

AIDS Plight Worsened by Homelessness

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Displacement causes additional health concerns as social and medical networks are disrupted.

Meglynn Sibanda and her three children slept under the stars for two weeks during southern Africa's short but sharply cold winter, after the two-room shack she rented in Bulawayo was destroyed by police during Operation Murambatsvina, or Operation Drive Out the Rubbish.

"It was cold, very cold," Meglynn told IWPR. "Now I am coughing and vomiting, which is not good."

Meglynn has now found temporary sanctuary at the Brethren in Christ Church, in the Bulawayo township of Mpopoma. It is one of many churches to have opened their doors to people made homeless by President Robert Mugabe's campaign to destroy thousands of homes in poor urban neighbourhoods and force residents to move to rural areas.

Meglynn is receiving treatment for her cough, but her health concerns go far beyond that. She is among the many people - estimated at more than a quarter of the adult population in Zimbabwe - who are HIV-positive. For the past year, she has been receiving antiretroviral drugs which delay the onset of AIDS. But she is desperately worried that her homelessness, the direct result of Operation Murambatsvina, will have dire effects on her health.

The HIV/AIDS epidemic is killing people at a rate unprecedented since the Black Death swept through 14th century Europe. According to conservative estimates by UNAIDS - the Geneva-based Joint United Nations Programme on HIV/AIDS, a minimum of 180,000 Zimbabweans died from AIDS-related illnesses in 2004, the most recent period for which figures are available, a rate of 3,460 deaths every week.

Eighty per cent of Zimbabwe's military servicemen are HIV-positive, and in a total population of 11.5 million, the country already has more than 1.1 million AIDS orphans - children who have lost one or both parents to the disease.

In Bulawayo, Zimbabwe's second largest city, scores of people living with HIV and AIDS are in a similar situation to Meglynn. A survey by a local AIDS support organisation says that about 150 terminally ill people living with AIDS were dislodged from their homes in the "clean up" exercise. Most are in desperate need of food, clothes and money as they try to find somewhere new to live.

But AIDS workers are now finding it difficult to locate the displaced people so as to continue helping them. The constant fuel shortages have exacerbated the situation, and health workers complain that Operation Murambatsvina has destroyed community health networks that had taken years to establish.

A nurse at Luveve Clinic, in a working class suburb of Bulawayo, said, "Since Operation Murambatsvina, began numerous of our patients on TB [tuberculosis] treatment have just disappeared. When we try to follow up at their homes, we are told they are no longer living there because their homes were destroyed."

TB is one of the most common diseases to erupt as the immune system breaks down in people with AIDS.

The nurse, who asked not to be named, added, "Our main worry is that most of them are sputum positive

[infected with pulmonary TB] and are spreading the disease.”

Non-government organisations estimate that President Mugabe’s “slum clearance” programme has left as many as one million people homeless. Applying the overall incidence of HIV in Zimbabwe of approximately 25 per cent, the assumption can be made that about a quarter of displaced people are HIV-positive.

The clean-up exercise has also disrupted community-based AIDS initiatives. Home-based carers are no longer on hand to help look after the sick, while support groups have crumbled as members were dispersed.

About 2 000 people, most from the Killarney and Ngozi Mines squatter camps in Bulawayo, are now housed in ten churches while they wait to be moved to a so-called “transit camp” at Helensvale Farm, about 20 kilometres northwest of the city. The figure is rising daily as more residents are made homeless as police continue to demolish shacks in the western suburbs where most of the poor live.

Church leaders are reluctant to release the displaced families until they are sure there are amenities at Helensvale Farm to avoid an outbreak of communicable diseases.

“There’s a lot of work that needs to be done on the farm,” said Pastor Patson Netha, who heads a group of 200 clerics involved in discussions with the government over the welfare of the displaced residents. “There’s grass to be cleared, putting up tents. It’s like turning untouched bush into an accommodation area. We have agreed between us and the social welfare that [this work] will be done first before the people are moved.”

Elizabeth Ndlovu, also housed at Mpopoma’s Brethren in Christ Church, is HIV-positive and is being treated for TB. She had been due to go to hospital in Bulawayo for a health review in the week that armed police descended on Killarney squatter camp and razed her home to the ground.

“My health cards were burnt when police came with dogs, guns and on horseback,” she told IWPR, with tears clouding her eyes. “I still want to go to hospital for the review but I don’t have the bus fare. When I lived in Killarney, I could walk to the hospital.”

Mtshumayeli Ndebele, dumped by police with his dying wife Sthandekile by a road 130 km south of Bulawayo after their shack was destroyed, said they had been told to go back to their rural home. “But we don’t have one,” said Mtshumayeli, huddling with Sthandekile next to a smouldering fire under the winter stars.

Both husband and wife are HIV-positive, and expulsion from Bulawayo has forced them to abandon their antiretroviral treatment. “We would get drugs every month from Mpilo Central Hospital, and everything just looked better for us. But we are no longer able to do that, because we have moved. We are now several miles away and have no money for transport to go and get our consignment. Now it’s like we are just waiting to die.”

Gesturing towards Sthandekile, Mtshumayeli said: “She says she feels pains all over her body, and she has not had decent sleep in the past four days that we have spent here.”

The Ndebeles’ story is a common one. Rod McLeod, director of the London-based Catholic Institute for International Relations, visiting Bulawayo, said, “An HIV-positive woman told me her husband had died of AIDS and that she is struggling to earn a living to look after her children, one of whom is disabled and confined to a wheelchair. Then the government ordered her to knock her own house down within 24 hours,

and now they live in the rubble of their home in the middle of the Zimbabwean winter with nowhere else to go.”

President Mugabe says the displaced residents will be allocated homes under a new three trillion dollar [940 million US dollars] programme codenamed Operation Garikai – which translates as “Let us be settled and live in peace”. Critics say the plan is a flight of fancy since the ZANU PF government is effectively bankrupt and would be unable to fund it.

Meglynn Sibanda said she has no problem with being relocated, but she would want to be resettled near Bulawayo so she can continue visiting the clinic at Mpilo Hospital for her monthly supply of antiretroviral drugs.

“I have been on the council housing waiting list for four years,” Meglynn added. “I have no home to go from here, so wherever they take me, it’s OK. But I must be able to go to the Opportunistic Infections Clinic to get my tablets and for check-ups.”

Maintaining a healthy lifestyle, as advocated by healthcare workers, is an impossible task for people in Meglynn's position.

“It’s difficult to do all the things they tell you when we go for counselling. I am supposed to eat healthy food and avoid getting sick the way I am now,” she said. “I cannot do any of those things right now, because I do not decide what I eat. I eat only what is there.”

Josephine Nkomo is the pseudonym of an IWPR contributor in Zimbabwe.

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