

**EXPLORING LIVELIHOOD STRATEGIES FOR HIV/AIDS-AFFECTED HOUSEHOLDS
IN ZAMBEZIA, MOZAMBIQUE**

by

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MINI-DISSERTATION

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DFID	Department for International Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
INSIDA	Information on HIV and AIDS in Mozambique
NGO	Non-Governmental Organisation
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SCIP	Strengthening Communities through Integrated Programming
SPSS	Statistical Package for the Social Sciences
UNDP	United Nations Development Agency
USAID	United States Agency for International Development

DECLARATION

Student number: **2016104404**

I declare that “Exploring livelihood strategies for HIV/AIDS-affected households in Zambezia, Mozambique” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signed:



Date:

28 April, 2020

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CHAPTER ONE: INTRODUCTION

1.1. Introduction

Mozambique has enjoyed a relatively stable political environment after the civil war that took place almost thirty years ago and which ended after a peace agreement was signed in Lusaka in 1992. The country has experienced economic growth, with a gross domestic product (GDP) that grew by 7.4% every year in the past two decades, making it one of the fastest-growing economies in the world (International Monetary Fund, 2014). However, there are still many people living in rural areas in Mozambique, and the country remains one of the poorest in the world (International Monetary Fund, 2014).

Most of Mozambique depends on subsistence farming or agriculture as the main source of livelihood, which contributed close to 23% of the GDP in 2008 and was a source of employment to 78% of the labour force in the country (USAID, 2008). Furthermore, natural resources such as forests have also made a significant contribution to people's livelihoods, accounting for over 75% of the farming community in Mozambique. About 67% of the land that is suitable for livelihood strategies and environmental dependency is located in rural areas, while 33% is situated in government-protected areas (USAID, 2008).

In sub-Saharan Africa, HIV/AIDS is one of the major development issues destroying the livelihoods of increasing numbers of people, especially those living in the poorer areas on the continent (Krieger et al., 2003). The HIV/AIDS pandemic has had devastating effects, especially in Southern Africa, where the prevalence rates are as high as 30% in some parts (Kamali, 2010). Data from the United Nations Programme on HIV/AIDS (UNAIDS) reveal that each year there are over a hundred and twenty thousand new HIV infections in Mozambique. As further indicated by the UNAIDS (2019), more than a million and a half people are infected with HIV around Mozambique and the national HIV rate, as recently assessed, is around 16 per cent for people fifteen years and older.

The UNAIDS revealed that almost half of the population living with the virus that causes AIDS are not accessing antiretroviral treatment or support (UNAIDS, 2019).

The HIV/AIDS pandemic is described as a development disaster in all of Africa, suggesting that HIV has negatively affected the development agenda in Southern Africa (Kamali, 2010). Drimie (2002:3) quotes the United Nations Development Programme (UNDP) as saying that HIV/AIDS is associated with a state of devastation in an affected household, making it even more unique since it deprives the family, community members and the entire nation of productive and energetic people who are sometimes the main providers for the household. There are fears that as the problem of HIV/AIDS continues to grow, there will be increased pressure on the already fragile relationship between communities and the environment at the local level, as well as on the social infrastructure and community livelihoods. This will lead to increased dependency on the natural environment as a coping mechanism (Oramasionwu, 2011). Zambezia is one of the communities in Mozambique most impacted by HIV/AIDS (USAID, 2008). Recent reports suggest that over the years, Mozambique has made attempts to deal with HIV, with the number of new HIV infections and the number of AIDS deaths showing a decline since 2010 (WHO, 2019).

Zambezia Province is mostly rural, since it is located in the northern central part of Mozambique (Moon et al., 2010). The Province is heavily dependent on subsistence farming and fishing (Moon et al., 2010). Most of the inhabitants' livelihoods revolve around agricultural products which include rice, maize, cassava, cashews, sugarcane, coconuts, citrus, cotton, and tea. While this Province includes Mozambique's largest tea estates, which are based in Gurúè, fishing for shrimps and small-scale mining of gemstones also occur in some areas (Moon et al., 2010). The adult HIV/AIDS prevalence rate in this Province is estimated at 12.6% (INSIDA, 2009), with about 20% of all people living with HIV/AIDS in Mozambique residing in Zambezia (PEPFAR, 2013).

1.2. Problem statement

Communities living in HIV/AIDS-affected households usually face challenges and risks that could be avoided if they had a secure livelihood (Tadele et al., 2016). Importantly, the building or rebuilding of secure livelihoods is usually affected by context and time, and community development programmes need to be aware of these differences, as well as a community's capacity to be innovative in this area (Tadele et al., 2016). Due to increasing socio-economic needs brought about by the AIDS pandemic, most international agencies' responses to the pandemic seem to have overlooked the financial aspects of HIV/AIDS-affected households (Dionne, 2012). Livelihood strategies can vary from household to household due to a variation in ownership of assets, gender, income, the age of household members, caste and social status (Krantz, 2001). Hanass-Hancock et al. (2017) also confirm that age, marital status and gender have strong links with the levels of livelihood outcomes and capitals of people. Additionally, those who have been on ART for a longer period were found to have a higher livelihood capital than newer patients. To have a greater awareness of the local context in responding to community support initiatives is, therefore, a critical component of effective action (Dionne, 2012).

The Ogumaniha (local name for the Strengthening Communities through Integrated Programming – SCIP) Project has been implementing activities aimed at improving the health and livelihood of children, women and families in Zambezia Province. As it stands, the focus is on using the village savings group in promoting livelihoods rather than empowering households to start a livelihood strategy that will generate income to save. In the process, they are overlooking the various livelihood strategies followed by HIV/AIDS-affected households. The Ogumaniha Project seems to have adopted a one-size-fits-all approach to livelihood programming which might not be appropriate for HIV/AIDS-affected households (SCIP, 2016). Further, not much information has been documented on the village savings group model's contributions to livelihoods and its limitations in rural communities (Brunie et al., 2017).

Against this background of issues surrounding rural communities, the question remains: what is required for a successful livelihood strategy for these HIV/AIDS-affected households.

CHAPTER TWO: LITERATURE REVIEW

2.1. Introduction

A literature review was undertaken to establish if any previous research on the topic of livelihood strategies for HIV/AIDS-affected households in Zambezia or Mozambique was conducted. No such research was found. However, upon review of other literature relevant to this study, several significant aspects were discovered. This literature review thus critically assesses research relevant and related to this research topic.

2.2. Livelihood strategies and HIV

The sustainable livelihoods framework that was created by the United Kingdom's Department for International Development (DFID) in 1999 highlights key elements that need to be taken into consideration when dealing with livelihoods. It presents this phenomenon as a state in which a specific environment (political, social, historical, economic) and specific assets (including financial, human, social, natural, physical) are assimilated by a household and its inhabitants so that they can develop a livelihood strategy that brings about positive or even negative outcomes (DFID, 2000). The role of development agencies and organisations needs to be considered as they influence the way in which individuals access various types of resources, which determine their choice of livelihood strategy (Masanjala, 2007).

DFID (2000) defines livelihood strategies as the array and interrelation of choices and activities implemented by individuals in order to meet their livelihood aspirations. These strategies include activities in the areas of production and investment, as well as those which are reproductive in nature. The strategies are linked to the outcomes that people seek to realise.

Drimie (2002:16) states when a member of a household contracts HIV/AIDS, there are increased medical and other costs such as transport to and from healthcare centres, as

well as a reduced capacity to work, thus creating a double economic burden on the family. It was further indicated that in order to pay for increased medical costs, families survive by selling productive assets that the household would otherwise use to earn a living. Consequently, they spend valuable time and resources in order to care for the PLHIV.

AIDS is not simply a disease of the poor. However, the relationship between HIV infection and poverty has been widely evidenced. For instance, livelihood strategies can cause those on the edge of poverty to choose risky types of coping mechanisms which might lead to them contracting HIV (Kim et al., 2008; Auerbach, Parkhurst & Cáceres, 2011; Tolera, 2012).

Walelign (2016) connected the reasons for the differences in household livelihoods to the extent to which they depend on the environment, as well as the rural poverty level and asset endowments. In addition, he concluded that the total savings of households, as well as their ability to access credit, the availability of production implements or tools, and exposure to agricultural shocks all, determine the livelihood strategies of a household (Walelign, 2016). In their article, *Impact of HIV/AIDS on food security in Kenya*, Otieno et al. (2017) also state that there is a link between the high HIV prevalence among farm labourers and food insecurity in their households.

Laar et al (2015) describe HIV/AIDS as having a cyclical link to undesirable coping habits and consequences. They identify the following coping mechanisms as being the most important: setting limits on the food available for eating, reducing the number of meals available for eating each day, and depending on cheaper foods. They further point out that some households also engaged in begging, ate in other places and harvested immature crops. Additionally, they depleted family assets and started taking care of those who were chronically ill. All this contributed to high scores in coping strategies by households. Moreover, a strategy implemented to help HIV/AIDS-affected communities raise their asset base and targeted support for households with chronically-ill members proved to be reasonable (Laar et al., 2015).

The HIV epidemic is not solely to blame for the loss of rural livelihoods since other aspects, such as the increase in crop pests and diseases, climate change, economic pressures, low education levels, and issues of land ownership have also contributed to rural communities' choices with regard to livelihood strategies (Taylor, 2011).

It has been suggested that viewing people's lives through the lens of the livelihoods perspective helps to bring about a clear understanding with regard to the complexity and challenges affecting people's decisions pertaining to livelihood strategies (Swaans, et al., 2008). The use of the sustainable livelihood framework will help to achieve a structured understanding of the dynamics at play when it comes to the capabilities, assets and other activities that are needed to understand the situation of HIV/AIDS-affected communities. Masanjala (2007) suggests that the sustainable livelihood framework can be used to demonstrate the impact of AIDS at every point of livelihood to attend to factors that affect a household's livelihood outcomes.

2.3. The Ogumaniha Project

The Ogumaniha Project (local name for the strengthening communities through integrated programming - SCIP) Project is funded by the United States Agency for International Development (USAID) in Mozambique. This project currently works with communities in Zambezia in an attempt to control the HIV/AIDS epidemic by reaching out to HIV/AIDS-affected communities and vulnerable children, women and families in the Province by means of the "right thing" (core intervention) in the "right place" (targeting high burden, neglected and hard to reach populations, hot spots) at the "right time". The project is being implemented in 12 districts (Alto Molocue, Chinde, Gile, Maganja da Costa, Milange, Mocuba, Mopeia, Morrumbala, Namacurra, Nicoadala, Pebane and Quelimane City) and aims to increase access to and utilisation of high-quality, high-impact and evidence-based community HIV services through building the capacity of selected civil society organisations to strengthen every point on the continuum of response to health for PLHIV by means of the following:

- Strengthening linkages and referrals to, and demand for, services through improved community case management services and collaboration with service providers; and
- Crosscutting interventions to build household resilience and personal empowerment, especially for women and adolescent girls, through approaches, such as scaling up village savings, loan groups and youth clubs (SCIP, 2016).

The above description of the Ogumaniha Project illustrates that there has been no unique livelihood programming tailored to cover HIV/AIDS-affected communities (SCIP, 2016). An across-the-board approach seems to have been applied to empower communities, using the village savings and loan groups approach. Brunie et al. (2017) analysed some of the benefits of using the savings group approach in their paper, but did not refrain from adding that there are still several knowledge gaps in understanding the contributions and limitations of this model in rural Mozambique.

2.4. Aim of the study

The aim of the study was to explore livelihood strategies in HIV/AIDS-affected households among Ogumaniha Project beneficiaries in Zambezia.

2.5. Specific objectives

The specific objectives of the research were as follows:

- To determine the factors that influence HIV/AIDS-affected household's choice of livelihood strategies among Ogumaniha Project beneficiaries in Zambezia;
- To identify coping mechanisms used by HIV/AIDS-affected households to mitigate the impact of HIV; and

- To recommend best practices to development agencies and other NGOs working in Zambezia towards supporting HIV/AIDS-affected households.

2.6. Conclusion

This chapter has described the context of the study and considered HIV/AIDS and livelihoods. The discussions, therefore, will be used to inform recommendations and as a basis for the analysis of the data collected during the study.

CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.1. Introduction

In line with Kothari (2004), this research design outlines the main steps that were taken and the measures that were used in the study with the accompanying justification.

Considering that there is very little information on the livelihood strategies of HIV/AIDS-affected households in Zambezia and Mozambique, the exploratory research approach was used as the most appropriate in learning about the experiences of HIV/AIDS-affected households in the district. Bothma et al. (2010) support the use of this approach in cases where there is insufficient basic information on a specific experience.

The perceptions of Ogumaniha Project beneficiaries in relation to livelihood strategies required exploration as these had not been clearly documented in the Zambezia Province. De Vos et al. (2011) state that the exploratory research design is aimed at capturing the essence of a particular situation as it occurs naturally. Using the exploratory research design helps to identify different scopes of a phenomenon or to create or perfect a hypothesis about relationships between phenomena (Polit & Beck, 2012). In this study, the exploratory research approach was therefore used to help in learning about the experiences of HIV/AIDS-affected households in Zambezia. This approach further helped in finding out what livelihood strategies were available, what livelihood strategies are utilised and how this had been affected after one member of the household was infected with HIV. The experiences were investigated within the context of the Ogumaniha Project area.

3.2. Semi-structured Interviews

Semi-structured interviews were used since they have the advantage of comprehensively capturing the interviewees' stories. Furthermore, the use of semi-structured interviews made it possible for the researcher to obtain more detailed

information on the livelihood strategies of HIV/AIDS-affected households. Therefore, based on the objectives and research questions developed for the research, a semi-structured interview guide was drafted to achieve a systematic flow during the interviews (Botma et al., 2010). The advantage of the semi-structured interview was that it has a higher success rate in terms of obtaining the required information than other data collection methods such as questionnaires, for instance (Polit & Beck, 2012). The participants had the opportunity to have an open one-on-one discussion, allowing for clarifications during the interview process (Pope & Mays, 2006).

Semi-structured interviews (refer to instruments in Annexure 3 and 4) with sampled cases were held to obtain detailed information on all the perceptions related to the livelihood strategies for each household. All interviews were conducted as planned in Portuguese and then later translated into English. The researcher worked with a local translator to conduct the interviews, using the interview guide. The local translator, who was well versed in both Portuguese and English, was hired with the help of the Ogumaniha Project management from among the list of community volunteers they worked with within the project area. Later, the translator was trained by the researcher by going through and discussing the interview guide question-by-question. With permission from the research participants, all interviews were recorded with a voice recorder to capture the discussion, while notes were also taken during the interview as a back-up.

3.3. Sampling

In this chapter, the population is referred to as individuals having some common characteristics that the researcher is interested in studying. According to Mouton (1996), sampling is defined as procedures which involve some form of a random selection of elements from a target population. Mouton (1996), further explained that the aim of sampling in social research is to produce a representative selection of population elements.

3.3.1. Study area

Zambezia Province is one of the poorest areas in Mozambique located in the Central region, limited in the north by the provinces of Nampula and Niassa, in the east by the Indian Ocean with about 400km of coastline, in the south by the province of Sofala and in the west by Malawi via the Shire River. It has a surface of 105,008 km². The provincial capital is Quelimane. The province is between the eastern parallels. The Province has 23 districts and, according to the census results of 2017, a total population of 2,688,388 inhabitants (Census, 2017). The respondents were from Mocuba district, which is located in the centre of Zambezia Province (See Figure 1), with headquarters in Mocuba. The district has over 422,000 inhabitants (Census, 2017). It has a boundary in the north with the district of Lugela, in the northwest with the district of Milange, in the west with the district of Morrumbala, in the south with the districts of Nicoadala and Namacurra, in the east with the district of Maganja da Costa and in the northeast with the Ile district. The ethnic groups are predominantly from the Chuabo, Macua and Lomue tribe, though the Chuabo language is widely used by all (Moon et al., 2010).



Figure 1: Study area

Source: CityPopulation, 2019.

The study, therefore, was conducted with members from beneficiary households of the Ogumaniha Project in Zambezia as a core unit of measurement. A household was considered as a group of people who shared a similar residence, had meals together and shared most of their livelihood resources.

3.3.2. Participant selection

The main respondent was the head of the household who was acknowledged as someone with overall authority over the affairs of the house. This was because the head of the household mainly makes decisions pertaining to livelihood strategies in the home. The age range that was considered in the sample was 18 to 64 years, being people considered active enough to be involved in livelihood activities that can support the household (OECD, 2019). The population therefore comprised all Ogumaniha Project beneficiary households in Zambezia Province, which consisted of 23 districts (Census, 2017). Mocuba district was selected randomly from all the districts using a random sampling method. The sampling frame was comprised, therefore, of the project beneficiary's locality list for Mocuba as the selected district. Finally, one village, Sassamanja, was randomly selected to form the final sampling frame for the research.

3.3.3. Multi-stage sampling

The following highlights how the researcher used this multi-stage sampling method to come up with the final sample. The first stage, as explained above, involved the random selection of one district (Mocuba), using a simple random number technique. The next stage involved randomly selecting one locality and then randomly selecting one village from which the respondents were chosen, using random sampling techniques. A maximum of 16 semi-structured interviews generated sufficient data for the research, representing a total of 16 households that participated in the research. Two households that initially gave consent to be interviewed refused to participate during the scheduled time of the interview and had to be replaced. It was made clear that the participation of

respondents was voluntary and was based on the households' willingness to partake in the study. Therefore, considering the amount of qualitative data that was generated from the 16 households it was decided that the data was sufficient to address the research questions. This became the point of saturation of the study as there was no more new data being generated from adding more respondents.

3.4. Limitations of the study

Research is affected by our imperfections as humans. The researcher encountered the following limitations and weaknesses during the data collection stage.

- Some participants found the time of the interview to be lengthy, due to the follow-up questions that the researcher added. The researcher used their facilitation skills to assure the participants affected that the questions were about to be finalised and to try to motivate them to remain engaged.
- The semi-structured interviews were conducted in Portuguese and sometimes a mix of Portuguese and Chuabo, the local language. The researcher worked with a local translator who tried his best to avoid loss of meaning as the interview went on. The researcher worked closely with the translator and asked further clarification on concepts that were not clearly represented to help reduce data quality challenges in the study.

3.5. Data analysis

The main source of data for analysis was from the transcripts and notes obtained by means of the semi-structured interviews, which consisted of responses to open-ended questions. The Ogumaniha Project beneficiaries comprised, as it were, the unit of analysis. The data was first taken from voice recorders then transcribed in Portuguese. Thereafter, it was translated into English and then analysed. Data were analysed by means of inductive thematic analysis. In order to maintain the integrity of the research itself, all interviews were transcribed in writing and also by using the field notes taken

during the interviews. The voices and raw data were prepared for processing by typing or entering into a Microsoft word document. The materials were all processed in Portuguese and then the analysis or summary translated into English. As part of the thematic analysis, the transcripts were subjected to an inductive thematic analysis (Braun & Clarke, 2006). This analysis was conducted primarily by reading all transcripts and used the framework of the data measurement map in Table 1 (below) to come up with some structure and meaning. Therefore, the thematic analysis involved developing a deeper understanding of the data by repeated reading of the transcripts, searching for themes, defining and naming themes and producing the narratives that represented a range of issues that arose from the study participants.

Table 1: Data Measurement Map

Objective/ Question	Construct	Variable	Data source	Data/Questions	Data analysis
Objective 1: To determine the factors that influence HIV/AIDS-affected household's choice of livelihood strategies among Ogumaniha Project beneficiaries in Zambezia	Experiences	Experiences with livelihood strategies	Semi-structured interviews with the household head	<ul style="list-style-type: none"> • What are the livelihood strategies available in this community? • Which of these livelihoods are you and your household engaged in as a source of livelihood? 	Content analysis - Compare similarities and differences
	Livelihood	Reason for livelihood strategy	Semi-structured interviews with the household head	<ul style="list-style-type: none"> • Please tell me about what you and your household do as the main livelihood on an average day to make a living. • Please kindly explain the reason why? 	Content analysis - Compare similarities and differences
Objective 2: To identify coping mechanisms used by HIV/AIDS-affected households in Zambezia to mitigate the impact of HIV	Coping mechanism	Coping behaviour	Semi-structured interviews with the household head	<ul style="list-style-type: none"> • What if any coping mechanisms are you or your household using to mitigate the impact of HIV in this household? • Tell me about your most preferred coping mechanism for your household and why. 	Content analysis - Compare similarities and differences
Objective 3: To recommend best practices to development agencies and other NGOs working in Zambezia towards supporting HIV/AIDS-affected households.	Best practices	Recommendation	Semi-structured interviews with the household head	<ul style="list-style-type: none"> • Tell me about the support you are receiving from Ogumaniha Project. What has gone well? • Please share with me what needs to be improved in helping you and your household to have a sustainable livelihood. 	Content analysis - Compare similarities and differences

3.6. Research ethics

The research involved data collection for a period of two weeks in Sassamanje village, Mocuba district, in Zambezia Province, Mozambique. This included 16 house-to-house, semi-structured interviews, targeting the head of each household. The study received ethical approval on 11 September 2019 from the University of the Free State Health Science Research Ethics Committee (UFS-HSD2019/1166/0110). This is evidence that it sought to adhere to ethical considerations, as suggested by Bryman and Bell (2012), who assert that it is important to consider ethical aspects that are anticipated between the researcher and those who respond to the questions in an interview.

Consent process: The participants in this study were informed that their participation is voluntary and that they were at liberty to opt-out of the study at any time. Additionally, it was made clear that refusal to take part or complete the questionnaire would not jeopardise the participant's participation in the Ogumaniha Project. The researcher was honest and transparent about the purpose of the study. Therefore, each participant was given a consent form (Annex 1 and 2) to sign and a verbal explanation with a letter outlining the purpose of the research translated into Portuguese. Furthermore, explanations were given to ensure that participants understood the implications of their involvement before giving their consent to participate.

The wellbeing of participants: The research participants were comprised of ordinary people who are benefiting from the Ogumaniha Project because one or more members of their household are HIV positive. They were recruited by means of a third party, a member of Ogumaniha Project staff who availed the beneficiaries list for Sassamanje Village to the researcher. A local community volunteer who is already working with the Ogumaniha Project was used to distribute the consent forms and explain the objectives of the study, while giving the sampled participants an opportunity to ask questions. The sampled participants were given a day to decide whether they still wanted to take part in the research so that the best time to conduct the interview could be decided upon. This

helped to ensure that they were not rushed into making a decision and could discuss the possibility of their participation with their peers before making a decision.

Confidentiality: Before each interview, it was explained to the respondents that the information they would share was to be used responsibly. An opportunity was given to the respondents to indicate how the data they have provided can be handled. Moreover, they had an opportunity to voice their concerns or uncertainties surrounding data use after the research. They were informed that no names were going to be taken, rather household numbers were assigned to each interview guide with no identifiable aspects of the information retained. All records, including paper notes, recordings and transcripts were kept confidential and in a secure place, accessible only by the researcher.

Benefits of participating: Although households were not benefiting directly from the research, it was explained to them that they stood to benefit from the improved programming that will come about because of the better understanding of their circumstances and livelihood strategies by development agencies for future livelihood projects. It was explained that a new understanding of their situation through the research would eventually help in securing and improving their livelihoods.

Risks of participating: It was anticipated that there could be the risks of emotional distress, cultural embarrassment and loss of work time for the participants in this study. The researcher worked with Ogumaniha Project social worker, who was available to see distressed respondents during the data collection period.

3.7. Conclusion

This chapter covered aspects of the research techniques and methodology used in this study. The chapter also describes all the sampling processes and how the data was collected, recorded and analysed. Lastly, the chapter brought out the shortcomings encountered in the field during data collection. The next chapter (Chapter Five) provides

the analysis of results of the research from the selected participating households in Zambezia and a discussion or interpretation of the findings.

CHAPTER FOUR: RESEARCH RESULTS AND DISCUSSION

4.1. Introduction

Since the study explores the livelihood strategies of HIV/AIDS-affected households in Zambezia, the results are presented in line with the key variables that came out as a result of this study. These include the following:

- Characteristics of the people interviewed.
- Livelihood strategies available for HIV/AIDS-affected households.
- Preferred coping behaviour.
- Best practices for securing livelihoods in Zambezia.

Furthermore, a detailed discussion of the results has been provided in this chapter to attach meaning, importance and relevance of the key results in this research.

4.2. Results

4.2.1. Characteristics of the people interviewed

Of the sixteen (16) participants of the study, over 90% are involved in agricultural activities, charcoal business, and brewing local beer. The semi-structured interviews managed to purposefully select households that had at least one member living with HIV. Out of the sixteen (16) participants, there were seven (7) females and nine (9) males. While six (6) of them were living with HIV/AIDS, the rest declared that they had a member of their household living with the virus. It was evident that the literacy levels of a majority of the respondents were low as they needed a mix of Portuguese and Chuabo, the local language, to understand the interview questions.

4.2.2. Livelihood strategies available for HIV/AIDS-affected households

The interviews revealed that the distribution of income sources across the study participants are mainly in three areas: agricultural activities, charcoal business, and brewing local beer. Other available livelihood alternatives include fishing, small scale

trading, and working as casual labourers in farms. However, a male participant (38 years) revealed, *“It is very difficult to find casual labour or even consider doing any farming or gardening nowadays due to economic hardships in our country.”*

The participants mentioned that most people affected by HIV/AIDS benefited a lot from keeping small livestock, which did not demand a lot of energy to manage. *“After my son was found to be HIV positive, we could no longer afford to move very far from the house and opted to focus on rearing chickens because they were easy to rear with less effort. This gave us time to attend to the clinic appointments that our son started attending,”* (Female, 75 years).

4.2.3. Preferred coping behaviour

Most of the study participants indicated that they had made some form of adjustment to their livelihoods at a household level due to a member of the house becoming HIV positive. From the interviews, it was found that most of them were aware of the risks they face in the event of deteriorating illness or even eventual death of a bread-winner in the family and have, over time, employed different strategies to cope with them. Among the shocks highlighted were illnesses that result in loss of labour, increased cost of treatment, and loss of a breadwinner. The following were the range of risk reduction and risk-coping strategies they employ:

A) Selling of assets

The majority of the participants revealed the selling of assets as one of the coping strategies employed to cushion the shock of having one or more members of the household contracting HIV. Some participants mentioned being forced at times to sell assets such as household items, bicycles, farming equipment, or livestock to obtain food, send children to school, buy medicine for a sick family member, or buy other necessities.

“I got a bicycle from the Ogumaniha Project but I, unfortunately, had to sell it to gain some money to pay for accommodation in Quelimane (Urban Town) while my husband was collecting medication from the clinic. Our local clinic usually doesn’t have enough supply of medicines and we are forced to travel to Quelimane to avoid missing the dosage for ART,” (Female, 43 years).

B) Engaging in casual labour/piecework

About half of the participants mentioned taking piecework as a coping strategy. Four of them said they engage in piecework to acquire the day's food, but they were unable to cultivate their fields to produce food for the year ahead. *“I prefer to take small jobs so that I can have time for the medication trips to the health centre that are prescribed to me when I was found to be HIV positive,”* (Male, 48 years).

C) Livelihood diversification

One of the coping strategies discussed by the study participants was diversifying their livelihoods.

“For my family, we had to re-plan our activities and started brewing beer, which many people are always buying, while at the same time continuing with the agriculture activities in the field,” (Female, 49 years).

Although they have few skills, many engage in different livelihood strategies:

- Piecework – agriculture labour.
- Brewing and sale of illicit beer.
- Farming on a small scale.
- Charcoal burning.
- Production of firewood and grass.
- Gardening/vegetable production.
- Crafts and curios.

“I no longer have a choice on where my money comes from. Anything sensible that is bringing money I end up doing just to manage the difficult life we are living, taking care of HIV patients,” (Male, 56 years).

D) Seeking assistance/remittances

The male participants overwhelmingly cited borrowing from relatives and neighbours as a coping mechanism to survive. In addition, those participants who were HIV positive cited using money from the remittances and relatives to buy bread and continue eating three times a day. They also stated that they sought help from the non-governmental development agencies working in the area for food aid. *“Some well-wishers have given us food and agriculture input for free to help us cope with poverty in households,”* (Female, 34 years).

4.2.4. Best practices for securing livelihoods in Zambezia

It is critical for the government and development agencies working in Zambezia to realise that most households resort to beer brewing and charcoal production as the main source of livelihoods when impacted by HIV/AIDS. *“The market for locally made beer is high and always finds customers. This is the same with charcoal, many people cannot afford to pay for gas in the nearby urban area like Quelimane and heavily depend on charcoal. Therefore, these two sources of income are easy to engage in and don’t require hard labour,”* (Male, 53 years). The majority of the study participants, especially the female respondents, seem to have a hidden motivation behind engaging in beer brewing and charcoal production. *“I started beer brewing just because everyone was getting easy money out of it,”* (Female, 45 years).

Many people successfully keep goats and chickens without donor support. Keeping small animals such as goats and chickens is popular in the Zambezia community, and

most households do it only at a small scale: *“I have been keeping chickens for a long time. They don’t give me enough money as I only have a small farm,”* (Male, 34 years).

4.2.5. Type of assets owned and effect on livelihoods

A) Farmland

It is a clear finding that many of the participants largely rely on agriculture, but lack ownership and title to farmland: *“As more people, mainly retirees from the big cities and industries from nearby towns like Quelimane and Mocuba centre, settle in the community, there has been more pressure on land use as they come to buy off our land,”* (Male, 34 years). Because of the impact of HIV on their physical abilities, many people with HIV/AIDS are unable to make use of their farmlands and are thus forced to abandon them.

B) Access to forest

It was revealed that the participants access the Ntacia Forest area illegally for firewood and charcoal. The charcoal is sold in the nearby Quelimane and Mocuba Central town and to passers-by along the roads. The producers of the charcoal are from the rural poor people of Zambezia; they only manage to harvest a maximum of four to five 25kg bags of charcoal per day, since their form of transport (bicycles) at any given time cannot carry more than five bags, and the practice is illegal. A forest and a pine plantation are used as a livelihood resource for wood for timber or carpentry by outsiders and a few people from Zambezia.

C) Physical assets

The participants disclosed that it is the average and rich families that rear large animals such as cattle or pigs, and very few people, in general, keep animals. Previously, during the Ogumaniha Project, there were also large numbers of chickens raised by households, but the fowl population had reduced significantly due to disease outbreaks. Moreover, *“livestock are sometimes a source of conflict among community members*

because they destroy other farmers' crops due to limited grazing land," (Female, 53 years).

D) Human assets

The participants revealed that wage labour scored an above-average coverage of livelihood assets, and interviews also affirmed households' labour capacity as their main asset. In all the households, there was a clear recognition that HIV/AIDS has had a deteriorating effect on their household labour capacity: "*Those chronically ill had little capacity to exploit this asset and hence remained poor,*" (Male, 56 years). It was indicated that in the more rural parts of the community, the rich and average employ casual labour to cultivate their fields. This has provided an opportunity for poor people to work on these fields for food or money.

The study participants revealed that skill sets were more varied given the nearby urban environment in Quelimane (Provincial capital of Zambezia), including farming, fishing, brewing, carpentry, brick-laying, and blacksmithing. The poorer households are more often involved in working as farm labourers or charcoal burners.

E) Financial assets

Members of the community would prefer to borrow materials such as a farm or house equipment and repay the loan after harvesting their crops. Almost half of the respondents on the survey also reported that if they borrow cash, they are more inclined to spend it on alcohol and not put it towards something productive. The interviews revealed that pensioners who have settled in the peri-urban part of the community own bank accounts and access capital for businesses from financial institutions.

4.3. Discussion

This is one of the first studies that has explored the livelihood strategies of HIV/AIDS-affected households in Mozambique. A number of interesting strategies were identified in this study. These included that the main sources of livelihoods of the study population was based on agricultural activities, charcoal burning and selling, and brewing of local beer. The other characteristics of the study participants were that most of them revealed that keeping small livestock such as goats and chickens was preferred because these did not demand a lot of energy to manage or keep. Their most common coping strategies have been influenced by both the direct and indirect effects of HIV/AIDS especially due to the complexity of managing the illness. The development agencies in the area have focused on promoting small livestock for the HIV/AIDS-affected households and supporting with local transport means for supporting HIV/AIDS-affected families to access health facilities.

Almost all the inhabitants of these rural areas in Zambezia practice agriculture as the main source of livelihoods, with very similar patterns and areas of land. The main source of income comes from the cultivation of rice on the banks of rivers. Many people also cultivate maize, sugar cane, cassava, sweet potatoes, beans and vegetables. The main cash crops are rice, cassava and vegetables, the surplus is also sold in local markets in the nearby urban centre. It is, therefore, clear that the dependency on agriculture for livelihoods cannot be negated. However, considering the burden of HIV/AIDS on households livelihoods, it is critical to understand more about what efforts are put into producing each crop and how that can be handled by HIV/AIDS affected households.

The charcoal burning and selling business is one of the seemingly viable businesses in Zambezia as seem in this research. The business is however linked to high forest degradation but continues to grow in the area. Vulnerable households can buy bags off charcoal from the producers and repack to sell in the urban parts of Zambezia and along the roadsides to reach people. Even if this could be damaging to the environment,

it is important to note that people are making a living out of it nonetheless and hence is relevant to be mentioned as a livelihood strategy.

The rural people of Zambezia have often being associated with high alcohol consumption which includes drinking of the local brew called Nipa. This alcoholic drink is made from sugar cane produced at a large scale within the same area by inhabitants of Zambezia. This means that the demand for a local brew which is cheaper than the conventional beers produced by the commercial companies in Mozambique (e.g. 2M, Manica, Larentina etc) is high. This presents an opportunity for the vulnerable households including those affected by HIV/AIDS to engage in as a "viable" livelihood alternative.

Although most of the study participants had been keeping some small livestock, the livestock farms are quite small with most families having only four or five roosters, hens or ducks. Goats are even rarer, with some households having one or two animals and in exceptional cases three or four. These animals are rarely used as income sources but mainly for human consumption. They are often used as an asset to obtain liquidity and thus, to be sold to cover unforeseen or additional expenses such as medicines and school requirements for children. The Ogumaniha project had focused on promoting small livestock rearing for the HIV/AIDS-affected households in Zambezia and supporting with local transport means like bicycles to help HIV/AIDS-affected families to access health facilities.

In terms of study limitations, I acknowledge that this study did not offer the Ogumaniha project an opportunity to comment on the preliminary analysis of the study data. This means that Ogumaniha's project perspectives are not included in the conclusions in this research and the conclusions in this paper are based mainly on the study participants' experiences and existing literature on the subject.

A detailed analysis of the beer brewing or selling business and how it seems to be growing in the area will be a new area for exploration for future studies to iron out how

development agencies can harness this as they fund developmental projects to help HIV/AIDS affected communities in Zambezia. There is something to learn on why the brewing industry seems to be thriving so that it can be promoted for the most vulnerable households can make a living out of it.

4.4. Conclusion

It is evident from the research findings that there are differences in factors that affect the livelihoods of HIV/AIDS-affected households. This information, therefore, will be used to make conclusions and summarise the findings based on the objectives of this research.

CHAPTER FIVE: CONCLUSION

5.1. Introduction

The study explored the livelihood strategies of HIV/AIDS-affected households in Zambezia. It focused on determining the key factors that influence the livelihood strategies of HIV/AIDS-affected communities among the beneficiaries of the Ogumaniha Project. It was hoped that the research might bring a better understanding of the circumstances of the HIV/AIDS-affected households in Zambezia, which development agencies can use for future livelihood projects.

5.2. The vulnerability context

5.2.1. Access to farmland

Despite their generally low-income levels, the people living with HIV/AIDS in Zambezia are no longer actively involved in agriculture as many past reports suggest. For the few households that want to engage in farming, lack of manpower and time to do it has contributed to inadequate utilisation of land for cultivation. This limits their household income situation, especially those who do not own any land.

5.2.2. Employment opportunities in Zambezia

Considering that many households also depend on wage labour for income, with the skills the households possess, including carpentry, bricklaying, stone crushing and blacksmithing, casual work is the usual option. However, there is a serious threat to their livelihoods as this will end once the burden of HIV kicks in, coupled with poor access to ARVs.

5.3. Coping mechanisms

A household's ability to cope with a shock depends on the options available in terms of capabilities, assets, and resources related to a specific household livelihood strategy. The households interviewed showed a significant difference in livelihood activity choices when the participant or one household member became infected with HIV.

5.3.1. Selling of household assets

The participants revealed that sometimes they have to resort to selling household assets, which are very difficult to regain, just to survive an economic shock. I assume that this also influences their livelihood activities, especially if they sell productive assets which are used to earn an income.

5.3.2. Diversification of livelihoods

Diversification is very limited. In Zambezia, the respondents resorted to brewing beer, charcoal burning, doing piece work for others, and carpentry works. It is clear here that there are few options available for a household dealing with HIV/AIDS.

5.4. Access to credit

Even if credit facilities exist in Zambezia, many families with households affected by HIV/AIDS resort to begging. Usually, livelihood activities that depend on credit finance and borrowing are not sustained or risk being dropped when the original sources do not exist anymore.

5.5. Conclusion

This chapter has brought out the experiences of HIV/AIDS-affected households in Zambezia. The researcher has recorded their understanding of the circumstances of

these people and relation to their livelihoods. The next chapter makes recommendations based on the findings in this research.

CHAPTER SIX: RECOMMENDATIONS

6.1. Introduction

Livelihood programming in the area has a focus on financial capital and thus a lot of opportunities to effectively help these households are lost; hence, there is the need to critically analyse the various livelihood strategies provided by development organisations. Also, the worsening effects of HIV/AIDS and its prevalence in Zambezia urgently signals that there is a need to fully understand the livelihood dynamics in these areas before development agencies design future development projects. The following are recommendations emerging from the present study:

6.2. Mainstreaming

For development agencies to incorporate livelihood programmes targeting HIV/AIDS-affected households in their core business, they must analyse not only the effects of HIV/AIDS on livelihood activities, but also how a programme can best address the broader effects of this disease. The specific measures that can be taken in an overall approach of integration with core development policies and activities include the following:

6.3. Addressing labour shortage

Labour: To address the labour shortage faced by households, developing or promoting existing labour-saving technologies and products will be very useful. Labour-saving technologies include farming equipment, such as lighter ploughs, which can be used by people who are not so physically strong. Also, considering the limited farmland, it can be beneficial to introduce poultry and goat rearing to households affected by HIV/AIDS.

6.4. Skills development

Loss of knowledge/skills: Skills development initiatives should target households that have lost knowledge/skills through chronic illness or the death of an adult due to AIDS. It will be beneficial to focus on vocational skills such as carpentry, fishing, farming, blacksmithing or bricklaying, which have been seen as easy alternatives for income generation by these households.

6.5. Diversification

Diversifying income: Promote the use of less labour-intensive activities that require little land space to work on. Assistance could be given to these households to raise highly nutritious products such as poultry, vegetables (home gardens) and small ruminants. These could be sold and also used for nutritional needs.

6.6. Access to friendlier credit-finance services

Asset protection: Since the households affected by HIV/AIDS deplete their assets to buy food, medicine or pay for funeral costs, support could be given to such households to access friendlier credit-finance services so that, even in the face of an acute employment shortage, they can pay back within a specified time frame.

6.7. Conclusion

The Ogumaniha Project and other development agencies planning to start projects in Zambezia should avoid implementing livelihood security interventions that only focus on the financial capital, but ensure that the activities that touch on the existing capabilities of these communities, as has been seen from their livelihood preferences, are taken into consideration. This will ensure that in the end, the people will build on the existing livelihoods rather than just adopting one approach.

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QUEM ESTÁ REALIZANDO A PESQUISA?

A pesquisa será conduzida por mim, Isaiah Nzima, um estudante registado no programa de Mestrado em Estudos de Desenvolvimento, em busca de uma mini-dissertação na faculdade de Ciências Económicas e de Gestão da Universidade de Free State.

O ESTUDO RECEBEU A APROVAÇÃO ÉTICA?

Este estudo recebeu a aprovação do Comité de Ética em Pesquisa da UFS. Uma cópia da carta de aprovação pode ser obtida do pesquisador.

Número de aprovação: (UFS-HSD2019/1166/0110)

POR QUE VOCÊ FOI CONVIDADO A PARTICIPAR DESTE PROJECTO DE PESQUISA?

As famílias foram seleccionadas por acaso da lista de todos os beneficiários do projecto Ogumaniha nesta comunidade. Uma lista de beneficiários obtida do chefe do projecto Ogumaniha é a base a partir da qual 10 famílias que se beneficiaram das intervenções de subsistência do projecto Ogumaniha são seleccionadas aleatoriamente. Qualquer família pode ser escolhido por acaso e tem o direito de aceitar ou recusar a entrevista a qualquer momento. O projecto Ogumaniha tem trabalhado em parceria com as famílias afectadas pelo HIV/SIDA há mais de 5 anos na Zambézia.

QUAL É A NATUREZA DE PARTICIPAÇÃO NESTE ESTUDO?

Espera-se que os participantes sejam os principais entrevistados das perguntas abertas em uma entrevista semi-estruturada que será conduzida na residência do participante. As perguntas serão enquadradas em torno das seguintes questões-chave;

- 1) Quais estratégias de subsistência estão disponíveis para as famílias afetadas pelo HIV / AIDS?
- 2) Que factores, se algum, estão a influenciar as escolhas de estratégias de subsistência das famílias afectadas pelo HIV / SIDA?
- 3) Que mecanismos de enfrentamento os agregados familiares usam para mitigar o impacto do HIV?
- 4) O que precisa ser feito para melhorar os meios de subsistência das famílias afetadas pelo HIV / AIDS?
- 5) Que lições podem ser aprendidas pelas agências de desenvolvimento e outras ONGs que trabalham na Zambézia no apoio às famílias afectadas pelo HIV / SIDA?

A duração esperada da participação e o tempo necessário para concluir as entrevistas é de cerca de 45 minutos por participante. Um máximo de 1 hora foi atribuído a cada entrevista. A entrevista não é para crianças e não se espera que nada seja doloroso ou assustador para as crianças.

O PARTICIPANTE PODE DESISTIR DO ESTUDO?

A participação nesta pesquisa é voluntária, e cada família pode optar por não participar se o entrevistado não se sentir confortável em partilhar informações sobre os seus meios de subsistência. Os entrevistados têm o direito de desistir da entrevista, mesmo que ela já tenha iniciado a qualquer momento.

QUAIS SÃO OS POTENCIAIS BENEFÍCIOS DE PARTICIPAR DESTE ESTUDO?

Embora as famílias não se beneficiem diretamente, elas podem se beneficiar da programação melhorada que pode surgir devido à melhor compreensão de suas circunstâncias e estratégias de subsistência pelas agências de desenvolvimento para

projetos futuros de subsistência. Isso pode eventualmente ajudar a garantir e melhorar seus meios de subsistência..

QUAL É A INCONVENIÊNCIA PREVISTA AO PARTICIPAR DESTE ESTUDO?

Prevê-se que possa haver riscos de sofrimento emocional, constrangimento cultural e perda de tempo de trabalho para os participantes deste estudo. O pesquisador trabalhará com o assistente social Ogumaniha já conhecido na área para ajudar a conversar com os entrevistados que podem ser afetados como resultado das perguntas da entrevista.

O QUE EU DISSER SERÁ MANTIDO CONFIDENCIAL?

Todas as informações fornecidas neste estudo serão confidenciais e não incluirão os nomes ou detalhes do respondente que podem ser rastreados até eles. No entanto, as informações coletadas serão acessíveis pelo supervisor do estudo na Universidade do Free State. Não haverá como identificar os entrevistados que forneceram as informações. Todos os registros, incluindo anotações em papel, gravações e transcrições, serão mantidos em sigilo em um local seguro acessível apenas ao pesquisador por um período máximo de cinco anos, cada família codificada com um único número que não tenha conexão com a família entrevistada. Todos os materiais electrónicos e digitados serão armazenados em um computador protegido por senha, acessível apenas pelo pesquisador. Caso contrário, os registros que identificam o indivíduo estarão disponíveis apenas para o pesquisador que estiver trabalhando no estudo, a menos que eles permitam que outras pessoas vejam os registros. Os participantes podem deixar de participar do estudo a qualquer momento sem nenhum problema.

COMO É QUE AS INFORMAÇÕES SERÃO ARMAZENADAS E FINALMENTE DESTRUÍDAS?

Todos os materiais electrónicos e digitados serão armazenados em um computador protegido por senha, acessível apenas pelo pesquisador. Os dados electrónicos e digitados serão apagados da memória do computador e de outros dispositivos de armazenamento externos após 5 anos.

TEREI DIREITO A UM PAGAMENTO OU QUAISQUER INCENTIVOS POR PARTICIPAR DESTE ESTUDO?

A entrevista será conduzida no domicílio do participante e não atrairá nenhum pagamento ou incentivo pela participação. Os participantes serão informados de que não há incentivos para participar deste estudo.

COMO É QUE O PARTICIPANTE SERÁ INFORMADO DAS CONCLUSÕES / RESULTADOS DO ESTUDO?

Se quiser informações sobre as conclusões finais da pesquisa, entre em contacto com Isaiah Nzima pelo número 848510893 ou por email: inzima@yahoo.com. As conclusões são acessíveis por um ano. Caso necessite de mais informações ou detalhes, entre em contacto com o pesquisador sobre qualquer aspecto deste estudo: Isaiah Nzima pelo número 848510893 ou por email: inzima@yahoo.com. Se tiver dúvidas sobre a forma como a pesquisa foi conduzida, entre em contacto com o Prof JC Heunis (Universidade de Free State, África do Sul), tel.: +27514013407 ou por email: heunisj@ufs.ac.za.

Obrigado por ter disponibilizado algum tempo para ler esta ficha de informações e por participar deste estudo.

CONSENTIMENTO PARA PARTICIPAR NESTE ESTUDO

Eu, _____ (nome do participante), confirmo que a pessoa que solicitou o meu consentimento para participar desta pesquisa informou-me sobre a natureza, o procedimento, os possíveis benefícios e inconveniência prevista da participação.

Li (ou explicaram-me) e entendi o estudo como apresentado na ficha de informações. Tive oportunidade suficiente para fazer perguntas e estou preparado para participar do estudo. Entendo que a minha participação é voluntária e que sou livre para desistir a qualquer momento sem penalidade (se aplicável). Estou ciente de que as conclusões deste estudo serão processadas anonimamente em um relatório de pesquisa, publicações de periódicos e/ou actas de conferências.

Com sua permissão, a entrevista será gravada e anotações serão feitas para desenvolver um registro preciso do que você diz. As informações que você fornecer serão tratadas como confidenciais.

Concordo com o registro da entrevista Semi-estruturada.

Recebi uma cópia assinada do acordo de consentimento informado.

Nome Completo do Participante: _____

Assinatura do Participante: _____ Data: _____

Nome Completo do Pesquisador: _____

Assinatura do Pesquisador: _____ Data: _____

WHAT IS THE AIM / PURPOSE OF THE STUDY?

The aim of this study is to explore livelihood strategies in HIV/AIDS-affected households among the Ogumaniha Project beneficiaries in Zambezia.

WHO IS DOING THE RESEARCH?

The research will be conducted by myself, Isaiah Nzima a registered student in the Masters of Development Studies programme pursuing a mini-dissertation within the Faculty of Economics and Management Sciences at the University of the Free State.

HAS THE STUDY RECEIVED ETHICAL APPROVAL?

This study has received approval from the Research Ethics Committee of UFS. A copy of the approval letter can be obtained from the researcher.

Approval number: (UFS-HSD2019/1166/0110)

WHY ARE YOU INVITED TO TAKE PART IN THIS RESEARCH PROJECT?

As you may know, the Ogumaniha Project has been working in partnership with HIV/AIDS-affected households for over 5 years now in Zambezia. The household has been selected by chance from the list of all Ogumaniha Project beneficiaries in this community. A beneficiary list obtained from the Ogumaniha Project Chief of Party is the basis from which 10 households that have been benefiting from the livelihood interventions of the Ogumaniha Project will be selected randomly. Any household could be picked by chance and has the right to accept or opt-out of the interview. It is necessary to gather first-hand data from beneficiaries of the Ogumaniha Project. I intend to involve these households to be able to gather the information that can help development agencies do better programming as they are currently investing huge

sums of money in livelihood projects for HIV/AIDS-affected communities in Mozambique.

WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?

The participants are expected to respond to the open-ended questions in a semi-structured interview that will be conducted at the participant's residence. The questions will be framed around the following key questions;

- 6) What livelihood strategies are available to HIV/AIDS-affected households?
- 7) What factors if any are influencing HIV/AIDS-affected households' choices of livelihood strategies?
- 8) What coping mechanisms are households using to mitigate the impact of HIV?
- 9) What needs to be done if anything to improve the livelihoods of HIV/AIDS-affected households?
- 10) What lessons can be picked by development agencies and other NGOs working in Zambezia towards supporting HIV/AIDS-affected households?

The expected duration of participation and the time needed to complete the interviews is about 45 minutes per participant. A maximum of 1 hour has been allocated to each interview. The interview is not meant for children.

CAN THE PARTICIPANT WITHDRAW FROM THE STUDY?

The participation in this survey is voluntary, and each household can choose not to take part if the respondent is not comfortable to share information about their livelihoods. Respondents have a right to withdraw from the interview even if it has already started at any point.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Although households will not benefit directly, they stand to benefit from the improved programming that may come about because of the better understanding of their circumstances and livelihood strategies by development agencies for future livelihood projects. This may eventually help in securing and improving their livelihoods.

WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?

It is anticipated that there could be the risks of emotional distress, cultural embarrassment and loss of work time for the participants in this study. The researcher will work with Ogumaniha social worker already known in the area to help talk to respondents who may be affected as a result of the interview questions.

WILL WHAT I SAY BE KEPT CONFIDENTIAL?

There will be no way to identify the respondents who gave the information. All records including paper notes, recordings & transcripts will be kept confidential in a secure place accessible only to the researcher for a maximum of five years with each household coded with a household number that has no connection to the household interviewed. All electronic and typed material will be stored in a password-protected computer only accessible by the researcher. Your answers may be reviewed by people responsible for making sure that the research is done properly, including the transcriber, translator, and members of the Research Ethics Committee. Participants can withdraw from the study at any time without getting in trouble.

HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?

All electronic and typed material will be stored in a password-protected computer only accessible by the researcher. Electronic and typed data will be erased from the computer memory and other external storage devices after 5 years.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

The interview will be conducted at the household of the participant and the participant will receive any payments or incentives for participation. Participants will be made aware before the interview that there are no incentives for participating in this study.

HOW WILL THE PARTICIPANT BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?

If you would like to be informed of the final research findings, please contact Isaiah Nzima on 848510893 or inzima@yahoo.com. The findings are accessible for one year. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Isaiah Nzima on 848510893 or inzima@yahoo.com. Should you have concerns about the way in which the research has been conducted, you may contact Prof JC Heunis (University of the Free State, South Africa) at tel. +27514013407 or email heunisj@ufs.ac.za.

Thank you for taking the time to read this information sheet and for participating in this study.

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study. I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be anonymously processed into a research report, journal publications and/or conference proceedings.

With your permission, the interview will be tape-recorded and notes will be taken to develop an accurate record of what you say. The information you provide will be treated as confidential.

I agree with the recording of the Semi-structured interview.

I have received a signed copy of the informed consent agreement.

Name of Participant: _____

Signature of Participant: _____ Date: _____

Name(s) of Researcher(s): _____

Signature of Researcher: _____ Date: _____

Annexure 3: Study instrument - Portuguese

Numero da Casa

Guia de Entrevista Semi-estruturada

Introdução

Caro Sr / Sra,

Meu nome é **Isaías Nzima**. Eu sou um estudante registrado no programa de Mestrado em Estudos de Desenvolvimento na Universidade do Free State. Estou conduzindo uma pesquisa para explorar as estratégias de subsistência de famílias afetadas pelo HIV / AIDS em sua comunidade. Eu gostaria de ouvir de você sobre sua experiência em sua casa depois que aprendeu que você ou um membro da sua família era HIV positivo.

Minhas perguntas tencionam que você me dê uma compreensão detalhada de sua condição de vida e estratégias de subsistência.

Com a sua permissão, a entrevista será gravada e anotações serão feitas para desenvolver um registo preciso do que diz. As informações que você fornecer serão tratadas como confidenciais.

[Obter consentimento verbal para entrevista e gravação]

Antes de começarmos, tem alguma dúvida sobre o processo de entrevista?

Questoes da Entrevista	Inquerito/Informacao
Objectivo 1: Determinar os factores que influenciam as estratégias de subsistência das famílias afectadas pelo HIV / SIDA entre os beneficiários do projecto de Ogumaniha na Zambézia	
1. Quais são as estratégias de subsistência disponíveis nesta comunidade?	Dica: Use as seguintes definições para investigar cada item da pergunta

<p>2. Quais destes meios de subsistência você e sua família estão envolvidos como fonte de subsistência?</p> <ul style="list-style-type: none"> ○ Por favor, conte-me sobre o que você e sua família fazem em um dia normal para ganhar a vida. ○ Por favor, explique o motivo? <p>3. Por favor, diga-me qual foi a principal fonte de sustento antes que alguém nesta casa fosse infectado pelo HIV.</p> <ul style="list-style-type: none"> ○ Houve alguma mudança na sua fonte de sustento? Por favor, explique porque / porque não. <p>4. Agora eu gostaria de perguntar como cada uma das seguintes áreas foi afetada, se afetada, depois que alguém em sua casa se tornou HIV positivo:</p> <ul style="list-style-type: none"> ○ Número de ativos de subsistência ○ Disponibilidade de sistemas de suporte ○ Escolha de estratégias de subsistência ○ Resultados de subsistência <p>5. Por favor, mencione quaisquer outros fatores que tenham influenciado suas escolhas de subsistência</p>	<p><i>3 antes de esperar uma resposta.</i></p> <ul style="list-style-type: none"> • <i>Acesso produtivo: são recursos materiais ou sociais usados para ganhar a vida. Exemplos, enxada, machado, vara de pesca, etc.</i> • <i>Sistemas de apoio: pode ser um departamento do governo, trabalhadores de uma ONG, um grupo de apoio da comunidade, etc.</i> • <i>Estratégia de subsistência: A complexidade dos meios de subsistência das pessoas. Por exemplo, preferir fazer a horta em vez de comprar nos mercados distantes.</i> • <i>Resultados de subsistência: Por exemplo, uma vida boa, pobreza reduzida, sucesso, enfrentamento, sofrimento.</i>
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Objectivo 2: Identificar os mecanismos de enfrentamento usados pelas comunidades afectadas pelo HIV/SIDA

<p>1. Por favor, indique como o seu agregado lida com as necessidades trazidas por alguém que é seropositivo no agregado familiar.</p> <p>2. Quais mecanismos de enfrentamento, se</p>	<p>Dica: Os mecanismos de enfrentamento podem incluir migração, mendigagem, trabalho infantil, até venda de ativos, redução</p>
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<p>houver algum, você ou sua família estão usando para mitigar o impacto do HIV nessa família?</p> <p>3. Por favor, diga-me qual é o mecanismo de enfrentamento preferido da sua família e por quê?</p>	<p>do tempo de alimentação, etc.</p>
<p>Objectivo 3: Para recomendar as boas practicas os organizações de desenvolvimento e outras ONGs que trabalham na Zambézia poderiam apoiar melhor as comunidades afectadas pelo HIV/SIDA</p>	
<p>1. Em quais atividades do projeto Ogumaniha você ou algum membro da sua família esteve envolvido?</p> <p>2. Por favor, conte-me sobre o tipo de assistência material que você ou sua família receberam do projeto Ogumaniha.</p> <p>3. O projeto Ogumaniha ajudou você de alguma forma com seu sustento? Se sim como? Se não, por quê?</p> <p>4. Por favor, me fale sobre o outro apoio, se houver, você está recebendo do Projeto Ogumaniha.</p> <ul style="list-style-type: none"> ○ Por favor, diga-me o que deu certo com este projeto. ○ Por favor, compartilhe comigo o que precisa ser melhorado para ajudar você e sua família a terem uma vida sustentável. 	<p>Dica:: Um meio de subsistência é sustentável quando pode lidar com e recuperar-se dos estresses e choques e manter ou melhorar suas capacidades e ativos, tanto agora como no futuro, sem prejudicar a base de recursos naturais.</p> <p>As atividades do projeto Ogumaniha se concentram nas seguintes áreas;</p> <ul style="list-style-type: none"> • Fortalecer e aumentar o acesso à saúde, nutrição e sistema de atenção ao HIV / aids para grupos-alvo; • Promover e financiar investimentos comunitários orientados para a demanda para a produção agrícola por meio de adições à cadeia de valor; • Geração de renda; • Água e saneamento; e • Construir e reforçar a capacidade institucional

	<p>existente dos departamentos governamentais e das partes interessadas da comunidade.</p> <p>Assistência material pode incluir; Receber cobertores, roupas etc.).</p>
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Annexure 4: Study instrument - English

HH Number

Semi-structured Interview Guide

Introduction

Dear Sir/Madam,

*My name is **Isaiah Nzima**. I am a registered student in the Masters of Development Studies programme at the University of the Free State. I am conducting a study to explore the livelihood strategies of HIV/AIDS-affected households in your community. I would like to hear from you about your experience in your household after you learnt that you or a member of your household was HIV positive. My questions are meant to give me a detailed understanding of your living condition and livelihood strategies.*

With your permission, the interview will be tape-recorded and notes will be taken to develop an accurate record of what you say. The information you provide will be treated as confidential.

[Obtain verbal consent for interview and recording]

Before we start, do you have any questions about the interview process?

Interview questions	Probes/Tips
Objective 1: To determine the factors that influence HIV/AIDS-affected household's choice of livelihood strategies among Ogumaniha Project beneficiaries in Zambezia.	
<p>1. What are the livelihood strategies available in this community?</p> <ul style="list-style-type: none"> ○ Which of these livelihoods are you and your household engaged in as a source of livelihood? <p>2. Please tell me about what you and your household do on an average day to make a living.</p> <ul style="list-style-type: none"> ○ Kindly explain the reason why? <p>3. Please tell me what was the main source of livelihood before someone in this household became infected by HIV.</p> <ul style="list-style-type: none"> ○ Were there any changes to your source of livelihood? Please explain why/why not. <p>4. Now I would like to ask how each of the following areas has been affected, if affected at all, after someone in your household became HIV positive:</p> <ul style="list-style-type: none"> ○ Number of livelihood assets ○ Availability of support systems ○ Choice of livelihood strategies ○ Livelihood outcomes <p>5. Please mention any other factors that have influenced your livelihoods choices.</p>	<p>Probe: Use the following definitions to probe on <i>each item in question 3</i> before expecting a response.</p> <ul style="list-style-type: none"> ● Productive access: These are material or social resources used to make a living. Examples, <i>hoe, axe, fishing rod, etc.</i> ● Support systems: This could be a government department, workers from an NGO, a community support group etc. ● Livelihood strategy: The complexity of people's livelihoods. For example, to prefer to do own vegetable garden instead of buying from the markets that are distant. ● Livelihood outcomes: For example, a good life, reduced poverty, success, coping, suffering.

<p>Objective 2: To identify coping mechanisms used by HIV/AIDS-affected households to mitigate the impact of HIV/AIDS.</p>	
<ol style="list-style-type: none"> 1. Please indicate how your household copes with the needs brought about by having someone who is HIV positive in the household. 2. What, if any, coping mechanisms are you or your household using to mitigate the impact of HIV in this household? 3. Please tell me what your household's most preferred coping mechanism is and why?" 	<p>Probe: Coping mechanisms can include migration, begging, child labour, even selling assets, reduce feeding time, etc.</p>
<p>Objective 3: To recommend best practices to development agencies and other NGOs working in Zambezia towards supporting HIV/AIDS-affected households.</p>	
<ol style="list-style-type: none"> 1. What Ogumaniha Project activities have you or any member of your family been involved in? 2. Please tell me about the kind of material assistance have you or your household received from the Ogumaniha Project. 3. Did the Ogumaniha Project help you in any way with your livelihood? If so how? If not, why? 4. Please tell me about the other support, if any, you are receiving from the Ogumaniha Project. <ul style="list-style-type: none"> • Please tell me what has gone well with this project. • Please share with me what needs to be improved in helping you and your household to have a sustainable 	<p>Probe: <i>A livelihood is sustainable</i> when it can cope with and recover from the stresses and shocks and maintain or enhance its capabilities and assets both now and in the future without undermining the natural resource base.</p> <p>Ogumaniha Project activities focus on the following areas;</p> <ol style="list-style-type: none"> 6. Strengthening and increasing access to the health, nutrition and HIV & AIDS care system for target groups; 7. Promoting and financing demand-driven community investments for agricultural production through

livelihood.	value chain additions; 8. Income-generation; 9. Water and sanitation; and 10. Building and reinforcing the existing institutional capacity of governmental departments and community stakeholders. Material assistance can include; receiving Blankets, clothes etc.)
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