this about? What is being referenced here?" (Borgatti, 2010, p.1.).

It is from the themes that emerged largely from the interviews and focus groups that the researcher searched for more evidence of the information in media articles, journal articles and books. There was a lot of back and forth via emails and phone calls between the researcher and some of the interviews as the researcher was trying to seek clarifications or cross-checking information found in articles with the people who actually went through the situation.
Limitations

Research on political issues is difficult in Zimbabwe. With increased pressure on the government to open up documents and account or a lot of missing information, the government has grown much more paranoid than before hence it was difficult to interview NGOs on how they were affected by government actions when the prerogative to register and deregister NGOs lies in the hands of a government minister. Finding accurate results in such an environment is no easy task with the government having a tendency to underestimate the problems and NGOs overestimating the problem so as to attract funding. It is for this reason that the researcher ended up interviewing consultants to the NGOs under review as they have less under stake although they have first hand information working in the environment. Triangulation was a process used in order to enhance reliability of different perspectives of the research.

Lastly, another limitation of the study is absence of much scholarly inquiry on the impact of the Zimbabwean political crisis on HIV and AIDS interventions. It may be because the crisis is still recent and the price is high to engage in the endeavour. Be that as it may, the researcher still go valuable information for the study which could be a reference point for future and even more focused research on this important subject.

Overview of the National Behavior Change Strategy (NBCS) implementation in Zimbabwe

National AIDS Council is responsible for coordinating mobilization and support for the NBCS and monitoring its implementation. UNFPA provides technical and
financial support for the program. On paper, NAC has a more influential role than UNFPA yet the experience of the researcher as a former employee of UNFPA shows that funding of the program gives enormous influence to UNFPA to affect the implementation of the strategy. However, both NAC and UNFPA have a cordial and maybe generally effective working relationship. The eight implementing partners are well known community ASOs that operate in specific geographic areas in the country.

Each of these organizations has an entire department dedicated towards the behavior change program. A behavior change manager leads each team which also comprises two provincial program officers, three district program support officers, a finance officer and numerous lower level community based behavior change facilitators. These facilitators do not have offices at the organizations; rather they live and work amongst the community members although they are on the organization’s payroll. The facilitators are usually opinion leaders in each community, chosen by that community to lead the behavior change program in the area. Only facilitators not employed the conventional way of applying and getting interviewed for a position. They are simply chosen by a majority to be in their role. This is all in the conformity with the participatory paradigm which requires a community to be part of the development thinking of any project (Freire, 1983). Typically, the facilitators conduct training workshops for the community, distribute IEC materials and assist in the formulation of community action plans for a given time period. Each organization has one of the support officers who is openly living with HIV and AIDS. This is all in the interests of meaningful participation of people living with HIV and AIDS (MIPA). Within HIV and AIDS programming,
involvement of people living openly with HIV in the planning and implementation of
HIV prevention programs is believed to be effective as it brings in the reality and
testimony of those infected with the disease (UNFPA, 2008). Other facets of the NBCS
include:

- Mass media programming BC materials and tools
- District-level leadership, advocacy, strategy and action plan development
- Community mobilization and interpersonal communication
- Sector-specific action
- Research

NBCS implementing partners and operating areas

The list of implementing partners

1. ZAPSO  Bindura, Guruve, Mbire
2. World Vision  Gwanda, Beitbridge, Matobo
3. MASO  Shurugwi, Gweru, Chirumanzu
4. FACT  Nyanga, Mutasa, Mutare
5. ZICHIRE  Marondera, Chikomba, Murehwa
6. Regai Dzive Shiri  Gutu, Bikita, Zaka, Hwedza
7. MAC  Lupane, Nkayi, Matobo
8. Batsirai  Kariba, Hurungwe, Makonde
CHAPTER 3: CAUGHT BETWEEN SCYLLA AND CHARYBDIS: EXPLORING
EFFECTS OF THE POLITICAL CRISIS

Organization of Chapter

This chapter is a product of triangulation of methods. Investigating effects of Zimbabwe’s political crisis is complex in that respondents are often scared to express themselves openly to an extent where some might deliberately misinform a researcher in order to protect themselves from perceived danger. Moreover, people who have directly benefited from the crisis in one way or the other tend to gloss over challenges faced with some engaging in revisionism in giving accounts of events. However, a combination of observation, in depth semi-structured interviews, articles, books and focus groups is a decent way of arriving at accurate conclusions. This chapter attempts to answer research question one on how the political crisis affected HIV and AIDS programming and communication. Findings in this chapter cover a range of aspects from impact on public health service delivery system, human resources challenges in dealing with political authorities, breakdown of communication system, impact on beneficiaries, on services like drugs and funding, government regulation, community mobilization and migration. It has to be noted that this chapter is only a component of the totality of findings of this research. The researcher only included key findings that emerged from the several discussions and document findings.
Overview of the Effects of The Political Crisis

The year 2008 was a watershed year for Zimbabwean politics in that literally all development indicators on the Human Development Index (HDI) declined drastically. Migration levels skyrocketed. According to the (CATO Institute, 2009), inflation in Zimbabwe reached world historical levels of 6 sextillion percent. Unfortunately, the AIDS epidemic kept on taking lives as usual. Consequently, HIV and political and gender-based violence became key challenges in Zimbabwe particularly the whole period after 2000. AIDS service organizations were affected at different levels. The effects were felt by staff members who implemented HIV and AIDS prevention programs, beneficiaries and key partners with influence in the success and or failure of the programs and the broader population at large. Studying effects of the political crisis on communication and programming can only be understood if one appreciates the level of degeneration in the country’s operating environment for the greater part of 2008.

The HIV and AIDS epidemic is one of the most serious challenges faced by Zimbabwe since independence. In fact, Zimbabwe is one of the worst affected countries in the entire world. An estimated 15.3 percent of the population aged 15–49 is currently infected (UNAIDS, 2009). The consequence has been widespread death and massive suffering among people. Life expectancy at birth has fallen to 45.77 years which is below levels that existed at independence thus wiping out the gains of an entire generation (CIA WorldFactbook, 2009). The tragedy of the Zimbabwean situation is how life became much harder by 2008 than it was under colonialism. At least 140 000 have died of AIDS related deaths and over 1.3 million are living with the virus (UNAIDS, 2009). HIV and
AIDS have affected the delivery of health services, led to a surge in the incidence of other diseases, such as tuberculosis, as well as placing intense pressure on health workers. AIDS-affected households are most vulnerable to food shortages. Women in rural areas face competing demands for crop production and care for family members suffering from AIDS-related illnesses. The economic impact of HIV and AIDS has been severe on households because of loss of employment, leading to loss of household income, erosion of savings and increased health and funeral expenditures. The number of orphans has increased dramatically due to HIV and AIDS. Women are especially vulnerable to HIV infection.

As further evidence will be given, the ‘twin tragedy’ of violence and HIV and AIDS will have a far-reaching impact on Zimbabwe and other countries in years to come. The true impact of this episode will be felt much later from now. What makes the Zimbabwe crisis more tragic is that it occurred at a time when there was evidence that the epidemic had reached a plateau and beginning to decline. This has been attributed to various reasons but the violence in the last two years will complicate the positive trend that the nation had begun to enjoy.

Under this backdrop of an epidemic, politically motivated violence was unleashed on a defenseless population mostly by government agents and the Presidential elections were the bloodiest since independence. In fact, the Zimbabwe Peace Project (ZPP) a leading human rights group states that more than 16 000 cases of politically motivated murder, torture, rape, assault and other abuses were committed in Zimbabwe in the first half of 2008 year alone. The nation was gripped by fear especially in rural to peri-urban
areas. NGOs were banned for most of 2008 and where the ban was not enforced, the price to operate was unsustainable. Following are the perpetrators of the violence according to research done by Human Rights Forum (HRF).

Table 3: Reports Made to Human Rights Forum for Month of May 2008

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIO</td>
<td>(3%)</td>
</tr>
<tr>
<td>War Veteran</td>
<td>(8%)</td>
</tr>
<tr>
<td>Zimbabwe Army Officer</td>
<td>(19%)</td>
</tr>
<tr>
<td>Zimbabwe Republic Police Officer</td>
<td>(17%)</td>
</tr>
<tr>
<td>ZANU PF supporter</td>
<td>(78%)</td>
</tr>
</tbody>
</table>

In one of his last rallies before the March 2008 elections, President Mugabe was reported to have told supporters in Chiredzi, that he would not concede defeat even if he lost the election and would “go to the bush and use guns” to stop the opposition from taking over the administration of his government. He went on to say: “We used guns to liberate ourselves from the Rhodesian colonial government 28 years ago and we are going to use the same guns to stop the MDC or Makoni” (HRM May report, 2008. p.2).

It is relevant to point out that the Southern African Litigation Centre (SALC) has submitted a dossier to the National Prosecuting Authority in South Africa in respect of the torture that took place in Zimbabwe during the height of political tension. This dossier alleges crimes against humanity, and reportedly seeks to indict senior government
officials and members of the security services, as well as a number of senior police officers. As was stated in a press release:

The consistency in detail as to the types of abuse inflicted during this episode of repeated instances of torture, and when compared to other episodes of repeated torture, as well as the recurring involvement of several named perpetrators speaks to the systematic use of torture on the part of police and supports a conclusion that crimes against humanity have been and continue to be perpetrated in Zimbabwe. (HRM May report, 2008. p.3).

Public Health Delivery System

There has been a fair amount of research and publicity of public health system collapse in Zimbabwe by a small organization called Physicians for Human Rights (PHR) in Zimbabwe. HIV prevention efforts in Zimbabwe work best they are supported by a well-resourced and functioning service delivery program of care and support for the infected. The political crisis maintained or increased demand for services that were not available like drugs or hospitals. PHR reported that nowhere has the collapse of healthcare in Zimbabwe been more striking than in critical care. As of December 2008, there were no functioning intensive care units in all public hospitals in Zimbabwe (PHR, 2009, p. 15). Two government maternity hospitals in greater Harare have been closed. Many district hospitals and municipal clinics are either closed or operating at minimum capacity. The University of Zimbabwe Medical School closed indefinitely on 17 November 2008 (Amnesty International, 21 November 2008). Closure of the medical
school signaled the death even of research on drugs, treatment or other innovative means of dealing with health and HIV. Resultantly, when the cholera epidemic broke out in 2008, over 3000 people died because hospitals were understaffed and under resourced. Health determinants like clean water and sanitation were not even readily available to everyone as well. According to (WHO, 2008), the medical sector was plagued by challenges like medical and non medical equipment such as containers for hand washing, groundsheet polythene rolls, antibiotics, body bags and fuel. In other words, the crisis led to a health service breakdown and this complicated referrals by any NGO working on HIV issues. HIV prevention, care and support services are interconnected such that if one aspect suffers setbacks, there are ripple effects on other issues as well.

After attending a community sensitization meeting held by one of the ASOs where people are encouraged to go and get tested, some people went to hospitals only to find them closed. Knowledge acquired in meetings became a source of torture if no treatment or drugs would be available. One focus group participant remarked:

It took a long time for my wife to convince me to attend these meetings. I was convinced that I needed to seek advice on HIV issues and possibly to get treatment. I decided to go to the Mutare General Hospital only to find it closed. They told me I caught the ‘tsunami’ but what does it mean now if I can’t get the treatment? No drugs, no hospital bed, now I am even more stressed with this information. It’s better to kill myself (20 July 2009 focus group, Harare).

The story of this man best encapsulates the dilemma of the communicator if he or she operates in an environment without the supporting infrastructure. Political crises reduce
the persuasive ability of communication. Crises can actually discredit communicators in some cases if they keep encouraging people to take up services that are not existent. Demand for services rises yet supply is erratic. It is not unrealistic to imagine that knowledge of HIV positive status without drugs may have precipitated suicides in the country.

Bulawayo’s Clinical Medical Officers representatives and medical practitioner, Dr Edwin Sibanda concurs by stating that as doctors, they have urged people to go for HIV tests early so that they could be registered on the pre-admission register before they fall ill. He said that because of the long-waiting list, some people, who get tested when they are very ill were dying before they could access the vital drugs while others were getting treatment when it was too late to save them. Dr Sibanda was quoted as having said:

All our clinics have HIV test centers, so we urge people to get tested early and be put on the pre-ad (pre-admission) register early. Right now there is a long waiting list in our clinics and at Pelandaba Clinic for example, there is a waiting list of between 300 and 400 people (The Zimbabwe Telegraph, 28 June 2008).

Repressive Regulatory Environment

The Zimbabwe government instituted an almost three-month ban on the work of NGO groups in the country, because it said some of the groups had supported the opposition to President Robert Mugabe, (Dugger, New York Times, August 8, 2008). Consequently, goals were not met and NGOs generally suffered from a lack of
programmatic coherence since each day had its own challenges in the office. It was
difficult to do any meaningful work without disturbance. It was reported that more than
one million orphans, schoolchildren, elderly and other impoverished Zimbabweans were
deprived of food and other basic assistance because of the ban and that NGOs will
continue to face difficulties in providing assistance to those in need (New York Times,
8/30). However, government later backtracked on the decision but the official
communications on the removal of the ban did not arrive in a timely manner so the ban
threatened the lives of HIV-positive people beyond the lifting of the ban. An interviewee
working for one of the BC partners lamented the following pertaining to the ban:

    The ban on our work was the last straw. The problem is that the people who were
seeing to it that this ban was enforced were not necessarily knowledgeable
people. In fact, many were uneducated old war veterans who never quite
understood the technical stipulations of the ban and the life of the ban to an
extent that even when the ban was lifted, the concept of ‘banning’ NGOs
lingered in their minds. War veterans saw NGOs as and as NGOs official
enemies of the state. The lifting of the ban did little to quell the suspicion and
tension we were already having with war veterans. The ban increased tension
and it took longer to negotiate for simple things like venues to do community
meetings. Some of the veterans went to the point of wanting to screen even our
guests at training workshops. We communicated in fear and people listened in
much greater fear (Interview, 2009).
As the interview shows, it can be argued that the ban empowered local warlords to literally terrorize local NGOs and feed into fears in the community that NGOs have other ulterior motives other than humanitarian work. This overt empowerment of war veterans increased centers of power in communities such that to access a certain community, NGOs could not just negotiate with the usual leaders of the place but those veterans as well. The veterans did not abide by any code of law or constitution and their views tended to be arbitrary. This increased chain of command is certainly laborious to navigate as each port of call has expectations and demands.

The umbrella body representing NGOs in Zimbabwe however lambasted selective application of the ban and that there were no tangible commitments by government to remove the bureaucratic, security, financial and other restrictions to effective humanitarian operations. NANGO spokesperson Fambai Ngirande also said there was need for further clarification from the government because the lift characteristically excludes organizations operating in areas such as transitional justice, human rights, governance and democracy (Sifile, AllAfrica.com, August 8, 2008). This kind of insidious maneuvering on the part of government split civil society since some organizations felt all NGOs were supposed to be in solidarity with those selectively left out after the ban was lifted. In putting a wedge on the work of HIV and human rights NGOs, the government has in a way managed to pacify HIV and AIDS organizations and thus made them less vocal on government excesses even issues like violence that have a direct effect on HIV.
Consequently ASOs’ opposition to government is often muted except for a few that are pressure groups that represent those living with HIV. This unspoken disconnect between ASOs and transitional justice organizations expresses the strategic mistake made by many ASOs for the greater part of the crisis; that is to aggressively tackle contextual factors like governance that might affect the prevention efforts. In the same vein, one could argue that the crisis reinforced the fear that some ASOs still emphasis communication for behavior change as compared to the more recently and internationally accepted new thinking, communication for social change which link structural factors to the success and or failure of any program.

Abuse of NGOs Equipment

In the run up to the run off Presidential election, when violence reached unprecedented levels, NGOs that were defiant and still operating had to be faced with the reality of sometimes having to implicitly back a reign of terror unleashed on communities. In an interview with the researcher, a programmer for a local NGO professed that at some point, his organization was forced by party officials to give them the organization’s all terrain vehicle so that they used it on their campaign trail. It is said the vehicle was later used for violence purposes. Ironically, this vehicle was used by the ASO for its public outreach programs. The reasoning behind demanding NGOs trucks was that it was ‘payback time’ for NGOs to show appreciation for being registered and allowed to operate in Zimbabwe. The government of Zimbabwe through the Ministry of Public Service regulates NGOs and the ‘favor’ of being registered meant that NGOs were
expected to later reciprocate. This is the extent of skewed thinking of some government bureaucrats.

Nevertheless, the experiences of NGOs at the hands of government bureaucrats reflect the immense political pressure HIV programmers working in the field have to face. To operate in the field, there is need for high-level political skill and negotiation skills. This point was reiterated by an interview who remarked that:

The 2008 period taught us that we all should be effective negotiators and diplomats. Sadly, in the health sector we saw ourselves as sacrosanct, too important, and too risky to be touched by politicians. Now we have to learn to maneuver in the political minefield otherwise, we wither fail or we become reluctant accomplices to heinous crimes (Interview, 29 June, 2009).

Such sentiments raise fundamental questions of regulation of NGOs themselves. How independent can NGOs be in an environment where there is so much state intervention? There is every reason to be pessimistic without a civil society with a backbone when it operates in an environment so restrictive. The majorities are either neutral or unwittingly cooperating. Noteworthy is the fact that, the NGO sector is one of the few industries that is not self–regulating in Zimbabwe. Other industries have a higher degree of self-regulation. The operating framework for NGOs while seemingly divorced to HIV and AIDS communication organization is definitely relevant and a worthy advocacy point.

Human Resources Challenges (Demotivated communicators and programmers)

Zimbabwe’s behavior change communicators bore the brunt of political violence during the crisis. The nature of their work involved much physical interaction and thus
exposure to perpetrators of violence. In other words, the crisis increased the restrictions
to the medium of the message. Violence against and or around implementers of HIV and
AIDS prevention programs was rampant while they worked in the field. Programs are as
good as the people who implement them yet during 2008, motivation was at its lowest
particularly amongst government health workers. (WHO, 2008) reported worrying levels
of motivation amongst workers in the health sector owing to either poor salaries or
dangerous environment. While BC partners’ staff members are generally paid in hard
currency which puts them above the average Zimbabwean, the constant life of running
away from danger on one’s life often took the toll on many of them. An interviewee who
is a consultant with some of the BC partners reported that:

I have worked with several BC staff all over the country and many will tell you
that had it not been for the money, I would have left a long time ago. Now I do it
for the money to be honest. I want to help people but that comes secondary to my
safety and that of my family. I try to visit places which are safer. I hold
workshops in wards led by level headed community leaders. Does it disadvantage
some wards? Of course. Chances are the most violent ward has people who are
victims of sexual violence and have no access to information. But what can I do?
(Expert interview, June 2009).

This interview is telling in that it underscores the importance of structural reform in order
to deal with HIV. The interview implies that it is possible that conflict and not need
becomes the determining factor for choosing an operating area. Consequently, the
conflict prone areas tend to suffer more neglect. To aggravate matters, the violence was
widespread, affecting even government health workers as well. In a shocking display of political repression, heavily armed riot police prevented a group of health workers from presenting a petition to the Minister of Health and Child Welfare on 18 November 2008. The health workers organized by the Zimbabwe Association for Doctors for Human Rights (ZADHR) were calling for the government to take urgent action to restore accessible and affordable healthcare. Instead; they were forced to hold their protest within the grounds of Parirenyatwa Hospital. After four hours, police entered the hospital grounds and forcibly dispersed them, assaulting several health workers in the process. This action by the government which is backed by the Public Order and Security Act (POSA) instills fear of demonstration or dissent by ASOs and it causes them to toe the line even when it is not the right thing to do. The glaring salary discrepancies between government health workers who often collaborated with BC staff from NGOs or other NGOs in general was a source of great discouragement for government workers whose diligence is necessary for the success of the behavior change program. Regrettably, government workers were both in politically repressive environments while earning unsustainable salaries. One of the interviewees who currently works in the NGO sector used to work for government and had this to say:

    The average security guard of most NGOs gets more salary than a government medical doctor who spent seven years in college and was probably one of the smartest persons in school. However, power resides in government officials yet the money resides in NGOs. Government officials usually then flex their muscles in order to ‘discipline’ NGO people and maybe to force them to invite the
officials to more workshops where they get *per diems*. So many times, you have workshops that are hard to justify, with participants who do not deserve to be there. It is also not fair to have some government workers in the same ministry being chosen to work on NGO programs in which they get paid like NGOs staff yet their office mates get government salaries. Those differences have far-reaching and unintended consequences (Interview, July, 2009).

This revealing statement raises several issues. A frustrated official can deliberately throw spanners in the way of programming and this has happened on several occasions in program implementation where issues are taken through painstakingly slow bureaucratic processes that are not always necessary to justify ‘more respectful treatment from NGOs’. At the end of the day, the community suffers when delayed programs become the order of the days. Sometimes people who are supposed to participate during training workshops because of their need and position are scrapped from programs to accommodate officials who need out of office allowances that could help them survive a dangerous economy. The statement poses the problems for the potential of the commercialization of HIV NGO prevention sector in which the wrong people are employed since the sector pays good salaries. One wonders if it is productive to pay good salaries only to NGOs on HIV and deny decent salaries to the doctors and nurses who treat the patients referred by the NGOs. Donors need to review this discrepancy. More so, those who get jobs in the NGO sector conform even if it means being thoroughly corrupt in communities or getting into corrupt deals with government officials as long as they keep their NGO jobs. In the end, the HIV prevention field will literally be manned by
‘soldiers of fortune’ who adhere to the sad mantra ‘live and let live’. The nature of Ngo work requires not just skilled but genuinely engaged, interested and passionate people yet selective donor funding of HIV prevention efforts at the expense of the other sectors of the economy has driven key personnel of other sectors to the HIV sector thus weakening the abandoned jobs. At the end of the day, the nation is in a vicious cycle of human resources recycling. Moreover, this discrepancy by donors unwittingly complicates the structural factors that exacerbate HIV. An interview with a BC manager was telling:

We have had several applications from staff of our local banks who want ‘any job’ as long as it is NGO. We have employed some of them and I think this has far-reaching effects on balance of staff in companies versus NGOs. Time will tell (BC Manager, Interview, 2009).

HIV and AIDS behavior change communication should complement other efforts not weaken them and if funders lose sight of that, the valiant efforts of NGOs will come to naught.

Migration and Internal Displacement

As has been emphasized earlier in the study, political violence quickened the migration process of many people. Naturally, people fled to towns with less violence thus dropping from the community programs on BC. The massive shortage of basic food commodities meant that adults had to constantly travel to Mozambique, Botswana and South Africa to buy groceries and in the process miss some key lessons. This constant movement meant that fewer and fewer people received the full continuum of lessons on
More so, people on treatment relocated to areas where they could not necessarily get easy treatment thus defaulting on adherence. Some left their social support networks and moved to circles where their new behavior was not echoed thus relapsing to old behavior. It remains to be seen how or if the migration led to greater transmission of HIV.

However, what is undeniable is that migration increased vulnerability of thousands of people. As violence increased, teachers and professional in rural areas were chased from their jobs after being accused of having orchestrated the opposition MDC victory in March 2008 elections. Loss of jobs meant loss of income. Younger girls went into other survival practices like prostitution all to survive thus increasing their vulnerability. How does one community HIV prevention messages to such a frightened, stressed and mobile population? This is the subject of the next chapter.

An inevitable effect of migration is brain drain. It has to be mentioned that the hyperinflationary environment in Zimbabwe meant that medical professionals employed by government had to wait the usual month for their salaries yet after 30 days of over 100000% increases in inflation per day, salaries were meaningless. In fact for the Buhera focus group, a participant mentioned that her entire salary as a rural hospital nurse was not enough for her to take a bus to go to Mutare from Buhera (less than 100 km). Medical professionals simply left the country in droves. One can only imagine if such dispirited workers could inspire any hope to rape survivors or HIV infected individuals. Zimbabwe has been experiencing a significant brain drain of doctors and nurses with two dimensions. First, within the country, health professionals have been moving from the public to the private sector. Symptomatic of the growing staffing crisis in Zimbabwe’s
health sector is the fact that the public health system only had 28.7% of the required number of doctors in the late 1990s (Chikanda, 2005). Dentists, pharmacists and even nurses were also in short supply. Of the 1,634 doctors registered in the country in 1997, only 551 (33.7%) were employed in the public sector. As many as 67% of public sector nurses are considering moving to the private sector (Chikanda, 2005) More so, there has been an accelerating movement of professionals out of the country primarily to the United Kingdom, South Africa and Botswana. Some professionals used the private sector as a stepping-stone between the public sector and leaving the country.

The exact numbers and whereabouts of Zimbabwean health professionals working overseas is unknown but the Health Minister noted in 2000 that Zimbabwe was losing an average of 20% of its health care professionals every year to emigration and that each of the country’s five main hospitals was losing 24 senior nurses and three doctors every month. He also claimed that 100 doctors and 18,000 nurses had left since 1998. In 2002, in the United Kingdom alone, 2,346 work permits were issued to nurses from Zimbabwe. Zimbabwe was the UK’s fourth largest supplier of overseas nurses, after the Philippines, India and South Africa. Also unknown is the nature of the linkages Zimbabwean professionals retain with home although remittance flows are thought to be extremely significant in propping up the Zimbabwean economy.

A combination of brain drain and a rapidly migrating population equals a potential programmatic disaster. A revealing opinion was given by a BC manager interviewed, who felt that because NGOs pay better than public sector:
The ‘spirit of volunteerism, activism and humanity has left some of our colleagues. Everything is now about money and travel allowances so sometimes colleagues can intelligently think about doing a workshop in a faraway place not because it is most appropriate but because it pays the most for out of post allowance (BC manager, Interview, 1 November, 2009).

This is disturbing in that programming is no longer about the audience but about strategic opportunities for making more money, in other words the commercialization of the HIV and AIDS epidemic.

Damned If You Leave; Damned If You Stay

The researcher interviewed a senior manager in one of the leading HIV and AIDS organizations in Zimbabwe about her experience working with her field staff. This was her response:

I will never forget the worries of our caregivers working on the ground. One of them lamented the fact that he cannot leave Nyazura regardless of the violence in the area. War veterans had set up bases in the area and keeping track of the numbers of people coming and leaving the community. As an opinion leader, a caregiver is well known and well loved by his patients and yet the thought of leaving the area for Harare was often with disapproval from the veterans who felt those who left were the conduit of bad publicity of the area and responsible for reporting what was happening. As a result, many caregivers had no option but to hope to survive in a violent area. If they left, their patients would be so depressed
that some might even die of blood pressure but staying was too risky. These are the stories of countless fieldworks working on HIV issues. When you would try to do door to door visit to educate people, every house you visit was monitored to make sure they had not been indoctrinated. It was difficult (Interview 29, June, 2009).

Many communication programs have a heavy component of participation hence there are staff members in the field. When the environment heats up, often these staff members are not protected. The plight of the communicator is usually left out of the discussion’s the Zimbabwe case shows, 2008 was a period of discouragement for a lot of field staff who were not fulltime staff of the NGO’s NGOs closed and the staff members went back to the cities, it I the facilitators and caregivers who live in the community who were left ‘in the jaws of death’. An interviewee complained that ‘we were told to attend workshops on therapy and resilience’ as a solution. One wonders how a workshop on emotional management on its own is enough to protect field staff. It is important to incentivize field work while taking into cognizance the immense challenges staff felt. Research on the incentives during crisis showed that in most terms staff members of donor agencies were so incentivized that if the crisis were to get to the last stage of degeneration, their entire families could be airlifted out of the country. Moreover, there was a clear security system to protect all staff. Interestingly, the organization funded by these donor agencies was left in the cold. They were given information on resilience without being given the tools for resilience or protection when things went bad. This led
some to just collaborate with the war veterans or some just lost all morale and became less effective.

Structural and National Politically Motivated Violence

Beyond the violence and predicament of direct implementers of behavior change programs, beneficiaries of programs have experienced untold violence. Violence increase inability to visit certain venues, it increases fear of open expression on any view even of HIV as long as it opposes incumbent political leadership. Political violence meant massive migration or restricted movements, which in turn dealt a blow to consistent community meetings attended by the same beneficiaries. In August, 2008, Stephen Lewis, former United Nations Ambassador for AIDS in Africa and head of AIDS-Free World led a team of international human rights lawyers that is collecting testimonials from women who were raped, tortured or beaten. At least eight women provided testimony to a team of human-rights lawyers and said that their attackers openly identified themselves as members of President Robert Mugabe's ZANU-PF party. The women also reported that their attackers said they were being raped because of their support for opposition party, the Movement for Democratic Change. The evidence has allowed the women to find support through one another and form a Zimbabwe Rape Survivor's Network to speak out about their attacks, (Nolen, Globe and Mail, November 11, 2009)

As if not enough, at the XVII International AIDS Conference in Mexico City 2008, Betty Makoni of the Girl Child Network in Zimbabwe said:
Rape is being used as a weapon of political intimidation to instill fear in us, our families and communities and mass rapes occurred after Zimbabwe's March 29 election. Many male members of the opposition party went into hiding, and militiamen in rural areas entered villages demanding that women identify brothers, husbands and fathers who were members of the opposition and beat, tortured or raped them to get the information. Youth militias have raped about 800 girls. Other rape survivors include wives, sisters, mothers and grandmothers of political opponents, many of whom were forced to say they would never support the opposition. Many rape survivors have gone to state hospitals to seek treatment to prevent HIV and other sexually transmitted infections, as well as pregnancy, but often were denied treatment. Physicians at the hospitals did not treat the women because of fear of repercussions (Altman, New York Times, August, 8, 2008)

UNAIDS Epidemic Update, (2008) concurred by stating that widespread violence against women not only represents a global human rights crisis but also contributes to women's vulnerability to HIV. The tragedy of the political crisis in Zimbabwe is that it has even shaken the confidence of doctors and nurses to treat anyone suspected of being opposition and to communicate information that could be vital for rape survivors. Post Exposure Prophylaxis (PEP) usually must be administered to someone within 72 hours yet the environment did not allow doctors to share information with survivors. At the height of the crisis in 2008, even reporting violations was difficult. Only a discreet
communications campaign by ASOs would have saved some of the victims of sexual violence.

The fear to associate with victims of political violence were apparent in both focus groups with participants highlighting that showing sympathy or giving refuge to a ‘hunted’ person turned one into the ‘hunted’ as well. Effectively interpersonal support mechanisms were affected in such an environment. Typically, all HIV and AIDS communication thrives on a combination of mass media messages reinforced by interpersonal communication through community meetings and support networks. In some places in the rural areas this became dangerous. The researcher’s experience with ASOs particularly those BC partners was that all eight of them significantly revised their outreach goals for community meetings on account of the violence and intimidation well before the formal ban of NGOs. It appeared safe to sensitize and assist people identified or who sympathized with government policies. It remains to be seen in quantifiable and impact terms if the future will show HIV infection rates disaggregated according to party support. However, what is clear is that less opposition activists could be reached with prevention messages during the crisis.

A challenge arises from these findings on violence on the role of an HIV and AIDS communication organization in an environment characterized by political violence which is either tolerated or perpetrated by law enforcement agencies and or political operatives. Should an organization seek to just survive and do its work only or it has to juggle between stopping violence against its beneficiaries whilst scaling up its HIV messages? More so, should an organization just protect its staff or it has an obligation to
help anyone who could encounter violence while on their way to or from a community sensitization meeting? Answers are not obvious on this issue and the next chapter will attempt to provide proposals on dealing with such a conundrum.

Erratic and Expensive Drugs System

Zimbabwe has 145 ART centers and at least 245,000 people on ARVs, with 208,000 of them being located in rural areas (John Snow International, 2010). However, the multilayered crisis causes various problems in the supply, distribution systems of drugs and it complicated messaging around drugs. Unlicensed drug dealers flooded the market with a variety of antiretroviral drugs (ARVs) that could do more harm than good, the country's medicines regulatory body once warned. The Medicines Control Authority of Zimbabwe (MCAZ) stated that individual drug importers had flooded the local market with ARVs, which they are selling from unlicensed locations such as flea markets and hair salons (MCAZ, 2010). After receiving information on HIV and the dangers of delaying treatment, some patients bought easily accessible but highly dubious pills from unlicensed practitioners.

What the experience taught programmers was that health communication organizations were to work hand in hand with clinics which supply drugs so that a clear roadmap for treatment and sites for therapy could be established well before sensitization meetings. The crisis raised questions of the morality of financing communication programs yet refusing to finance more robust antiretroviral therapy program or the government attempts to locally produce drugs in order to wean the nation on foreign aid.
Aid agencies operating in Zimbabwe have been urged to take antiviral drugs (ARVs) directly to infected people amid allegations that some state officials involved in the distribution system were corrupt (AllAfrica.com, February, 2, 2010). Violent conflict might require organizations to do more than they do in peaceful times, that is specialized focus on issues. However, to just encourage people to get tested and getting on treatment without worrying about how and where in times crisis a helpless, poor and weak participant of such a meeting will find the treatment serves seems irresponsible. Either an organization has to enter into creative partnerships with some service providers so that participants of sensitization meetings can act on the HIV messages they receive during behavior change meetings.

Violence against beneficiaries or even potential beneficiaries and staff raises the issue of program design of the behavior change program and indeed most of the other HIV programs in Zimbabwe. With increased violence in many rural areas, the POSA legislation which literally restricts public meetings and the potential danger of being attacked whilst attending a community meeting, one wonders if a different form of participation can be envisaged to save people from the vulnerability that comes with physically attending meetings.

Donor HIV and Aids Funding Declines

As has been stated from previous paragraphs, the need for more funding to deal with mounting logistical, program and security commitment was needed to enhance HIV programs. However, on a national scale, donor funding in Zimbabwe on HIV and other
needs has surprisingly gone down. HIV and Aids funding from the donor community has
decreased by more than 50 percent since 2006. Presenting the National Aids Spending
Assessment Report for 2006 and 2007, NAC financial director Mr. Albert Manenji said
that donor funding for HIV and Aids programs dropped from US$62 million to US$5.5
million from 2006 to 2007. He stated that:

Despite the fact that Zimbabwe is in the top five in the region of countries that
need assistance, the survey reviewed that in 2006 Zimbabwe had US$7.08 per
head against the planned US$16 per head. In 2007, expenditure per person went
down to US$4.50 against a projection of US$17.66. This is against average
annual per person spending of about US$39 in Lesotho, US$104 in Botswana,
US$139 in Swaziland, US$190 in Zambia, US$192 in Mozambique, US$250 in
South Africa and US$362 in Uganda (NAC SAR, 2008).

Major support came from the Global Fund to Fight HIV and Aids, Tuberculosis
and Malaria; the European Union; the United Nations Population Fund; UNICEF and
UNAIDS. While the Global Fund has been the biggest of the donors in the years of
decreased extension of assistance, the body has rejected funding proposals five times
(Chipunza, The Herald, 10 March, 2010).

To partly explain the decline in funding, one needs to refer to 2008, when the
Reserve Bank of Zimbabwe (RBZ) admitted to diverting over $7 million from the Global
Fund's Round 5 grant, earmarked for scaling up the national antiretroviral (ARV)
program. The Global Fund refused to release any funds until the money was returned.
The RBZ did eventually return the money and in Round 8 the Fund approved three grants
for Zimbabwe, including $79 million for HIV/AIDS. This propensity to divert and abuse aid is at the heart of current debate around the efficacy of aid in development in the first place. On one hand are people like Moyo, (2009) and Easterly (2008) who view aid as an impediment to development whilst Sachs (2009) is still more optimistic of the role of aid in development. Questions remain though for funders on the efficacy of depriving an already tormented community of aid simply because their illegitimate leaders remain intransigent. In other words, there is need for further discussion on whether human rights based approach to aid should be considered ahead of a purely humanitarian-based aid approach which is essentially need based.

More so, there is evidence of politicization health aid in Zimbabwe since aid has been withheld on account of the said corruption yet in countries like Afghanistan, Egypt, Pakistan and many others, the main funders like European Union and the United States pour much more money regardless of the rampant corruption in the management of the aid. Questions remain why Zimbabwe is punished where Afghanistan is not. This in no way is an endorsement for despicable embezzlement of public funds by public officials; rather it is a critique of the hypocrisy of international funders in the face of the twin tragedy in Zimbabwe of HIV and violence.

Tellingly, in August 2009 the Global Fund bypassed Zimbabwe's National AIDS Council (NAC) as the principal recipient of existing and future grants. Money will instead be channeled through the United Nations Development Program (UNDP). The government of Zimbabwe has been on record as having called the decline as politically motivated.
However, what is clear is that government propensity for repression, financial
ebzzlement and violence led to these ‘undeclared sanctions’. The biggest HIV and
AIDS prevention program only operates in 26 of the 61 districts in Zimbabwe because of
the funding. Consequently, Zimbabweans will not be on the same page in terms of
knowledge and coverage of prevention efforts. Even in the areas with an operational BC
program, funds have not been enough to cover some program and cars to use in the field
were only bought in 2008 when the program had been launched in 2006. Lack of
transport for a program that relies more on physical mobilization of populations
obviously slowed the process. It appears alternative ways of reaching out and mobilizing
need to be devised since even upon the arrival of vehicles, fuel for the cars was always a
major challenge and ZANU PF would try at times to hijack the vehicles and use them for
campaign purposes.

Apart from coverage of other districts, logistical challenges because of lack of
fuel or barricading of roads by political activists, the crisis directly affected the smooth
roll out of Information, education and Communication (IEC) materials. Thousands of t-
shirts, pamphlets and other communication materials were not delivered to the public
until the end of 2008; three years after the program began. An agitated participant of the
program in Buhera had this to say in a focus group discussion:

When I was growing up, I was not as intelligent as the rest of the people so it is
unfortunate that these BC people make us attend meetings but they don’t even
give us pamphlets or fliers so that we can refresh our memory. The program is
very good but we need pamphlets and t-shirts just like other NGOs in the past (Focus Group One, 26 July, 2009).

This quotation is pertinent in that it reveals two communication challenges. First, people need constant reminding of key messages and facts lest they forget. Secondly, NGOs seem to be used to using the same communication strategies such that not providing t-shirts to some is a sign of stinginess and a lack of seriousness. In an environment of poverty, t-shirts could be a serious form of dressing which if one receives a t-shirt, they may have greater confidence in appearing in public in future meetings in decent attire.

In the same vein, the dwindling financial resources given to organizations also meant that there was need for budget cuts on public meetings. This fell on food budgets. It was no longer easy to feed people as before. More so, with chronic shortages of food and a hyperinflationary environment, budgeting for perishable food, storages issues became major challenges for planners. A failure to provide food for public HIV and AIDS sensitization meetings would not only damage morale, but it often led to fewer numbers of people participating in meetings next time. Feeding guests is not only normal, it is cultural and expected and a failure to do that had consequences for organizations. Organizations had to improvise. A Program Manager for one of the BC partners remarked that:

I found myself spending more time looking for cash, fuel and goats meat instead of thinking about programming issues. In some cases as I was looking for food for the meetings, I also had to look out for my own family’s food requirements. I had no option but to do so. By the time you get to the meetings, you are tired and
disinterested. However, NGOs people get better salaries so I guess I have to learn to stick it out (Interview, 1 November 2009).

Protectors (Models) Became Perpetrators

The role of leaders in the success of a behavior change program is well documented. There is a general agreement that role models influence the behavior of community. Bandura’s Social Learning Theory stipulates that humans thrive on observational learning particularly of superiors hence to promote a given behavior, there is need to have leaders of the community buy into the behavior, model it and diffuse it. Bandura also argues that:

The format was creatively founded on the basic social cognitive principles in which efficacious modeling serves as the principle means to inform, motivate and enable people to make a better life for themselves (Bandura, 1997, p. 514).

The Zimbabwe behavior change program generally follows this logic. However, the harmonized 2008 elections saw many community leaders who were councilors in councils defeated in the elections and replaced by new ones. In cities, the changes were 90-100% change of faces. This meant that the BC program had to train new leaders. This naturally affects the coherence of the program. One interviewed BC manager remarked that:

In our work the dilemma is that some of the defeated ZANU PF councilors were serious about HIV prevention yet their politics wasn’t right. On the other hand, MDC is the popular party yet some of the councilors elected were elected more in
recognition for the bravery to stand up against Mugabe and less for their superior knowledge or commitment to causes like HIV. We find ourselves in a conundrum now (Interview, 1 November 2009).

To make matters worse, the theoretical underpinnings of the role models idea is that, ordinary people tend to emulate the behaviors of their superiors. The challenge comes when the leaders are not legitimate in the eyes of the community. Why the selection of leaders in the program tends to be participatory, the leaders in a given area tend to be included and in constituencies particularly rural where the leaders are considered to have stolen the elections, the community tends to resist any overtures from them. Consequently, ZANU PF supporters end up listening to ZANU PF leaders even on HIV. In cases like Masvingo and Manicaland considered the bloodiest in the runner up to the run off Presidential elections, if ZANU PF gang rapes women, tempers are high against a community leader who happens to belong to ZANU PF. The message got blurred along the way the audience got offended and it is not surprising that NGOs ended up being banned for some time. One could argue that the crisis discredited the whole concept of role models because a lot of the violence and bad governance was a direct result of the actions taken by the leaders whom people ought to look up to. Yet another dimension to the leaders was an astounding lack of interest in HIV issues during the election cycle. During the Harare focus group, there was loud laughter when the researcher asked what the audience felt about leaders’ commitment to HIV prevention. The explanation was that HIV prevention was a low priority on the rudder for politicians
particularly in 2008 even for members of parliament trained in the program. One participant said that:

The problem with the politicians is that they believe it is better to attend a food distribution meeting where they can manipulate the food distribution process as opposed to these meetings on condoms, circumcision and other things that attack our culture. Do you think a politician wants to attack culture and infuriate the chiefs at this time of the year? (Harare focus group, June 2009).

Yet another expert interview highlighted the political imbroglio in Mutoko district where another HIV and AIDS prevention program is being implemented:

I remember one time in 2008 when I started rethinking collaborating with local leadership. We had gone into the community and respected the input of leaders in selection of participants and having access to the community. Little did we know that only people sympathetic to the ruling party ZANU PF were being selected for the HIV community meetings. At the end of the day, we were addressing a meeting of ZANU PF supporters. To start every meeting, we had to chant party slogan like *Pamberi neZANU! Pamberi neZANU, pasi nevapambepfumi! Pasi naTsvangirai! Pasi nevana vake ne mbwa dzake!* (Long live ZANU PF! Down with the imperialists! Down with Tsvangirai. Down with his children! Down with his dogs!) Unfortunately amongst the leaders were some moderates who felt that politics was not supposed to be in the way of HIV programs so there brewed disputes amongst the leaders themselves, which obviously put off some people
who left. How do work in such an environment? (Expert Interview, 29 June 2009).

This discussion further unpacked the dilemma of collaborating with leaders in polarized environment. It casts a shadow on the ability of discredited but influential leaders to communicate HIV prevention messages effectively to the community. It also raises issues of the potential for community workshops to be easily manipulated by elites to suit their purposes and in the process losing focus of the HIV fight. Yet another concern that arises from this discussion is the true extent of the participatory nature of the so called participatory meetings. During focus group discussion and interviews, while there was a general appreciation of the idea of participation, many testified to the effect that ‘we have to toe the line and we know it is dangerous to air certain views in public’. Consequently, participatory meetings could end up being platforms to recycle incompetent leaders talking points or a platform where participants skate over the real issues at the hearts of the community if the issues have political connotations. The researcher has in the past attend several meetings involving community meetings particularly for the Seke Community Dialogues where meetings that included traditional leaders often produced different resolutions and problem statements as opposed to meetings that leaders did not attend or they attended themselves. Unfortunately, it is not always logistically possible to compartmentalize groups in areas with difficult transport networks and uncertain political climates. Participants tend to be grouped in one group and made to speak. It is in such meetings that the truth about matters is often sacrificed.
Summary

The Zimbabwe political crisis, largely characterized by widespread violence and polarity, caused untold suffering for communities’ receiving HIV programs. Communities were disempowered. They could not look after themselves or defend themselves without dire consequences. Indeed a disempowered community cannot shake off an epidemic like HIV; rather it becomes a victim of several other social ills. The politically motivated violence disturbed the implementation of programs in that some beneficiaries were displaced thus missing community meetings or getting important HIV and AIDS information updates. Sexual violence may have contributed in spreading the epidemic and increased fear of beneficiaries from seeking prevention services or information. In other words, the crisis decreased access to HIV information.

The political crisis affected human resources aspects of organizations in far-reaching ways. Staff members of BC programs were often frightened to travel into the field thus choosing the more peaceful areas at the expense of the needful communities under pressure of violence. Maintaining a skilled and committed set of role models for the program proved difficult as leaders were distracted and focused more on maintain their offices at the expense of public education on HIV. The crisis compromised leaders in that it weakened the resolve of some form confronting structural factors like government policy or behavior. Put differently, leaders lost their influence and potential to help in disease mitigation.

The political crisis affected all the other sectors of society thus creating a cornucopia of problems for beneficiaries of HIV information. The economy nosedived,
purchasing power of the majority of people diminished, and hence the ability to afford
drugs for treatment, proper nutrition or acquiring jobs all increased the vulnerability of
people. The framework to act on the HIV information was destroyed so people willing
engaged in risky behavior as a survival strategy. The political crisis exposed the limits of
health communication. Knowledge on its own is not emancipatory. People need services
and resources to act on their knowledge. As the economy declined, the position of women
and children continued to deteriorate under the backdrop of yet another evil, that is sexual
violence as a weapon of war against political opponents.

The operating environment for the NGOs was affected by repressive legislation
like the ill-advised NGO ban of 2008, POSA, Access to Information Protection of
Privacy Act (AIPPA) and an excessively partisan local and national political leadership.
Consequently, the ability of ASOs to operate was severely hampered. Donor funding
decreased in aggregate terms as the international community declared sanctions as a way
of putting pressure on the intransigent Mugabe government to reform. The net impact of
this decline in funding was felt the most by beneficiaries who received less assistance
from ASOs. The crisis raised questions on donor funding for conflict settings and the
discrepancies between funding for Zimbabwe and other conflict settings like
Afghanistan. Funding should be need based and broad reaching to include other
distressed sectors that create wealth like the economy. In addition, funding NGOs without
enhancing the productive capacity of that country only leads to an influx of people to the
funded sector and a death of the other sectors. If donors invest in the productive capacity
of a country, that alone has potential to reduce long-term dependency of that country on aid.
CHAPTER 4: TOWARDS A CREATIVE AND INNOVATIVE COMMUNICATION PROGRAMMING FRAMEWORK FOR CONFLICT SETTINGS

“We were not ready for the extent of the crisis we had in Zimbabwe. In retrospect, I think we need to be creative with our programming and be more proactive” (Expert Interview, 27 April, 2010).

Overview

This chapter proposes programming approaches which have the potential to survive or even contribute to ending political crises like the one Zimbabwe has gone through. Admittedly, this is not necessarily an exhaustive proposal and the researcher is fully aware of the different levels of effectiveness of each proposal. Indeed some proposals are basic and expected in any context involving civil society and the state. However, had some of the ideas been implemented in a strategic or proactive manner, less inconvenience would have been encountered by health programmers in Zimbabwe. The overarching thinking behind these proposals is that violence or conflict is a public health problem and it should rightly concern ASOs and reflect in health programming (Cole & Flanigan, 1998). Secondly, communication programming needs to be contextual to the realities on the ground. Third programmers must continue especially in challenging environments since politically unstable environments often increase HIV infection vulnerability or in some cases even increased transmission. Fourth, recommendations should not only be based on the negatives for the crisis, rather, this study also focuses on success stories during the crisis, that is individuals and communities that achieved their
goals regardless of the repressive environment. Such people, also known as positive deviants should inform any recommendations since their success is already proven. However, ensuring the security, support and capacity strengthening of all workers involved in implementation is important to the success of any communication approach. Furthermore, communication in conflict settings needs to be creative and participatory in a responsible manner. In the same vein, HIV and ADS programmers need to confront structural factors that explain the crisis the program intends to address. According to Wray (2006):

Institutional or community models are based on the assumption that structural factors may constrain or enable individuals to act in desired ways. Thus, even if communication initiatives achieve desired goals of changing specific beliefs and attitudes, behavioral intentions and behavior may not change. It is important to acknowledge community level factors in individual level behavior, such as the presence of legal and social support remedies in the community for domestic violence offenders and victims. To the extent that services are perceived as effective and known to the public, they may incline individuals to seek them out or refer victims to them (p. 46).

The above quote underscores the importance of communication and its limitations as well as this chapter will explore. Creative partnerships are necessary to make up for the other factors that a health communication-only organization cannot ordinarily handle all by itself yet mere availability of services is not enough to cause demand for the services. Communication is necessary in influencing people to take up services. Overall, this
chapter is yet another robust demonstration of the infinite and transformative potential for the research and practice of communication and social change. More specifically, the proposals following can be grouped into the following categories; Creative Partnerships, Capacity Building, Empowered Human resources base Incentives, Pragmatic Politics, and Innovative Communication Channels.

Scale Up the Use of ICTs in Programming

Emergency and conflict periods often require the fastest and safest means of communicating messages thus all available information, communication and technologies options must be explored. Amongst the various gadgets that fall under ICTs, cell phones are a potentially effective and innovative communication tool suitable for both unstable and stable settings. However, (Townsend, 2000) argues that:

The advent of inexpensive mass-produced mobile communications in particular, has avoided scholarly attention, perhaps because it seems pedestrian compared to the nebulous depths of cyberspace. Yet the cellular telephone, merely the first wave of an imminent invasion of portable digital communications tools to come, will undoubtedly lead to fundamental transformations in individuals’ perceptions of self and the world, and consequently the way they collectively construct that world (p. 250).

The potential of the cell phone is immense and arguably transformative. It is one of the most certain platforms and vehicles for empowerment that appears politically correct particularly in countries with repressive leadership. Possessing a cell phone opens the
owner to a gateway of information, rapid communication and communities with other cell phone owners, which are all important advantages for an HIV and AIDS prevention program. Drawing from Short, Williams & Christie (1976) who expounded the social presence theory (the degree of salience of the other person in a mediated communication and consequent salience of their interpersonal interactions) thus the concept of 'social presence' to the concepts of 'immediacy' Weinerand & Mehrabian (1968) and intimacy can be applied to the advantageous nature of the use of cell phones as a health communication. Notions of intimacy and immediacy often justify the creation of social support groups that are popular in ASOs yet dangerous in violent settings. Furthermore, Cox & Leonard (1990) argue that many ring the phone just for contact, which suggests that phone calls are a powerful reminder of connectedness. In their research, Cox & Leonard noted the disappointment people reported upon realizing that they had no messages on their phones, as this meant that no one wanted to talk to them, or wanted to be called back.

Seen in this very broad evolutionary perspective, the significance of the mobile phone lies in empowering people to engage in communication, which is at the same time free from the constraints of physical proximity and spatial immobility (Geser, 2004). This transformative technology, cell phones have become popular even in rather "technophobic contexts like Italy, where computers and other modern technologies have a difficult stand" (Fortunati, 2002, p. 53), and especially in Scandinavian countries where people traditionally are introverted and silence in talk is highly valued (Puro, 2002). One major impact of the cell phone stems from its capacity to include partly illiterate mass
populations in less developed countries in the southern hemisphere, who will never have the means to buy a computer.

If programmers study mobile technology growth in Africa and Zimbabwe, there is reason for optimism in including them as an innovative communication channel. The latest International Telecommunications Union (2009) report states that the increase in the number of mobile cellular subscriptions over the last five years has defied all predictions and Africa remains the region with the highest mobile growth rate. Africa has pioneered the uptake of new innovative services based on SMS Short Message Service (SMS) (ITU, 2009). The continent has also taken the lead in the shift from fixed to mobile telephony, a worldwide trend. As a continent that is conflict prone, programmers are better off investing more in mobile phones than fixed lines. This is because while the fixed telephone eliminated the prerequisite of physical proximity, it preserved (or even reinforced) the need to stay at specific places which can be dangerous in some environments (Geser, 2004). Individuals have to remain at home or at the office in order to be reached by remote callers.

Zimbabwe needs to tap into the opportunities presented by use of mobile technologies in health programs. Neighboring South Africa already has the Cell-Life project, which is proving the effectiveness of mobile technologies. The penetration of mobile telephone subscribers has risen dramatically in Zimbabwe owing to the efforts of the three leading mobile telecommunications companies ECONET, Telecel and Net One. ECONET only has 4 million subscribers, up from 1.2 million in 2009. In fact, mobile phone penetration should reach 100 per cent by 2011, the Post and Telecommunications
Authority of Zimbabwe (POTRAZ) was quoted (Zimbabwe Mail, May 31, 2010). Below is a map, which depicts the rapidity of mobile technological growth in Zimbabwe in a very short period.

Mobile communications currently have momentum in Zimbabwe now. Another advantage is that, one does not pay to receive calls or text messages, which means that dissemination of messages could easily be done in Zimbabwe at a greater convenience to the ASO coordinating the program and the beneficiaries. Conflict settings often require fact communications and safe interactions as well. Cell phones do just that. The country also has a history of free hotline numbers for specific services and one could imagine that the same could be done for people requesting HIV and AIDS information. Admittedly, some areas have more coverage than others. Nevertheless, methods of communication do not necessarily need to be the same for every town or rural area, rather for places with high concentration of mobile telecommunications network service, this programming needs consideration.

Linking Mobile Learning to Cyber Advocacy

Zimbabwean HIV and AIDS organizations need to maximize the potential for communicating through their websites. Of all the eight partner organizations for the Behavior Change program, only one was has a functional website. The rest do not. While Zimbabwe has less people with access to internet as opposed to cell phones, Zimbabwe is actually the fifth country in Africa on internet users per 100 inhabitants. Consequently, frequent updates on websites particularly with information on HIV and AIDS prevention
care and support services will help. Those with access to internet can always pass on the information to those who do not.

With the decline of fixed telephone technology and the poor management of the telephone provider in Zimbabwe, merely accessing the organizations for individuals who are not in the vicinity can be a problem. If the landline number is not working, it means an interested person has to visit to ask simple health questions. Updating websites is a convenient way of providing information and maintaining the confidentiality requirement of individuals who still struggle to come out in the open on questions pertaining to HIV. Internet cafes in Zimbabwe are big business in all towns including growth points, which means from a strategic perspective, NGOs need to scale up cyber-advocacy or communication. Moreover, with government crackdown on print media, Zimbabwe has had one of the fastest growth rates in internet NGOs and newspapers, which have become a major source of information for Zimbabweans both abroad and within the country. That innovativeness shown by human rights organizations ought to be translated into HIV and AIDS programming as well.

The print and online media could collaborate with NGOs using a mobile technology program to spread the word or contact numbers for people who need to be enrolled on an HIV and AIDS prevention program. In emergencies, there is need for hotline numbers available nationally to beneficiaries of HIV services so that should they be displaced, they can be tracked or they can advise their organization of their whereabouts either so that they are connected to other services or so they can continue their normal program while operating from a different place. An interviewee lamented
the fact that: “we often lost track of some individuals who were attending meetings and we wonder if they are getting information wherever they are. If there was a way of tracking it would be most appropriate” (Interview 3 July 2009).

Community Radios

While the radio broadcasting licensing environment in Zimbabwe is highly monopolized by the government, there is a decent chance that community radio licenses focused specifically on health communication could be granted. The behavior change program already has a video screening aspect, which is done in the communities with little resistance from state agents. Admittedly, an openly political radio program will not see the light of day in Zimbabwe at least for now.

The theoretical argument underpinning the use of cell phones applies to the use of yet another underused channel in Zimbabwe, the community radio. Community radio is local hence appropriate for community members’ expression of their experiences. All emergency or conflict environments are different hence, what is happening in Harare could be different from what is happening in Mutare. Such a radio could publicize opinions and experiences of the locals and be a platform for locals. Lessons of history show that concerns of a small town in Matabeleland may not be shared nationally hence constant tension in different regions over priorities. National Radio in Zimbabwe captures generally held sentiments or largely the political sentiments of the elite at the expense of the less vocal or minority community. Community radio allows for participation even in conflict times. This study exposed the danger of certain participatory methods in violent
periods yet participation and interaction or a sense of community can still be maintained at low cost using community radios. Surprisingly for a repressive government, the Mugabe leadership has not shown any opposition to community radios hence including it as a potential tool. As long as the community radios will be restricted to health communication, there is a very limited that that they would be closed by politicians.

All community radio stations have economic difficulties, and fairly many of them are actually mouthpieces of either local politicians or projects financed by foreign donors. Thus, their local bottom/up policy could be questioned (Teer-Tomaselli, 2001). However, Kivukuru (2005) asks, 'does it really matter?' (p.330) With respect to community radios as a concept that is still participatory enough, critics like Tee-Tomaselli (2001) and others argue that there isn’t much participation. However, this overemphasis on participation even though there is no agreement on what constitutes participation Morris (2005) often ends up misleading practitioners into thinking that 'participation' means no form of outside input whatsoever. Well known participatory communication activist and scholar, Jan Servaes (1999) echoes this point:

Participation does not imply that there is no longer a role for development specialists, planners and institutional leaders. It only means that the viewpoint of the local public groups is considered before the resources for development projects are allocated and distributed and that suggestions for changes in the policy are taken into consideration (p. 157).
Given the views of Servaes (1999), one could argue that some form of input of technical direction and or funding for the establishment of community media should disqualify the project from being participatory. Community radio is a much safer form of participation and it had less logistical hassles as compared to physical meetings. It is an accepted fact that the majority of HIV and AIDS sensitization meetings held by BC partners and indeed many other organizations are often dominated by women and children and much fewer men. Many reasons explain that including the fact that men usually go to work and hence have less time flexibility than women who tend to be homemakers. A specter emerges in HIV communication where there are gender dimensions to participation; while women attend sensitization meetings, it is men who at times are the cultural custodians and hence are important in reaching. This explains recent focus on Male Involvement in HIV and AIDS programming. However, male involvement is much more certain particularly in conflict settings via radio than physical meetings.

Radio takes participation to the home environment as opposed to participants going to a certain venue. Radio gives the chance for the family to discuss HIV issues in the home whilst dealing with other urgent home chores. Radio avoids ‘group think’ which often affects expression of true feelings in public meetings. The researcher noted with concern how difficult it was for focus group participants to express their views truthfully and openly in the presence of community members whom they suspect to be opposed to conventional approaches or views. Yet radio enhances confidence and could maintain the anonymity necessary for some to express their views openly in culturally
hierarchical societies. Morris (2005) questions the independence of views expressed in culturally hierarchical settings. Considering that the expert think meeting on HIV and AIDS in SADC report for 2006 clearly stipulates that a key driver of the epidemic in Southern Africa and indeed Zimbabwe are the cultural traditions and perceptions which put women in vulnerable positions or which motivate people to act in a certain way, true expression of views is important for an HIV and AIDS prevention program to succeed.

There remains scope for potentially effective community media in Zimbabwe especially at a time when the political crisis seems protracted and having a propensity for a relapse since 2000. One could argue that given the choice between attending potentially dangerous community HIV and AIDS sensitization meetings and interacting via a community radio, the community radio would win. It reduces chances of encounters with physical violence and the need to manage the logistics of community meetings during volatile periods. A rather glowing defense of community radio is made by Martin-Barbero:

The oral language of the radio is a bridge between symbolic –expressive rationality and instrumental informative rationality. Radio is a medium that, for the general audience, fills the vacuum left by the disappearance or weakening of the role played by traditional institutions in the construction of meaning, such as oral tradition or inherited community rules (p.234).

The researcher was involved in the establishment of a radio program for UNFPA called *Love Carefully*, a program meant for the discussion of HIV and AIDS issues relevant to couples. This was broadcast on national radio. The lesson from that radio program was
that couples were willing to participate to the program from the comfort of their houses. More so, the program could be aired or re-run at a time when most people are back from work and hence both men and women can listen. Third, the program was interactive and giving an opportunity for people to give input. However, because, it was national in scope, it was difficult for the moderators of the program to always speak in a way that could relate to the uniqueness of some communities in faraway towns from cities. The success of this radio program could have been greater had it been done as a community process.

Human Resources Strategy (Capacity, Security, Incentives)

Capacity strengthening

All conflict and emergency settings require a well-trained workforce both in hard and soft skills as compared the one who operates in a normally peaceful environment. All communication programs rise and fall on leadership. A careless statement from a reckless program officer or a sad scenario where a field facilitator cracks under pressure could reverse years of progress in sensitizing the community on important HIV prevention messages. Speed and precision in execution are as important as the message itself. These issues are important in peaceful times but they are much more important in political crises. The renowned Marshall McLuhan famously remarked that the ‘medium is the message’ (McLuhan, 1964). Furthermore, people are as important as the program since they are the face and often the medium of the message. It is important to invest in the right
people possessing the right skills, knowledge and motivation. (UNICEF, 2006) suggests that there is need to train service providers:

In times of stress and trauma caused by disaster, health workers and other service providers need to possess and maintain good interpersonal communication skills to inform, motivate, counsel and to encourage people affected by emergencies. They also need to know how to deal with the distress and anxiety experienced by people who come for assistance as well as among themselves (p.33).

Apart from the ‘soft skills’ aforementioned, programmers should be informed of national and political events, leaders and issues that are important particularly in an area so that they know how to negotiate. There were stories in the focus group meeting of individuals who testified that merely being ignorant of the ruling party hierarchy in a local area or failing to sing along in one of the ‘revolutionary liberation songs’ could earn a programmer the wrath of an angry mob of party activists. The media is awash with reports that in some areas, at the peak of the Zimbabwe political crisis in 2008, it was forbidden not to own a ZANU PF party ticket and or regalia. The researcher experienced that first hand when driving form Mozambique along the Mutare road, their car was stopped became it was not adorned with a ruling party ticker or materials. While freedom to disagree is an inalienable right in any constitution of a progressive and modern country, in a conflict environment, a programmer should be able to give in such ‘minor challenges’ Knowing the powerful political leaders and their positions on various issues beforehand makes a health worker much more prepared. This essentially turns the health worker into an effective negotiator and both an HIV and AIDS programmer and peace
builder, something many health workers never envisaged to do. In fact, during interviews one health worker stated that: “One of the reasons why I chose the health sector is because it is non-political. I hate politics and I do not want to have anything to do with it” (Interview, 29 June, 2010). This is the wrong attitude to have in emergency or conflict situations.

This capacity-strengthening thrust requires more meetings of staff scattered across the country so that they discuss and share experiences and coordination with other NGOs that deal with relevant issues communication only organization do not focus on. Communication networks that updates are made quickly via, cell phones, websites, landline phones, word of mouth, emails and all other means are important as well. It has to be commented that UNFPA, which provides technical and financial assistance to the Behavior Change partners does a good job in organizing quarterly meetings to reflect on field experiences amongst partner organizations. Survival skills’ training is done to permanent paid staff.

However, hundreds of other Behavior Change facilitators who are chosen from among the community are not part of these refresher courses or security and soft skills training yet they endure the most of any violent disturbances that might occur because they have nowhere else to run. They often have less financial and logistical means to leave the place they operate in. They are the most vulnerable partners on the ground. Capacity strengthening should include everyone involved with implementation of programs at every level including seemingly irrelevant staff members like drivers and security personnel who guard offices. Anyone who is linked to an ASO is in a way a face
of the organization and in a volatile environment, if they are found in places they should not that can be confused as organizational policy. Discipline is of paramount importance.

Security

Doing fieldwork amidst a violent or polarized environment is dangerous and frightening for anyone involved. Even skilled and committed employees need security. Any organization that expects maximum effort from its employees without providing the necessary support is not worth those employees. Sadly, the expensive and odious nature of ensuring security of such employees is not that much of a priority for many leaders of NGOs. Usually, it is only the top management that is assured of a clearly laid down security arrangement. In fact, a study of many of UN agencies in Zimbabwe, the security provisions of international staff are much more comprehensive as opposed to national staff even though they might face the same challenges as workmates. As things trickle down to UN partners, security for staff on the grounds weakens down the corporate ladder. While this is not the direct fault of the UN agencies or any funder, many security provisions are enhanced with more funding. Resources to relocate provide temporary hiding shelters to blacklisted employees are expected provisions in times of conflict.

Incentives

Admittedly, security and capacity strengthening initiatives could to some extent viewed as incentives. However, incentives could be broadened in the context of a crisis. Commitment to a dangerous cause ought to be celebrated and incentivized. Occasionally,
brave employees who manage to meet goal amidst adversity need to be recognized in any way appreciated in that environment. Same applies to local traditional leaders who resist pressure or attempt to get violent to opposing views amongst community members. Rarely are chiefs recognized for standing on principle in Zimbabwe yet they have proved how influential and potentially destructive. Politicians whose commitment to HIV and AIDS prevention efforts ought to be encouraged or even promoted. An excessive demand of the spirit of ‘selfless voluntarism’ often clouds sight of heroic work. On the other hand, incentivizing heroes work could easy commodity democratic resistance. In many countries, NGOs are known for excellent salaries since they pay in hard currencies in economies that are in distress hence humanitarian and or HIV and AIDS sector have been reduced to mere ‘job markets’. This has precipitated a specter where the field is flooded by ‘soldiers of fortune’ who will literally sell their ability to resist. In such scenarios, it is easy to then double deal between two opposing sides as long as one is paid well. Nevertheless, incentives a big part of motivating staff operating in a dangerous program.

Creative Partnerships (International, Government, Media, Faith-Based Orgs)

As the adage goes, one cannot boil the sea. Indeed in trying to make life easy for participants and staff, an ASO may get overwhelmed by focusing on too much and consequently get ineffective. Programming in conflict settings requires creative partnerships at international, national and local levels and a multi-sectoral approach as well. However, it also has to be admitted that so far, the Zimbabwean government has not been adequately responsive to international opinion or the views of SADC or even UN
resolutions. However, it cannot be denied that constant pressure from outside
organizations and intergovernmental organizations reduced the extent of violence in
Zimbabwe and ultimately led to the formation of the inclusive government in Zimbabwe
in 2008. Historically, while outside pressure was not the only factor that led to
Zimbabwe’s independence, it sure helped in isolating the colonial government.
Consequently, it is difficult to predict how effective outside and or regional pressure will
be but it can be agreed that that pressure remains necessary. Moderate voices in
government will eventually oblige and events in Zimbabwe have shown that even the
much-criticized government of President Mugabe, eventually has to listen to the views of
outside partners. It is with this guarded optimism that creative partnerships are
recommended in this section.

International

It is important to ensure that an organization's work is known by the outside
world. This happens through many forms of participation, for example having senior staff
in the organization deliberately attending international and or regional conferences to
share their experiences on the ground. Should they have good practices, those should be
documented for replication in other settings with similar background. That way, an
organization builds a reputation for competence and that automatically increase visibility,
something that could protect an organization during unstable times. The use of the
website as a platform of engagement to an international Zimbabwean Diaspora audience
is also important. At least four million Zimbabweans have left the country in the last ten
years and many of them were amongst the most influential and skilled Zimbabwean labor force. If a community organization operating in Masvingo is experiencing violence and there are concerned Zimbabweans in the US who live in Masvingo, it might drive them to collaborate on international advocacy or it may drive those Diaspora individuals to come to the rescue of their local relatives. When a community organization does not attempt to raise its profile, even if it gets under pressure, no one may come to its aid. A wonderful case in point is the Girl Child network started by Betty Makoni in Zimbabwe. The organization started small but it had a strong advocacy arm nationally and internationally thus it managed to put the plight of the girl child on the spotlight. The efforts of the organization and its director have been recognized even by CNN when Betty Makoni was one of the Heroes of the Year in 209. Such spotlight with international media helps cushion that organization from some forms of violence. Relying solely on the police in a conflict setting is not wise as has been witnessed in Zimbabwe. Many of the crimes were committed by government service personally hence other ways of shielding self by raising profile are potentially effective.

International partnerships during crises should also be focused on international bodies like UN, SADC since many countries are signatories to international conventions that prohibit many of the excesses that characterize a lot of crises. These partnerships or advocacy networks increase pressure on incumbent governments that usually are at the center of political crises. In the case of Zimbabwe, sustained pressure on SADC by organizations forced the regional body to broker a deal that has helped eased some the suffering in Zimbabwe. In a crisis, it is not enough to know what to communicate about
HIV and how to communicate it, rather communicating the structural factors to the institutions or bodies that have influence in helping in dealing with structural factors should a major component of any credible emergency communication strategy.

**Government**

Collaborating with government is a major point of scholarly debate yet it is also complex in conceptualization and execution. Nonetheless, there is general convergence on benefits accrued in working partnerships with incumbent governments. Yet the challenges and frustrations with governments remain sure and rampant in political crisis. According to (Waisboard, 2005), government remains an indispensable partner in development. While that is acknowledged, owing to government influence, balancing the act of partnering with government whilst coming out strongly against government excesses is the main challenge of the modern day programmer working in emergency and conflict settings.

The case of Zimbabwe is pertinent in that the government is viewed in many quarters as violent and prone to corruption and having lost the March 2008 Presidential election hence cooperating with it could be in a way, an implicit reinforcing of illegitimate authority. One interviewee argued that ‘the perpetrator should be the protector and there is no choice but to satisfy the paranoia of the oppressor’. This interviewee had recounted experiences in Mutoko when the interviewee’s organization decided that the food provided during workshops was supposed to be bought from local suppliers in that community in order to boost community empowerment through their
participation. Regrettably, the local leaders responsible for selecting suppliers only engaged ZANU PF suppliers at the expense of other suppliers. At the end of the day, the workshops were implicitly oiling the violence machine in the area. This conundrum is inevitable according to the interviewee and it is either the organization had to accept that they would lose some battles but focus on the price of reaching community participants.

In such unpredictable circumstances, it is not easy to absolutize on positions to take but one could agree that the nature of conflict is such that expecting to win all arguments with government officials may not be realistic hence any programmer should chose their battles with government wisely. Additionally, it is important to make sure that while it is understandable to stand on principle, the nature of politics is comprise and some compromise may need to be made for the sake of the broader program. In a highly philosophical article, (Nachi, 2004) asserts that there is “morality in compromise too” (p.291).

Fieldwork in conflict and emergency sacrifice requires a creative mix between courage and compromise. It is not obvious when to be courageous but standing on the principle of meeting human health needs is a good big picture to keep in mind as one maneuvers the treacherous political waters of an area. There is no point in refusing to concede on tactical goals from the unrelenting pressure of one councilor who is intransigent if that could end up ruining the entire program. Humanitarian or health workers should have the health and plight of the people as the main concern and goal in decisions in field. Compromise is appropriate on matters of tactics, practices and or issues that do not have far-reaching consequences on achievement of changed attitudes,
perception, practices and structural factors that cause HIV and AIDS. The HIV prevention communicator has to learn to survive; more so they have to learn to achieve their goals under difficult circumstances. Seeking martyrdom may not achieve low prevalence levels. In any case, revolutions cannot be led by dead revolutionaries.

Given this scenario, collaborating with governments remains a *sine qua non* in programming particularly in the developing world like Zimbabwe where government has a strong and assertive role in life. Most interviewees and focus group participants were at some point forced to chant party slogans in order to be allowed to access certain communities. While that is ordinarily wrong to force people to subscribe to any form of party practices, in a conflict environment, it might be better to concede that if peace will prevail. In any case chanting a party slogan does not translate to voting for that party. However, if a programmer is coerced to openly deny treatment, care and support services to people sympathetic to politicians on the other side of the ideological spectrum that becomes a matter of principle with far reaching consequences and thus requiring courage to refuse. It is important to note that having information on every party’s policies, politics and traditions could help in negotiations in matters like this. More so, ability to communicate creatively of the price of negligence of HIV prevention programming to any politician who is not taking the programs seriously could sway some politicians or at least some around them. A carrot and stick method of dealing with intransigent leaders is important for organizations. Most African countries and indeed developing countries literally rely on aid forum donors and hence this over reliance of foreign aid should be used to negotiate with government. Nachi echoes:
The chief characteristic of a political problem is that it is insoluble. In this sense, we can join de Jouvenel in talking about the “solution myth”. If the problem can be solved, in the precise sense of the term, then it is a technical problem. But a political problem can only be settled, usually by the difficult path of negotiation and compromise (Hallowell, 1944). Compromise is that mode of conflict resolution or prevention in which the parties agree to withdraw or to reduce some of their initial demands (p.301).

Similarly, Ricoeur (1991) writes:

Society is at present compelled to invent a civilization of compromise because we live in an increasingly complex society, where the other is all around us. We are not headed towards a society that would be necessarily more peaceful, we are headed towards a society in which the roles held by the ones and the others are more and more numerous and interdependent . . . Role conflicts are on the increase, and the only way out remains compromise (p. 30).

On a slightly different note, donors who fund communication, humanitarian and human rights efforts should be able to explore ways to launch a concerted diplomatic offensive of a government threaten targeted unless violence seizes. Traditionally, the challenge has been that HIV and AIDS organization do not stand in solidarity with the more exposed NGOs working on human rights issues. It should be an ‘injure one injure all’ attitude so that the government does not commit acts of egregious human rights injustices while at the same allowing ASOs to roll out anti retroviral therapy. It is counterproductive. On the other hand, leaders who advocate for peaceful processes should be rewarded. It costs
considerably to go against the grain or the political hierarchy hence leaders who do so need everyone’s respect. More so, the benefits of doing what is right should be more than the benefits of doing wrong.

Dealing with politicians who actions directly affect implementation of HIV and AIDS programs thus indirectly precipitating death of patients is an underdeveloped branch of inquiry. In fact, according to Thoms & Ron (2007), from the human rights perspective, the legal liability of the commanders and politicians responsible for this collateral damage remains uncharted territory. Health has a way of ruthlessly exposing the evils of authoritarianism and violence and as such HIV communicators should factor this opportunity in their programming. Where the findings are public or relayed directly to government is debatable, but responsible parties should know the long-term consequences of their actions.

Relationships matter in the African and Zimbabwean context and hence sometimes, programmers may need to negotiate with a politician via, those closely related to them particularly if they are traditional leaders. With reference to dealing with traditional authorities in fieldwork, one interviewee suggested that maintaining respect and public affirmation of the authority and offices of traditional leaders is one of the major secrets to their relatively peaceful relationship with local politicians. Traditional chiefs were in many cases accomplices to violent plots in Zimbabwe yet any programmer with an ability to demonstrate a respect of the offices of traditional leaders, often can prevail in negotiations. Traditional authorities tend to view NGO programmers as disrespectful and within the community to undermine their authority. An ability to
maintain respect of traditional institutions whilst lobbying for participation of the already vulnerable and culturally disadvantaged members of the community is a lifelong assignment for the communicator.

Relevant NGOs

Creative partnerships are important in unstable political environment. No one HIV and AIDS organizations can be effective in dealing with all structural factors that might affect the fight against HIV and AIDS hence the need to work with other NGOs whose focus could be relevant to the work of ASOs. It may be beneficial to have a memorandum of understanding with gender focused, income-generating project based organizations.

In any conflict, people tend to resort to risky sexual behavior, as a way of survival hence merely telling people to stop multiple concurrent partnerships may not be effective unless there are alternatives lifestyles. NGOs that empower women, children and men on income generating projects could come in handy in such circumstances. Sexually abused women might need lawyers, drop in shelters, post exposure prophylaxis, divorce courts and other things, which a behavior change communication focused, NGO may not be offering yet collaborating with relevant organizations will help achieve results. In addition, provision of integrated services may prove much more effective as opposed to scattered initiatives. For example, police, counseling, clinic and legal services should all be in one center or at least a walking distance. The current challenge now is a person has to go somewhere for information, walk several kilometers to hospital and walk another
several kilometers for the police if it is an issue of rape. This complicates communicating programs. Consequently, strategic relationships and proactive programming is important to reduce overheads for the public and to enhance coordination amongst. (UNICEF, 2006) concurs:

Develop a communication protocol and partnerships that will collaborate in communication efforts. During an emergency, information overload and confusion is likely to happen, especially when the impact is large scale and if there is little coordination among different actors providing assistance. Agree with key partners and have a plan, which outlines how communication efforts will be coordinated, with clearly defined roles and responsibilities. Agree on how information will be managed. This should also help to prevent and manage rumors and misinformation, two unwanted results that often happen during emergencies (p. 32)

The Positive Deviance Approach (PD)

In trying to map a way, forward in communicating and programming for conflict settings, it remains critical to tap into organic processes and ideas. In other words, participation and or collective action is the best platform for social change. Along a continuum of change tools, the positive deviance approach is one among a broad set of participatory methods. Positive Deviance (PD) is;

an approach to personal, organizational and cultural change based on the idea that every community or group of people performing a similar function has certain
individuals (the Positive Deviants) whose special attitudes, practices, strategies, behaviors enable them to function more effectively than others with the exact same resources and conditions (Seidman, William, McCauley, Michael, 2003, p.32).

Its basic premise is that: (1) Solutions to seemingly intractable problems already exist, (2) they have been discovered by members of the community itself, and (3) these innovators (individual positive deviants) have succeeded even though they share the same constraints and barriers as others (Pascale, Sternin, Sternin, 2010).

Given the polarized and often violent political environment in Zimbabwe, new innovative approaches are necessary so that HIV prevention programming continues. From the research for this study, there were instances in which some health practitioners seemed to succeed where others failed to continue programming and it is important to focus on those positives. A medical doctor operating in Masvingo province had this to say about his experience:

Indeed our area had violence. However, my work was not affected because I went straight to the local leaders and sponsors of the violent tactics and told them to respect my work and patience. I am an apolitical man with 24 years of experience in this area and my devotion to the health of the people in our villages is unquestioned. Being a pastor as well. I noticed that I have may be a little more respect in the community than the ordinary leader who is not religious. (Interview, August, 2009)
It can be argued that this respondent could be categorized as a positive deviant. There is need to conceptualize and operationalize the positive deviance approach in conflict settings. From a communication for social change perceptive, concrete steps of locating positive deviants is important in the Zimbabwean context. Another round of elections is imminent (2011) and the same players and operating field remains a reality hence tapping into the wisdom of positive deviance could be the only guarantee for success. According to Pascale et al. (2010), as a problem solving process, the PD approach requires restrain oneself to pay attention differently-awakening minds accustomed to overlooking outliers, and cultivating skepticism about the inevitable “that’s the way it is” (p. 3). In other words, individual difference is regarded as a community resource and the knowledge of the outliers is then diffused to the broader community using the channels and strategies suggested in this study. In an environment where many health practitioners have been forced to cancel events and operations in the violent period of 2008, there are other health professionals with no links to the ruling party and resident in violence hotspots still operating with relative peace. Their experiences should be the strategy.

As a strategy, positive deviants should be the opinion leaders instead of just involving popular people in a community. The positive deviants also need to show demonstrable interest to HIV prevention efforts. In other words, they should be the community role models whose experiences on dealing with an intransigent political leadership should be disseminated to a wider audience. However, historically, many African societies have not been effective at sharing indigenous knowledge systems of things that are rare. For example, while it is widely known in many communities that
deadly snake bites can be treated by certain individuals in the community, rarely do those individuals teach others to treat future victims of snake bites. A lot of it is based on the belief that certain information is passed on to people in the same bloodline by ancestors hence the knowledge should be protected and used largely by members of that bloodline. This is the spiritualization and commodification of sacred knowledge. However, in this case, the major challenge is on how to deal with a violent political leadership so that health programming can continue with little to no disturbance.

The second challenge is to build capacity of the PDs to know how to diffuse their innovations. Pascale et al. (2010) argue that typically those PDs often ‘don’t know what they know’ (i.e. do not realize they are doing anything unusual or noteworthy). Zimbabwe and indeed many other democratic forces in conflict zones still grapple with solutions of knowing how to deal with dictatorships using democratic means. The PD approach could unveil noteworthy organic ways of surfing such murky political processes. PDs often differ in profile per given context hence the issue is not in looking for certain qualities but for certain people in communities who are succeeding against all odds. Whatever legal method they use is then taken for an answer worth. Experience shows that rural population in Zimbabwe which tends to vote for the establishment and has stronger feelings against international opinion often prefers answers that are home grown as opposed to ‘NGO tactics’.
This chapter proposed ways of dealing with obstacles to successful HIV and AIDS communication programs in conflict and emergency settings. At the heart of the proposals are mechanisms to handle key partners in a political crisis, which normally is
government. Communication for social change programming involves multi-sectoral partners who deal with service delivery and information dissemination issues.

Partnerships with different stakeholders is important in avoiding duplication and in maintaining focus of ASOs’ objectives yet still dealing with some of the structural factors that cause the health crisis in the first place. The government is however, an indispensable partner amongst the other partners mentioned. It has been argued that government remains an indispensable partner of any successful program in most countries. However, a combination of compromise and courage is necessary as events unfold. Absolutism and dogmatism is antithetical to successful programming in extraordinary periods. Clausewitz wisely put it in asserting that all war is irrational and ways to deal with conflict tend to be situational and or contextual.

The chapter argues for situational approaches to communication in conflict settings. Innovative communication strategies and channels were suggested with special emphasis in using channels that give the public a platform to participate but with minimum possibility of encountering violence. Channels like community radio, mobile phones and community organizations are important in disseminating information to beneficiaries and potential collaborators of programs. Visibility is as important in crisis as the message itself. Raising of an organization’s profile raises the cost of antagonizing that organization, it also catches the eye of other international advocates in the same area and it alerts potential partnerships of an organization that requires help. Conflict settings require channels that expose staff and beneficiaries to minimum physical danger yet maintaining a participatory form. Every community develops survival skills that
programmers need to observe and disseminate more widely hence the need to maintain participation. The positive deviance approach is arguably well suited for the Zimbabwean environment as it offers a way of tapping into local wisdom of dealing with seemingly intractable challenges.

On a different note, it is important to note that all communication programs are as good as the people who implement them hence a lot of energy should be invested in capacity strengthening, enhancing security of staff and incentivizing work particularly for conflict zones. In a nutshell, for the sake of the community, communication programs must continue even in the most difficult circumstances because the virus knows no boundaries or time. The virus keeps spreading.
CONCLUSION AND DISCUSSION

The political crisis in Zimbabwe had a debilitating effect on the work of NGOs. The year 2008 was the worst year in Zimbabwe since independence as the economy all but collapsed; inflation reached unfathomable levels of 6 sextillion percent (Cato Institute, 2009). Life expectancy had fallen to 34 years old in 2008 thus reversing gains of a generation and plunging the nation into abject poverty, something not even experienced under colonial. That life was better economically under colonialism is not an endorsement for colonialism but a robust expression of the depths of the Zimbabwean imbroglio. Violence claimed hundreds of Zimbabweans. ZPP (2008) reported at least 15000 cases of violence characterized by murder, torture and others only for the first half of the year and even more baffling is the overwhelming role of police and army officers in this reign of terror.

On the other hand, the HIV epidemic in Zimbabwe remains one of the highest in the world. However, the political crisis had an equally devastating effect of programming on HIV and AIDS. Programs on the ground were paralyzed either by the infamous NGO ban of 2008, impossible conditions on the ground which made programming or holding of meetings dangerous. Generally, organizations missed their goals and deadlines thus risking an uninformed population during vulnerable periods like a conflict period. Beneficiaries and programmers were attacked. In some areas like Binga, local political leaders wanted to abuse assets belong to organizations so that they use them for political purposes. Leaders who were supposed to act as role models lost interest during the election season and focused largely on politics. Some were so polarized that beneficiaries
found it difficult to work with. Elections saw a high turnover of who belonged and ZANU PF and having been previously trained for the BC program thus meaning that a new batch of leaders were supposed to be trained again.

From a communication and development perspective, the crisis posed several challenges. Interpersonal communication and participatory community meetings became dangerous and other communication channels have to be explored. Within a conflict setting, it is important to use communication channels that have minimum physical interaction between members so as to reduce exposure to violence. Furthermore, it is important to consider flexible programming that factors in possibility of migration and displacement of communities already receiving BC programs. Consequently communication programming should have local content yet transcending geography. Channels or strategies like community radio and cell phones should be used. They are equally participatory yet they are likely to protect members.

Findings show the abiding influence of contextual factors in the success and or failure of HIV programs and maybe the fight against HIV in general. If structural factors that constraint proper function of NGOs is not dealt with, arresting the problem will become much more complex. There remains a conundrum on the best way to operationalize a program for the contextual factors. For example, there is need for further discussion on how to deal with an illegitimate, violent and corrupt government in the development discourse. The government is the enabler and a dispensable partner in development. This is in line with global practice norms of country ownership that any
program should be done in partnership with local governments to boost country ownership.

However, the Zimbabwean issue shows that even those who cooperated with government were equally affected hence confronting authoritarianism is important. Nevertheless, there still is a struggle in defining what constitutes confrontation. Should it be sanctions, whistle blowing? Scenarios could be different but one thing is certain, a programmer has to learn to stand in courage in defense of principles but still learn to compromise as well particularly on tactics. Sometimes one has to go two steps backwards in order to be four steps forward. Compromise seems despicable but there are fewer options when one is dealing with a pariah government with nothing to lose. However, when to compromise and what to compromise requires further exploration. However, any compromise that protects the greater community or indirectly advances the cause of HIV and AIDS prevention efforts may be worth the effort. What is clear is that there is little room for ideologues or dogmatic people for programming conflict settings.

On a different note, it is important to note that these challenges in Zimbabwe happened under the backdrop of shrinking donor funding. Programming in conflict settings is harder with limited financial resources. Political reasons and ‘un official sanctions;’ could be attributed to the reason why funding was not forthcoming. From a policy perspective, issues of funding are pertinent. How can the international community confront recalcitrant governments to draw their attention to epidemics in their countries? How can organizations access and empower communities of countries run by very insecure governments? In terms of priority, should organizations focus on epidemics like
HIV in this case and pay a blind eye to the more dangerous issues of politics or they should confront both political obstacles and HIV?

Questions remain but this study has argued for a humanitarian based approach to funding which focuses less on the human rights records of governments but the plight of the people. Other forms of community empowerment through participation are critical to maintain a community’s sense of confidence and desire to participate in something. The use of technologies like mobile phones and community radios could be major transformative innovations in conflict settings, as they seem historically apolitical and generally acceptable even in authoritarian states. Yet mobile technologies are not only convenient health communication tools, rather they empower communities and can be a platform for bonding, fast communication. It is all about courage, compromise, creativity, partnership and innovative communications.
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WHO Zimbabwe Health Cluster Bulletin No 4 - 29 December 2008


APPENDIX 1: MAP OF ZIMBABWE
APPENDIX 2: INTERVIEW GUIDE

Thank you for taking the time to participate in this research. I am working on a research topic as part of my requirements for a graduate thesis through Ohio University, USA. The research has been approved by the Institutional Research Board and participation is voluntary. Completing this research may take you 30 minutes. Participants must be 18 years of age and above. In participating you are agreeing that the findings of the research will be used for the thesis. This research seeks to evaluate how the political challenges in Zimbabwe impacted HIV and AIDS programming and as such, accurate information from the implementers will increase legitimacy of findings and an appreciation of their experiences during the difficult period. There is no expected risk to your participation in the research since this is a purely academic endeavor. Names of participants will not attached to any response.

Interview questions
1. How has the political environment affected the HIV and AIDS situation in Zimbabwe?
   Where possible, please give concrete evidence in your district
2. What is the HIV prevalence rate in your operating area?
3. Do you think that Zimbabwean HIV and AIDS organizations have been affected in general? Explain your answer
4. How have your operations been affected?
5. How has your program design been affected?
6. How has your human resources been affected?
7. Describe experiences of political violence that you or your staff and beneficiaries have experienced?
8. What do you think your organization can do with the government to deal with the situation?
9. How can you describe your relations with the political authorities in your districts?
10. How can you describe your relations with opposition leaders in this district?
11. What can your organization do with the community to deal with the political challenges?

12. What can your organization do with other organizations in your area?

13. What can the community do at a local level to deal with the political challenges?

    Thank you!