BINDURA UNIERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES



The Trump Administration Funding Freeze Of USAID: Impacts For HIV/AIDS Programming in Masvingo District, Zimbabwe.

By

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A Dissertation Submitted To The Department Of Peace and Governance in Partial Fulfillment of Bachelor of Science Honours Degree in Peace and Governance.

June, 2026

ABSTRACT

This research aimed to analyse the nature, extent of health system disruption caused by the USAID funding freeze on HIV/AIDS programming in Masvingo District and suggest strategies that support the development of sustainable strategies that enhance program resilience which will improve the health of affected people as well as the health institutions. The study offered a foundation for future research on the potential of locally based mechanism that can be incorporated in local health institutions contributing to sustainable and efficient health systems hence it was important to research on the impact of funding freeze on HIV/AIDS programming from a district level. The researcher adopted a qualitative research methodology, case study approach; a purposive sapling, sample size comprised 25 participants, 5 members in charge of the program & 5 health workers, 3 public health officials in Masvingo, 5 clinic and hospital staff, 3 PLWH and 4community members then collected data using interviews and existing documents for comprehensive understanding of the depth and implications of Trump administration's funding freeze on HIVAIDS programming. The data collected indicated that the freeze has created significant operational challenges specific for prevention and monitoring programs and that the health facilities in the district cooperated on adaptive strategies. The study also recommended that the government together with the Ministry of Health and Child Care should make reforms in the healthcare system to avoid facing the same impact and PLWH to engage actively with health practitioners and peers to maintain and improve the achievements in the program.

DECLARATION FORM

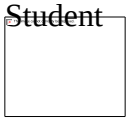
I, Mufumhi Anesu P (B214119A) hereby affirm that this dissertation represents my original research and study with the exception of cited acknowledgements and references indicated within the document. I confirm no part of this dissertation has been submitted to any other university for the purpose of obtaining a degree.



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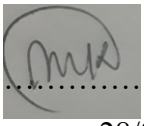
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Chairperson Date

DEDICATION

This dissertation is dedicated to my parents Mr N and Mrs J. H Mufumhi for this opportunity to fulfill my dreams. I really appreciate their sacrifices and support through my academic journey.

ACKNOWLEDGEMENTS

I would like to thank the Almighty for his presence throughout my academic journey. I would also want to extend my sincere gratitude towards the following individuals who have contributed to the completion of this study:

I extend my profound gratitude to my supervisor for his unwavering support, encouragement and guidance throughout my research. Despite his various commitments, he has been continuously engaging throughout my research project.

My special thanks go to my parents and siblings for the spiritual, psychological and financial support during my tertiary education.

I also appreciate the contribution of NAC staff members in Masvingo District and the Provincial Director towards a successful research.

Lastly, I am grateful for the academic discussions from my classmates and motivation from friend Chihumbiri Nyasha.

LIST OF ABBREVIATIONS

ART-Antiretroviral Therapy

AIDS-Acquired Immune Deficiency Syndrome

GAM-Global AIDS Monitoring

HIV-Human Immune Virus

MoHCC-Ministry of Health and Child Care

NAC-National AIDS Council

RDT- Resource Dependence Theory

PEPFAR-President's Emergency Plan for AIDS Relief

PLWH- People Living With HIV/AIDS

PSH-Population Solutions for Health

ZHI-Zimbabwe Health Interventions

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CHAPTER 1

1.0INTRODUCTION

1.1 Background

The mobilisation of international financing of which the United States of America has the largest share has changed the country's policies. This change has a direct impact on Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) programming. Kaiser Family Foundation (2024) reports indicated that the total bilateral Official Development Assistance from United States was dedicated to projects to do with health and population and in 2023 USAID funded almost 75% of the projects. In many regions of the world, programs like the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR) are the examples of financial commitments that have turned deadly. These funds have been critical for scaling up antiretroviral therapy (ART), strengthening health systems and financing prevention programs. However, this reliance on external donors also introduced vulnerability, where changes in donor priorities threaten the sustainability of programs and the lives of people who depend on them.

One of the regions mostly impacted by HIV prevalence is Africa where the effects of funding freeze and external support are considerably more noticeable. Kohnert (2025) highlights that the 2019-23 Global AIDS Monitoring (GAM) data indicated that PEPFAR supported twelve countries in which 8 of them are African which are Cote dIvoire, Eswatini, Kenya, Malawi, Mozambique, Uganda, South Africa and Zimbabwe in national HIV budgets. This proportion ranging from 0% to 66% is an indication that many national health systems have been already strained by limited domestic resources and other disease burdens have become structurally dependent on donor aid to provide essential HIV services. This dependency creates a precarious balance between achieving public health goals and maintaining financial stability hence highlights a continental challenge on progressing towards resilient health systems.

Through partnerships with Ministry of Health and Child Care (MoHCC) and other implementing groups at local level, USAID funding supports a significant portion HIV/AIDS programming. According to (Brink et al., 2025) PEPFAR has contributed more than 40% of HIV funding in the sub-Saharan Africa region and Zimbabwe is among the ones receiving the 60%.However, the successes towards fighting against HIV are being underpinned by the new American policy whereas the health of a significant population is directly tied to the continuity of foreign aid. USAID 2025 reports that, Zimbabwe Health Interventions which is the implementing partner for USAID had its grant terminated before its due period (Jimu, 2025). This vulnerability was starkly exposed by the recent freeze of USAID funding to Zimbabwe.

Masvingo Province is among the regions with high rates of HIV prevalence consistently above national average and high dependency on donor-supported health programs, found itself at the epicenter of this crisis. The funding freeze was not merely a budgetary line item but a direct shock to the operational core of HIV/AIDS care globally. The sudden nature of this disruption created an urgent need to understand its real-world implications looking at the impacts of this policy in Masvingo. By moving from the global problem of donor dependency down to its concrete effects in Masvingo, this research aims to fill this evidence gap and provide actionable insights for building more resilient health systems.

1.2 Purpose of the Study

This study's purpose was to analyze the nature and extent to which the health system USAID funding freeze has disturbed on HIV/AIDS programming particularly in Masvingo District and suggest possible adaptive strategies.

1.3 Statement of the problem

HIV/AIDS response in Zimbabwe particularly Masvingo district is mainly sponsored though foreign aid. Pzat & Afton (2023) highlights that the country depends on PEPFAR contributing 66%, Global fund 31% and Zimbabwe's National AIDS Transition Fund 3% for healthcare services and Masvingo province is one of the six districts with highest prevalence rates which was 13% for adults between the ages 15-64 in 2020. The sudden freeze of USAID funding disrupted the predictable flow of resources for HIV/AIDS programs. This disruption put at risk the HIV/AIDS programming threatening to reverse years of progress by leading to patients defaulting and potential exodus of skilled staff. Given the increasing number of HIV/AIDS new cases in Masvingo and the need for efficient healthcare systems it is important to research on the impact for planning towards sustainable local independent health care systems which cater for the growing population.

1.4 Objectives

i) To examine the experiences of Masvingo district healthcare workers and community members with regard to USAID funding freeze.

ii) To identify the key challenges in the healthcare system in Masvingo district due to USAID funding freeze.

iii) To assess the impact of USAID funding freeze on HIV/AIDS programming within Masvingo District healthcare facilities.

iv) To suggest adaptive strategies that can be employed by healthcare facilities in Masvingo district.

1.5 Research Questions

i) What are the experiences of Masvingo district healthcare workers and community members?

ii) What key challenges has the healthcare system faced as a result of the funding freeze?

iii) In what ways has USAID funding freeze affected HIV/AIDS programming in Masvingo?

iv) What strategies could be considered by healthcare facilities to adapt to the impact of sudden USAID funding freeze?

1.6 Assumptions of the study

i) It is assumed that the key informants (healthcare workers, community and patients) have direct, relevant experience of the period of the USAID funding freeze.

ii) It is assumed that the selected health facilities in Masvingo District provide representation of the disruption experienced across the district's HIV/AIDS programming.

1.7 Significance of the study

The study offers a foundation for future research on the possible of locally based strategies that can be incorporated in healthcare system contributing to sustainable and efficient health systems. By examining the impact of funding freeze in Masvingo district, this research provides empirical data and insights that can inform theoretical models on health systems in the remote areas of the country especially in chronic diseases which is beneficial to other scholars. Through identifying the impact of funding freeze and suggesting adaptive measurers, the study can help to improve efficiency, sustainability and service delivery in local health facilities. These findings are

particularly relevant to policymakers and local government officials in Zimbabwe and other regions facing similar challenges.

Beneficiaries

The study is also significant to health facilities and PLWH who are directly affected by funding constraints. A funding freeze compromise service delivery, reduce the ability of health facilities also reduce patient care quality. For PLWH such disruptions result in interrupted treatment, psychological stress among others. Therefore the research aims to support the development of sustainable strategies that enhance program resilience which will improve the health of affected people as well as the health institutions.

1.8 Delimitations of the Study

The study was delimited to analyzing health system disruption resulting from the specific USAID funding freeze that occurred between in the early months of 2025. The study was confined to public health facilities within Masvingo Province in Zimbabwe focusing primarily on the HIV/AIDS care continuum that is prevention, treatment and monitoring and did not extensively cover tuberculosis or other health programs also affected by the freeze. The study also focused on the views of selected public health facilities staff, health workers, patients, community members and experts involved in the process of sharing the solution. This research is based on qualitative data collected from interviews and surveys with stakeholders involved in health service delivery. The study considers data and events from the time of funding freeze up to the current year without historical analysis of changes for a longer period.

1.9 Limitations of the Study

The accuracy and completeness of the data provided by the stakeholders may be limited ultimately affecting the authenticity of the results. To mitigate this problem, the researcher

supplemented the research with interviews of the stakeholders, including public, private and mission healthcare facilities staff and community members. The political and economic sensitivity surrounding donor funding may also lead to response bias where participants provide cautiously worded answers due to data privacy or security concerns affecting the reliability of the data collected. The researcher ensured anonymity and confidentiality during interviews creating a safe environment for honest feedback. The researcher monitored any changes in mitigating the impacts during the research period and documented them in the findings. For significant changes occurrence, the researcher assessed their potential impact and adjust the focus of the analysis accordingly highlighting how the identified challenges can be addressed. The study may be affected by changes in governance policies during the research period, making some of the findings potentially outdated. To reduce this risk, the researcher kept track of any changes throughout the research process and documented them in her findings. While the study aims for depth in understanding disruption in Masvingo, the findings may not be directly transferable to all other provinces without consideration of local contextual factors.

1.10 Definition of Keywords

Romo & Obeda-Galaviz (2021) define Health System Disruption as significant interruption or breakdown in the healthcare systems' main duties affecting service delivery, supply chains and workforce stability.

According to Mollar (2025) defines service delivery is a crucial component of government that includes the administration and supply of public services to satisfy the demands and expectations of the populace.

The stages that individuals living with HIV go through from diagnosis to maintaining viral suppression are described in HIV/AIDS Care Continuum, a public health paradigm (International

Association of Providers of AIDS Care, 2022)

The ability of health systems to anticipate, absorb, recover from and adapt to shocks like pandemics, geopolitical conflicts while preserving their essential operations and restructuring as needed is known as health systems (Organisation for Economic Cooperation Development, 2023).

1.11 Dissertation Outline

Chapter 1: Introduction and background.

The first chapter introduced study's background, research problem, research questions, aims, significance of the study and structure of the research.

Chapter 2: Literature review and theoretical framework. This chapter reviews literature on the overview of foreign aid funding, impacts of funding freeze and adaptations.

Chapter 3: Research methodology. This chapter discusses the research paradigms, research designs and the research methods used in the study.

Chapter 4: Results. This chapter presents the data from the research.

Chapter 5: This chapter presents and discusses the research findings, conclusion and recommendations based on the findings of the study.

CHAPTER 2

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter provides a comprehensive literature review on the nature and extent of health system disruption caused by the USAID funding freeze on HIV/AIDS care programming in Masvingo. The chapter is structured into two sections which are the literature review and the theoretical framework. The context explores the nature and extent of health systems disruption at different levels at global, continental, regional and national scales examining how these impacts manifest in various contexts emphasizing the health system disruption caused by the USAID funding freeze on HIV/AIDS care. The section also highlights ongoing global and regional efforts to adapt to the changes and efficient systems and the impact of these measures.

2.2 Theoretical Framework

Resource Dependency Theory (RDT) falls under organisational theories that are used to determine and analyse organisational strategies are influenced by the environment. According to Pfeffer and Salancik (1978) organisations depend on external resources for survival meaning no organisation is fully self-sufficient. Looking at the financial view, Pfeffer and Salancik (1978) highlights that when resources are scarce, the stakeholders look for alternative ways to mitigate impact and keep the organisation running. Resource providers hold power meaning those controlling essential resources can enforce conditions, shape program priorities and influence organisational behavior as manifested in policy shift by United States. The theory also links the precarious of the environment changes with the way the organisations adapt in this context the health systems to such changes and this has a direct influence on the overall efficiency of health system.

For this study RDT explains organisational vulnerability as the reason why HIV/AIDS programmes were exposed to risk when USAID funds were frozen. The theory posits that organisations are dependent on external entities because they do not generate their income in many cases, which influence their financial management practices thereby affecting their operations in service delivery (Pei & Parris, 2020). HIV/AIDS programmes mostly rely on donor funds for ARVs, testing kits, staff incentives, prevention activities and monitoring systems. High dependence increases vulnerability when donors alter priorities or freeze funding as manifested through policy shift by United States of America under Trump Administration. It is also useful for analysing strategic responses. The theory illustrate the way organisations adapt to shocks by cutting services, merging programmes, collaborating with other actors, seeking alternative funders, developing reserves, reducing expenses, integrating HIV services into primary healthcare or seeking local support. RDT recognises organisations as open systems shaped by external forces reflecting the practical realities of health programmes in low-income continuum overemphasising external control.

2.3 Literature Review

2.3.1 The experiences of healthcare workers and community members with regard to USAID funding freeze.

2.3.2 Experiences of healthcare workers

The funding freeze exposed households and communities to socio-economic impairment. The psychosocial support system including support groups and counseling services disintegrates leading to increased feelings of isolation and depression among people living with HIV. PEPFAR (2020) highlights that the funding has historically been targeted at specific diseases like HIV/AIDS, strengthening the entire health system through training health workers, paying salaries, funding health information systems and maintaining infrastructure achieving rapid and measurable

results. The visible withdrawal of HIV/AIDS programs and support also contributes to a revival of stigma and discrimination as the disease becomes once again associated with hopelessness and lack of support reversing decades of progressive advocacy. According to Mersie (2025) in Kenya, an estimated 54,000 jobs reported to be at stake as USAID funded programs shut down, while in Ethiopia, 5,000 health care employees have already been laid off. This reduction of workers highlight the experiences of healthcare workers which also affects service delivery including the time in which the patients are attended to resulting in high death rate, high mortality rate and advancing of chronic diseases.

2.3.3 Experiences of HIV/AIDS patients

The patients also had some negative effects trying to adapt to the funding aid freeze. Gumbie (2025) highlights the experiences of patients such as avoiding healthcare facilities, afraid of bad news, 'hoarding medication or skipping doses trying to stretch out their supply, battling self-stigma, turning to traditional or spiritual remedies, seeking stability where the health system was failing them.' These measures taken by PLWH are adapting mechanisms that put their health at risk as well as their lives by reversing years of progress and success on their health journey by weakening the immune system making it vulnerable to other diseases. According to UNAIDS (2025) a survey conducted in high-burden country in the region revealed that 62% of the respondents had trouble getting pre-exposure prophylaxis, some PLWH had problems with their treatment and others received less antiretroviral medication, for instance less than a three month supply rather than the typical three to six month supply from local dispensaries. Thus global advancements towards the fight against HIV/AIDS remain precarious especially for vulnerable population.

2.4 The key challenges in the healthcare system due to USAID funding freeze.

2.4.1 Closure of clinics

The cessation of funding has had a significant impact on the healthcare sector among the top recipients of funds from the President's Emergency Plan for AIDS Relief (PEPFAR) worldwide. According to South African Health Ministry (2025) PEPFAR ensured that some South Africans get medication. Therefore the gap created by freezing funding had devastating impact on the operation of clinics because their budget was mainly funded through foreign aid. According to Jimu (2025) the closure of clinics affected the HIV programming as well as other health services such as maternal. Hence closure of clinics stands as one of the challenges faced by the health systems due to USAID funding freeze in strategies and resilient sustainable support. According to Kohnert (2025), the number of PLWH is high and because of the funding freeze the numbers are likely going to increase leading to high mortality rate in South Africa. Hence the problems in the health systems are going to multiply because each problem has another bigger problem outcome when not addressed.

2.4.2 The HIV/AIDS Burden

Zimbabwe carries a historically severe HIV burden with one of the highest adult prevalence rates globally though significant progress has been made through robust programming. The national response involves cooperation of the Ministry of Health and Child Care (MoHCC), National AIDS Council (NAC), international donors like PEPFAR, The Global Fund and many local and international non-governmental organizations (NGOs) acting as implementing partners (Pzat & Afton, 2023). According to ZIMSTAT (2015) during the period of 1980 to 1990 25% of 13 million Zimbabwe’s population was significantly affected by HIV/AIDS. Mugwagwa et al (2017) highlights that the country’s affected population had declined to 13% illustrating how the healthcare sector is progress as well as continuation of transmission of the virus. HIV/AIDS remain

the top burden of mortality rates in the health sector having 54.41% which is a significant gap on other prevailing diseases accounting for the remaining percentage (Mugwagwa, et al., 2017).This statistics shows how HIV/AIDS has been a burden to the healthcare system in Zimbabwe. Historically HIV/AIDS programming had been getting financial support from the Global Health donors, civil servants AIDS levy and national budget.

2.4.3 Governance and systematic weakness

Beyond financial constraints, the health system is plagued by governance and systematic weakness challenges that undermine its efficiency and resilience. These include policy incoherence where well-intentioned national health strategies are not effectively translated into action at the provincial and district levels due to a lack of capacity and/or political will. According to Chene (2015) in the health sector corruption is common and manifest in many ways varying from manipulation of policies, staff absenteeism at work, bribes or illegal referrals for personal gains. This erodes public trust and crucially damages the confidence of international donors who require transparency and accountability for continued funding. Jimu (2025) highlights that "PEPFAR supports 16,708 healthcare workers in Zimbabwe, allocating $59.6 million for human resource support and $30.7 million for non-service delivery." Therefore this dependency show systemic weaknesses creating a vulnerable foundation upon which the entire health system and the HIV response in particular is built.

2.5 The impact of funding freeze on HIV/AIDS programming.

2.5.1 Impact on HIV/AIDS prevention

The freeze on USAID funding triggers immediate and long-term severe disruptions in service delivery. According to Centers for Disease Control and Prevention (2024) abrupt foreign funding freeze affected the supply and availability of ways of preventing the spread of the virus such as condoms. As a result, the rate of HIV transmission rises creating a gap for HIV education

and poor quality of service delivery for PLWH. This shortage does not only limit human security, it also compromise HIV/AIDS programming (UNAIDS, 2025). The funding freeze accelerates the development of drug-resistant HIV strains creating a future public health crisis that is more difficult and expensive to manage. The UNAIDS (2025) reports that education on prevention, outreach programs and local people engagement outreach activities have been suspended or reduced as well as the closure of drop-in centers in Malawi. Thus funding freeze has a direct programmatic and institutional impact on healthcare systems.

2.5.2 Impact on HIV/AIDS treatment

In Africa where the health sector was more dependent on foreign humanitarian aid and resources are scarce, it is going to be a hustle for them to fill in the gap. According to Si (2025) United States of America contributed a large amount of money in Africa in 2022. Ethiopia and the DRC were the top US recipients among African partners, receiving support for both humanitarian relief and longer-term development projects. For HIV/AIDS treatment programs, the health facilities could not operate efficiently because of a number of reasons such as shortage of staff due to exodus, integration of programs to cover the gap, PLWH spacing, sharing and/or stockpiling antiretroviral (ARVs). Gawel (2025) highlights that the funding freeze has also long term consequences that can affect other chronic diseases which were funded through USAID. Thus the HIV/AIDS treatment programs in the health systems were affected globally.

2.6 Adapting strategies that can be employed by healthcare facilities.

2.6.1 Partnerships and Collaborations

Healthcare systems provide the basic need in humanity and their impact is often amplified when there is collaborate between government and private sectors. Many government-led initiatives rely on NGOs for actual implementation (Chan & Li, 2016). Partnerships allow for more efficient resource allocation, policy alignment, and greater sustainability of development

programs. This collaboration occurs in various forms, including policy advocacy, funding partnerships, capacity building and project implementation. South Africa had a campaign held in February 2025 to collaborate in raising funds to fill the gap created so that the health system functions efficiently. The collaboration involved National AIDS Council and Ministry of Health and other stakeholders the South African government aimed to raise HIV/AIDS programming funds through a national campaign (UNAIDS, 2025). Private sectors such as NGOs conduct research, also gather data and engage in public awareness campaigns to push for policy changes that benefit communities. Therefore this collaboration between the government and private organisations helps to develop and implement policies that improve access to essential services such as healthcare.

2.6.2 Improve governance

Nakatani et al (2022) argues that shrinkage in aid is as result of bad governance more than anything else. There is a greater call for good governance qualities that is accountability, transparency and responsibility as a strategy for improving governance in public funds. According to BaChien & Thanh (2022) the essential part of good governance includes agreement, participation, transparent, accountability among other characteristics. By infusing good governance and efficient durable healthcare services and also clear national health strategy illustrate a goal-oriented system. According to Bhat et al (2026) the introduction of national AIDS levy on employees illustrates its commitment in the success of HIV programming and also attraction of foreign aid. However there is also need for an improved governance to build trust with those donors who have not withdrawn funding such as European Union ad Global Fund to fill that gap that was created by USAID.

2.6.3 Increasing domestic financing for HIV/AIDS programming

Increasing domestic financing for HIV/AIDS programming is an essential adaptive strategy that can be employed by healthcare facilities. UNAIDS (2025) it is possible for nations to increase HIV funding from local means by 2030as it reports that some African countries such as Nigeria and Uganda have already increased their national budgets as an adapting strategy to changes. However African countries can view on Zimbabwe's introduction of AIDS Levy and still needed foreign aid for HIV/AIDS programming in the country which means that those countries working on increasing domestic financing as a way to fill in the gap created by foreign aid need to reflect on Zimbabwe.

2.6.4 Local production

By increasing the domestic production for HIV/AIDS programming, the affected countries can plan ahead using the available and the funds being generated without the fear of uncertainty. According to Subedar et al (2026) it is important to strengthen nationally led health system approaches for manufacturing new products by leveraging the local capacity to manufacture and ensure that these prevention tools produced align with goals. Therefore African leaders are called to use technology, existing knowledge, health structures and other resources at local level to produce medication and equipments needed for HIV/AIDS programming instead of relying on external help.

2.7 Research Gap Analysis

The literature which has been presented above carries great significance contributing to the field of HIV/AIDS programming globally and regionally where HIV prevalence is high. The scholars have established the relationship between financial flow and HIV interventions highlighting that sustained funding contributes to the prevention and treatment of HIV programming as well as mitigating measures. However, most existing literature focuses on

national analyses of HIV financing without adequately looking into how funding shocks specifically affect sub-national levels such as Masvingo province hence creating a research gap. There is a notable lack of adequate research on the lived experiences of healthcare workers and community members, sufficient evidence to recognise specific and operational obstacles faced by healthcare systems during funding aid freeze. There is also limited research on adaptive strategies that can be employed by healthcare facilities in low-resource settings to sustain HIV programming amid financial uncertainty. By addressing to these gaps, the current research contributes context specific knowledge which also provides insights for scholars, patients and healthcare officers.

2.8 Chapter Summary

The chapter provided some of literature that has been written on issues to do with health system's operations, funding and challenges being faced which lays a foundation for this research. The chapter also examined the theoretical framework, visualising the defined variables on the underlying theory providing structure to the research as well as lenses through which it can be examined.

CHAPTER THREE

3.0 RESEARCH DESIGNS AND METHODOLOGY

3.1 Introduction

Chapter three served as a guide to the researcher on the method of research and how the research was to be carried. It also helped the researcher to determine the most effective way to achieve the desired outcome of the study. By carefully outlying the framework of the research, tools, size of the population, data and ethics, the researcher was able to fulfill the objectives of the study on the impact of USAID funding freeze on HIV/AIDS programming in Masvingo District.

3.2 Research philosophy

This research adopted an interpretivist philosophy which is based on the idea that reality is understood through the perspectives and experiences of the people involved. As Finlay (2020) stated, the approach focuses on understanding the subjective experiences and meanings that individuals attach to their social contexts. This research focused on human experiences of healthcare workers and the community in Masvingo emphasising the use of qualitative data methods that best address the research objectives. In this research an interpretivist approach allowed the use of techniques such as interviews, participant observation and content analysis which also allow the researcher to capture the richness and complexity of human experiences in ways that quantitative approaches overlook (Finlay, 2020).

3.3 Research methodology

The researcher adopted a qualitative research methodology for a more comprehensive understanding of the depth and implications of Trump administration’s funding freeze on HIV programming. According to Creswell (2018) a qualitative research is a means for exploring and understanding the meaning individuals or groups assigned to a social human problem. This approach is exploratory and was selected to gain a detailed understanding of the nature, processes and varied consequences of the funding change. This allowed the researcher to understand how

different groups perceive and are affected by the situation, focusing on depth of understanding rather than numerical measurement. This also contributed in exploring both hard data that is patient numbers and human stories for experiences which is essential to check if funding cuts reduced service delivery. With the use of in-depth and key informant interviews qualitative data was collected from informants such as programs managers. The interviews allowed for an in-depth exploration of the nuanced financial experiences and challenges related to resource dependence. Qualitative data added depth to the study, provided contextual understanding and highlighting the unique financial dynamics which were a result of the new order by the Trump's administration within healthcare facilities in Masvingo. The combination of questionnaires and interviews in this approach enabled the meaningful data enhancing the validity and reliability of the findings. Thus this research methodology offered a broad overview making it well-suited for exploring the complex and multifaceted nature of impacts of funding cuts in the healthcare services in Masvingo.

3.4 Research design

The researcher used a case study approach on health facilities operating in the HIV/AIDS programming in Masvingo. Mason (2018) highlights on the advantage of using a case study that is its capacity to generate detailed, context-specific data that can illuminate the complexities of real world situations making the findings highly relevant and applicable. It also allowed the deeper contextual analysis of people's experiences, actions and perceptions. Another advantage of using the case study research is that it allowed for the use of different sources of data that is observation, existing documentation and interviews. It also focused on understanding how the funding freeze has impacted HIV/AIDS programming from a variety of stakeholders.

3.5 Population and Sample

3.5.1 Population

This study included healthcare stakeholders in Masvingo Province who were affected by the USAID funding freeze particularly under Trump administration. This involved healthcare workers who were directly involved in the service delivery, public health officials who felt the impacts, clinic and hospital staff who have filled in the gap created and community members who were benefitting from HIV/AIDS programming.

3.5.2 Sample size

Sampling is an important step of the study where the researcher select participants that represent the people affected. For qualitative a small number is selected which allows for collecting relevant data (Cheng, 2022). The sample size comprised 25 participants, 5 members in charge of the program & 5 health workers, 3 public health officials in Masvingo, 5 clinic and hospital staff, 3 PLWH and 4community members. According to Gumbili and Das (2022) a sample size should not be too small or too big to come up with full information on the topic. This explained the size of the sample used for this study.

3.6 Sampling method

For this research a purposive sampling was used for relevant participants' selection who had information which were enriching the research objectives including a diverse range of experiences. Etikan et al., (2016) states that purposive sampling allows the researchers to intentionally select individuals with diverse perspectives and experiences relevant to the research objectives, enriching the depth and breadth of data collected. This technique allowed the researcher to focus on health facilities that are most knowledgeable and directly involved in HIV/AIDS programming, ensuring that the data collected is rich and relevant.

3.7 Data collection methods

3.7.1 Primary data

According to Tabuena & Hilario (2021) primary data is raw information that is collected by the person carrying out a research. This study gathered information to answer the research questions and also reflect participants' experiences instead of relying on existing database. For primary data the study made use of interviews to explore the impacts of funding freeze. According Boddy (2016) interviews are data collection tools used in qualitative research where researchers have discussions and in-depth to gather in-depth insights and understanding on a specific topic of participants. Interviews were conducted with purposefully selected participants who had direct experiences in a conversation manner which allowed flexibility and enabled participants to express their experiences freely. With the use of interview guide, the researcher structured the questions, with consent recorded interviews using a Smartphone audio recorder application, took notes and observations.

3.7.2 Secondary data

Secondary data is defined by Kolajo & Bisallah (2023) as information used for purposes other than those for which it was initially collected. Secondary data typically comes from a wide variety of application scenarios which also serves to supplement primary data. The secondary data from research documents, academic materials and literature surrounding the research topic shape the background and guided the current study. One of the advantages of using this data collection method is that it is not expensive since the literature can be found online or institution libraries.

3.8 Validity and Reliability of data

According to Creswell & Poth (2018), validity refers to the accuracy, truthfulness and credibility of the data and the conclusion drawn from it; ensuring validity involves strategies like triangulation where data is collected from multiple sources or through various methods to confirm

findings. To ensure validity, the researcher continuously engaged with participants, member checking and used direct quotations to accurately represent their experiences for credibility. By maintaining a clear tracking record the researcher ensured dependability, provided a detailed description of research objectives and participants to support transferability through reflecting on existing literature for conformability. Yardley (2018) defines reliability as an extent to which the research study produces consistent results when repeated measurements are taken. To ensure reliability of the study, the researcher utilised credible and verifiable sources of data from official government reports, academic studies and health facilities documentation that supports the findings.

3.9 Data presentation

The researcher prioritised presenting data in a way that aligned with the audience while staying true to participants' voices. Visual artifacts like cognitive maps, flow charts and relational diagrams according to Langlay & Ravasi (2019) aid in illuminating the connections between themes and sub-themes as they transition from unprocessed qualitative data to an engaging conceptual result. The data collected was presented using a combination of tables and figures such as pie and bar charts. Tables were used to present numerical data collected and demographic information. Figures such as bar charts were used to present trends and comparison. All data visuals were clearly labeled for easy interpretation of data. The researcher also used a use quotes from interviews to provide insights into experiences.

3.9.2 Data analysis

Qualitative data analysis involved systematically examining non-numerical data to identify themes, patterns and insights of the research. Qualitative data gathered was analysed using thematic coding. The printed documents of the recorded interviews were analysed carefully

proofread, recorded interviews helped in drawing out evolving topics. Then notes from observation were used to complement data from recorded interviews.

3.10 Pilot testing

A preliminary test of the data collection tools was conducted with a small number of individuals who were not part of the main study sample to refine the research methods, identify and resolve any problems and ensure that the study can be carried out smoothly and effectively. This pilot test helped to check the clarity and effectiveness of the interviews guides and to identify any practical issues before the main data collection began so as to make necessary adjustments.

3.11 Ethical considerations

Ethical standards were observed throughout the research process. Before conducting the research, the researcher asked for permission from the district health authorities to carry out the research in their jurisdiction. After that the participants were asked for their consent before conducting an interview and were also allowed to leave out questions that seemed uncomfortable for them to answer. The researcher also ensured confidentiality and anonymity throughout the interviews were deemed necessary.

3.12 Chapter Summary

A qualitative, case study-based approach to investigate the effects of freeze on the aid on HIV/AIDS programming in Masvingo. The design used interviews and document review to collect information from key stakeholders. The design gathered data from important relevant stakeholders through document analysis and interviews. To interpret this information, thematic analysis was used with measures in place to guarantee the study's reliability and ethical integrity. The researcher also managed to explain how each and every research design and methodology was used in order to come up with a comprehensive, evidence-based grasp of the topic.

CHAPTER 4

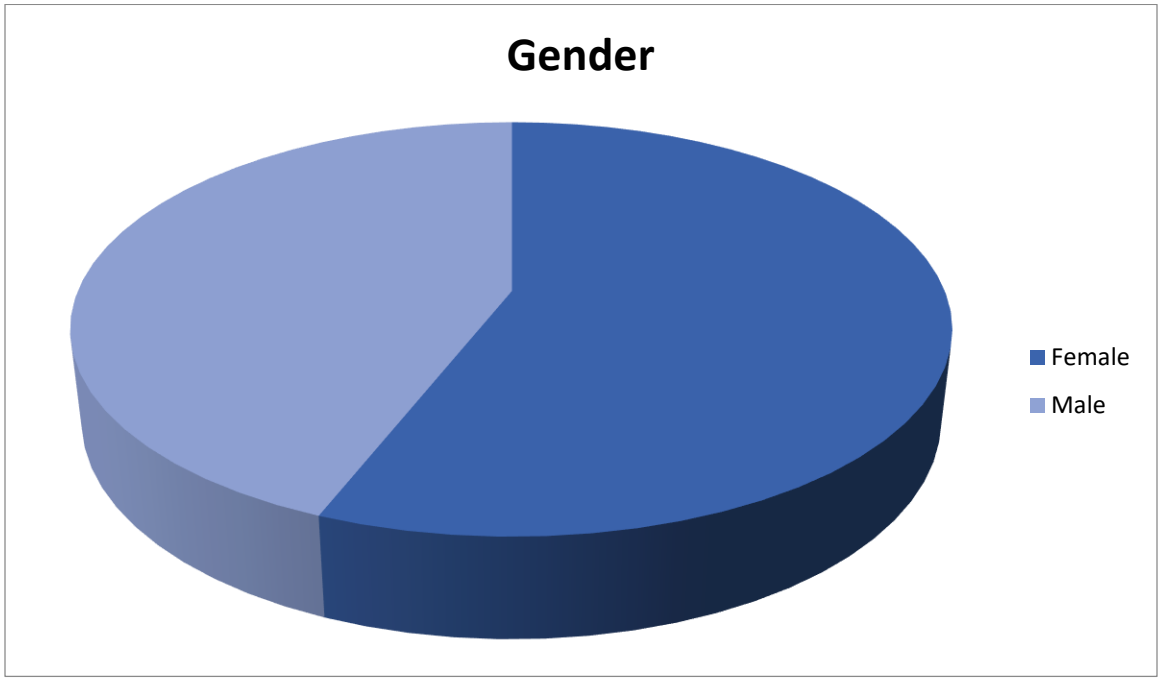
4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

In this chapter, the student presents the data collected through interviews conducted with program managers, public health officials, clinic staff, community members and PLWH. The aim of this chapter is to analyze and interpret the data provided by the participants through interviews to address the objectives of this study providing the in-depth analysis of the impact of funding freeze on HIV programming in Masvingo district. The findings of the research will be presented using charts and tables.

4.2 Section A: Biographical data of participants

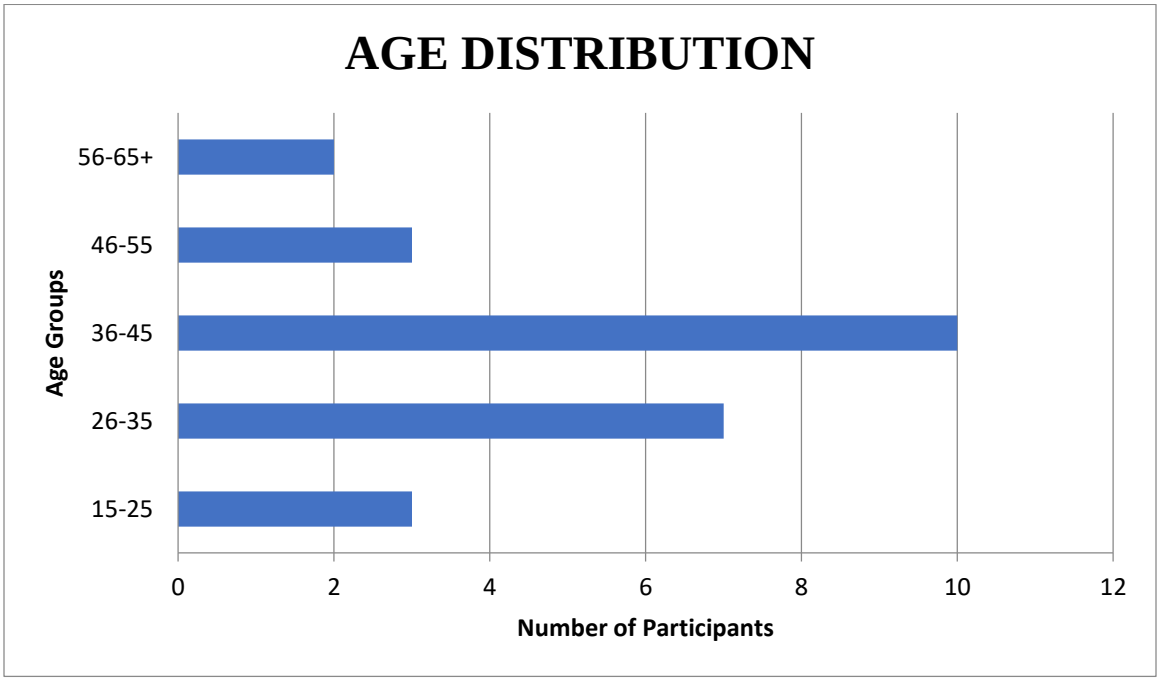
Figure 4.1: Gender of Participants



The findings showed that most participants were females occupying 56% while 44% were males which indicate that this study's participants were more females than males.

4.3 Age

Figure 4.2: Age Range of Participants



From the ages 15-25 years there were 3 participants, 7 from 26-35 years, 10 from 36-45 years, 3 from 46-55 years and 2 from 56-65+ years. The highest participants ranged from 36-46 years and the lowest were ranging from 55-65+ years of age.

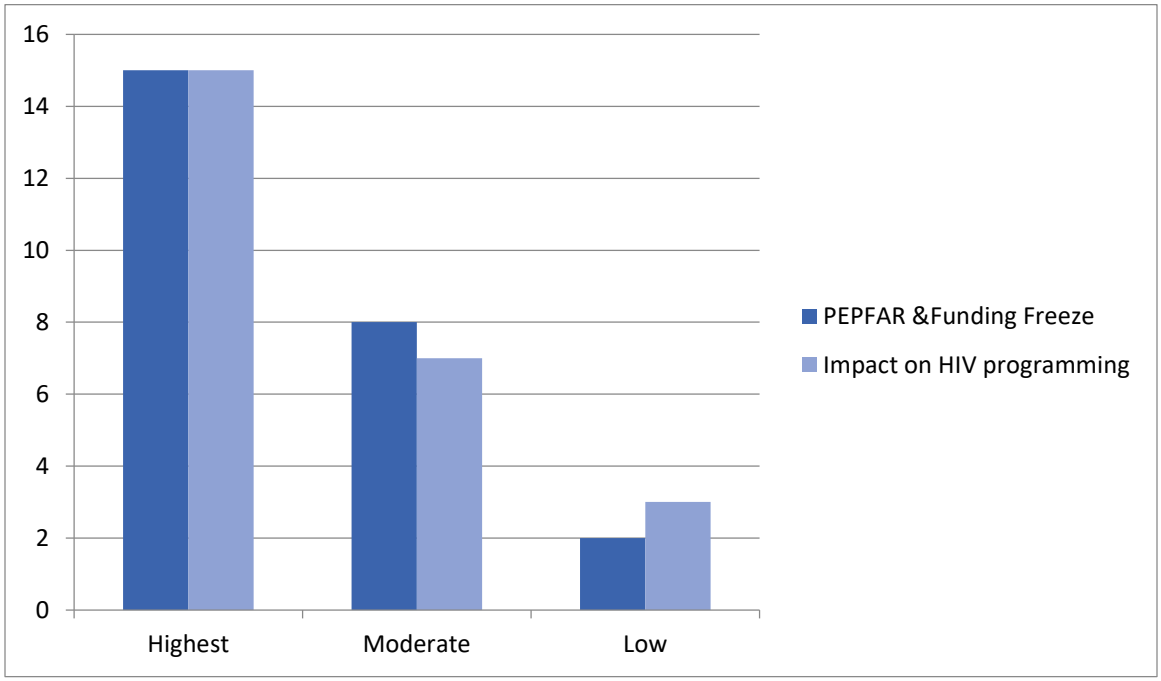
Table 1: Level of Education

Education Level	Number of participants	Percentage
Primary	1	4%
Secondary	8	32%
Tertiary	16	64%
Total	25	100%

The findings indicate that all the participants were at least literate. 64% went to tertiary, 32% went to secondary, 4% went to primary and this indicate that information provided came from people with literacy ability understanding of what the researcher asked from them.

4.4 Section B: Understanding the impact of USAID funding freeze on HIV programming.

Figure 4.3: Level of understanding



60% (15 participants) of the participants showed that they had knowledge on PEPFAR and funding freeze. 32% (8 participants) showed a moderate understanding and 8% (2 participants) showed a low understanding and were not aware of PEPFAR and that the funding had been frozen. On the impact of funding freeze on HIV programming 60% (15 participants) showed understanding, 28% (7 participants) showed moderate and 12% (3 partipants) had little or no knowledge on the impact. One of the participants from the HIV/AIDS programming stated that:

> *'USAID funding had been one of the best sources of funding for our programs. I work in the programs department and yes we had to make adjustment on field outreaches among others because this was a shock to us, we had prepared annual programs and this just came of which we had not prepared for that.'*

Another commended that:

'I only saw messages in our WhatsApp group chats where other nurses were talking about their relatives being laid off at work, salaries being slashed but I really do not know about funding freeze on PEPFAR and its impact because most of the times I am working with a mobile clinic under Masvingo Rural District Council where we just vaccinate children.'

The researcher wanted to know if the participants had knowledge of USAID funding freeze and the impact also to learn their understanding so that the data provided contributes towards a comprehensive research. From their responses it indicated that they were aware of the problem, how they were affected and hoping for sustainable ways so that the HIV programming runs smoothly in the future.

4.5 The experiences of healthcare workers and community membersduring USAID funding freeze.

The experiences of healthcare workers and community members.

The experiences of healthcare workers and community members showed disappointments towards the donors. In contrast to those employed at government facilities, one of the healthcare workers stated that employees of Non-Governmental Organisations that provide HIV care and prevention and receive US funding were primarily impacted. He said that:

'I heard that employees using company cars were asked to return them'

The other participant said that:

'For those who just want to use Art for prevention if they are not certain of their partner's infidelity issues are no longer given.'

Participants described how some members at organisation were laid off and at others the companies or organisations closed. The participant explained that:

> *'PSH is one of the organisations which ceased its operations totally for a certain period and when they continued workers have to renew their contracts.'*

This has led to a long-term anxiety about job insecurity. One of the participants said that:

> *'I quit my job to work in the dining services at hospital. In the space of NGOs, I felt uneasy so it is better to work for the government because at least I will get pension and other benefits.'*

Although the funding halt may not have a direct impact on his choice, his rmarks captured anxiety of health professionals who rely on donor-funded salaries both within the NGO sector and among those who receive them.

It became evident that the communities were already affected by the uncertainty. Being fearful of receiving bad news, patients were staying away from medical facilities. When the health system failed them some patients who were already struggling with self-stigma started turning to traditional or spiritual therapies in search of stability. Others mentioned patients who skipped or hoarded medication to prolong their prescription which is a risky behavior that raises possibility of drug resistance adding to other health issues. One of the NAC members stated that:

> *'Due to panic and the false rumour spreading in the communities, other patients defaulted, skipped doses and refused to visit their local clinics for medication because they were uncomfortable to get them there.'*

One of the participants also claimed that:

> *'We used to get medication for free but now we must travel to our local clinics where there is less privacy because we end up meeting our neighbours there or rather at private clinics where we pay for the services.'*

From the experiences of healthcare workers there is uncertainty on their future standards of living. Some had been working in HIV programming and they solely depended on that as source of income. Beyond the effects on patients Gumbie (2025) highlights that the funding block endangered livelihoods because many facilities depend on donor-funded salaries, training and operating expenses. Without this function vital data would be lost seriously jeopardizing the district's HIV response. There were students whose fees were being paid for and their education is no longer guaranteed if it is going to continue. The fact that the issue became the centre of news on social media people making fun of HIV/AIDS patients going back to the 90s where symptoms were visible for quite a long time also affected the patients psychologically. Additionally nurses found it difficult to reassure patients when they themselves lacked the answers. Therefore the funding freeze has led to uncomfortable experiences which have fed people on the fear of their future.

4.6 The challenges in the healthcare system due to the funding aid freeze.

The participants mainly highlighted inadequate resources for monitoring and evaluation as the main challenge being faced. They also noted increased administrative burdens, limited service delivery capacity, stigma management and community engagement then financial strain on patient access to service as challenges in the healthcare system due to funding aid freeze.

Administrative burden

The freeze created systemic challenges particularly in testing and patient transfers. One of the NAC staff described how patients from other private organisations had to be transferred to local clinics according to their residence when facilities could no longer sustain services. She said that:

> *'They had to transfer their patients to the local clinics. They couldn't just let people die, it was a structure.'*

This illustrates how coordination between facilities was strained with clinics absorbing additional burdens.

Sustainability

Another challenge emerged was sustainability. The participants pointed out that reliance on external donors left gaps when funding was withdrawn making HIV/AIDS programming vulnerable: One of the respondents emphasised that:

> *'We cannot depend on those people anymore… we need to find other ways to sustain what we have already achieved.'*

Participants also indicated that they were used to get their medication at PSH but now they had to get them at local clinics which was a challenge for them because they did not want people around then to know their status. When PSH reopened their services were now being paid for and getting them at private clinics was also a challenge because of their financial statuses.

Despite these challenges ART (antiretroviral therapy) provision remained a priority. NAC Monitoring and Evaluation officer asserted that,

'In terms of ART, ART never stopped. We took it as the only thing. If ART stopped, it would result in death by now.'

From the challenges identified, the healthcare facilities tried their best to provide services to the people. This shows resilience and commitment to sustaining life-saving treatment even under financial constraints. One of the challenges faced by PLWH indicated was medication bills introduced but it served as an adapting measure to the facilities.

4.7 Assessing the impact of funding freeze on HIV/AIDS programming in Masvingo.

The impact on HIV programming

The NAC personnel highlighted that HIV testing programs faced significant strain during the funding freeze. Although the program design required systematic testing clinics were already overwhelmed with other patients. As a result reaching testing quotas became difficult due to staff shortages and increased workload. For example they explained that clinics struggled to meet targets such as testing 50 girls per club annually. She said that,

'Even with those 50 girls, we are struggling to get them tested. Because the clinic itself also uses a whole lot of people… So that's a shortage.'

This reflects how limited resources and staff shortages directly affected service delivery.

Impact on counseling services

The participant indicated that counseling services were not directly affected by the funding freeze. They explained that donors had previously trained health workers both in

HIV testing and counseling. Even if donor support was withdrawn trained personnel remained within communities and could continue providing support even when donor-funded programs paused. The respondent said:

> *'In terms of counseling, I don't think counseling is directly affected… when donors come, they train people for sustainability… if the donor goes, there should be someone still on the ground.'*

The effect was however felt on the patient-nurse ratio due to exodus of health workers most trained nurses have already gone to other countries which has created gap for the remaining staff to fill. Those patients who were transferred to local clinics added a burden to the already strained staff members. As a result the clinics prioritised treatment of patients and minimized counseling services.

The participants' responses indicate that the funding freeze mainly affected patients who knew their status more than the new. This is because the ART never stopped being distributed those who got tested annually for their viral load reduced their number from 50 to 10 or 5 per visit, among other disruptions. All these disruptions had a direct impact on the patients who already knew their statuses. This also indicates the dedication of the healthcare system on maintaining the achievements on HIV/AIDS programming. "HIV prevention services for key populations (sex workers, men who have sex with men, gay men, people who use drugs, transgender persons, prisoners) are disrupted, including access to PrEP, HIV testing, counseling, ART services, opioid agonist therapy and harm reduction services" (UNAIDS, 2025). Thus the funding freeze had a significant impact on HIV programming in Masvingo district which threatened 'to reverse decades of hard-earned progress in Zimbabwe.'

4.8 Adaptive strategies that can be employed by healthcare facilities.

Adaptive strategies which were implemented:

4.8.1 Focus on ART continuity

The health facilities prioritised ART provision service safeguarding patient survival and viral suppression. This prioritization reflects a deliberate strategy to safeguard life-saving interventions even under financial constraints. The country has made significant achievements in the HIV/AIDS programming which include "reaching the UNAIDS 95-95-95 fast-track targets among the adult population meaning 95 percent of people living with HIV know their status, 95 percent of those diagnosed are on treatment and 95 percent of those on treatment have achieved viral suppression" (Medicins Sans Frontieres, 2025). The health facilities focused on the three 95s so that this achievement would not be disturbed aiming to reach above what they have achieved so far.

According to the NAC personnel clearly stated that ART services did not stop during the funding freeze. The participant claimed that:

'ART never stopped. If ART had stopped, people would have died.'

ART was treated as an essential and non-negotiable service. Even when other programs experienced disruptions, treatment for people living with HIV continued. This reflects prioritization of life-saving services despite funding challenges.

4.8.2 Patient transfer

Health facilities in the district coordinated to transfer patients to local clinics to prevent treatment disturbances. Irvine et al. (2021) highlights that HIV Care coordination promotes care and viral suppression among people on HIV medical care and shows evidence of effectiveness for

care for the program. The affected health facilities such as PSH transferred the patients to clinics such as Runyararo and Mucheke to ensure the flow of the program. Rather than being left without treatment facilities faced operational challenges upholding the national vision "A Zimbabwe free from HIV infections, stigma and AIDS death by 20230". This demonstrates institutional coordination within the health system between the private and public sector. NAC programs officer indicated that:

> *'The PSH had to transfer their patients to local clinics such as Runyararo, Mucheke clinic so that they get their treatment and medications there.'*

4.8.3 Community-Led Monitoring (CLM)

In Masvingo district, the efforts to adapt to the situation have been significantly strengthened by a CLM initiative that puts Key Population (KP) members at the center of service delivery and evaluation. According to International Aids Society (2022) CLM is an evidence-informed mechanism that supports HIV programme managers and service providers to identify and address local challenges in accessibility and quality of HIV prevention and treatment. The CLM approach ensured healthcare services are more responsive to the needs of key and vulnerable populations by leading and managing aspects of service delivery in the district. The Sister-in-Charge at Runyararo Clinic explained how the program evolved. She said that:

> *'At the beginning the clinic was only seeing MSM and three female sex workers. We had a committee to track the progress of the KP program which included representatives from NAC, the Ministry of Health and the Provincial Authority.'*

The approach has proven effective. Since the implementation of CLM, client numbers have increased and community members now refer peers to the clinic. Follow-ups on defaulting clients have also improved. One of the respondents asserted that:

> *'The CLM acts as a bridge between the community and the facility,'*

The nurse added:

> *'It ensures that challenges in service delivery are addressed, allowing KPs to access services without stigma or discrimination.'*

4.8.4 Local volunteers and trained community members

Counseling and testing were carried out by trained community members and local volunteers ensuring continuity even when donor-funded staff was unavailable to sustain KP services as internal resources. Previous training of nurses and community health workers who are currently implementing community models and performing patient follow-ups was beneficial to Masvingo health facilities. NAC HIV programs officer indicated that:

> *'We are fortunate to have retained most of our trained staff. Those staff members are now training others though we still need more capacity building to strengthen KP services. We have also trained nurses to support adolescent KPs particularly those living with HIV by establishing adolescent support groups.'*

Mr Munyikwa, the NAC Masvingo Provincial Monitoring and Evaluation Officer, highlighted the role of training in building KP-friendly services. He said that:

'Runyararo Clinic is one of health facility in the district where we have trained a number of healthcare workers to provide KP friendly services. With sufficient funding our goal is to ensure every healthcare worker receives training to serve key and vulnerable populations.'

The participants also suggested that local resource mobilisation be one of the adaptive strategies of reducing impact of funding freeze on HIV programming. NAC personnel emphasised the need to engage with local businesses and organisations:

'We are also looking at local businesses and organisations to start taking hands-on initiatives in ensuring that we sustain what we have already achieved.'

4.9 Summary

The data collected from healthcare facilities in Masvingo district on the impact of funding freeze on HIV programming indicates that the freeze has created significant operational hurdles specific for prevention and monitoring programs. During the first phase, the main aim was to sustain what they had achieved and through patient transfer and Community-Led Monitoring the district it was successful. However, those programs that were disturbed need funding to operate again hence there is need for a reliable and permanent source of the funding.

CHAPTER 5

5.0 SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND AREAS OF FURTHER RESEACH

5.1 Introduction

This chapter presents the key findings of the study, discusses the research findings and suggestions. This chapter also provides an overview of the topics covered in the chapters one though four along with areas for future research.

5.2 There were five chapters in the study:

The first chapter served as an introduction focusing on the data needed for the study and highlighting how the USAID funding freeze affected HIV/AIDS programs worldwide. It provided the study's background, purpose, problem statement, research objectives, research questions, assumptions, importance, limits and delimitations. It provided the background of the study, purpose, statement of the problem, research objectives, research questions, assumptions, significance, limitations and delimitations of the study. The study sought to analyze the nature and extent of health system disruption caused by the USAID funding freeze on HIV/AIDS programming within Masvingo District.

Chapter two provided a comprehensive literature review on the nature and extent of health system disruption caused by the USAID funding freeze on HIV/AIDS care programming in Masvingo. The context explored the nature and extent of health systems disruption at different levels at global, continental, regional and national scales examining how these impacts manifested in various contexts emphasizing the health system disruption caused by the USAID funding freeze on HIV/AIDS care. The section also highlighted ongoing global and regional efforts to adapt to the changes and efficient systems and the impact of these measures.

Chapter three outlined a qualitative, case study-based approach to investigate the consequences of USAID freeze on HIV/AIDS programming in Masvingo. The design used

interviews and document review to collect information from key stakeholders. Using in-depth interview and key informant interview, a sample of twenty-five participants was used to obtain data. This chapter included the research tools employed, ethical considerations addressed and a detailed discussion of validity and dependability of the research findings.

Chapter four presents findings from interviews with stakeholders in Masvingo district on the impact of the USAID funding freeze on HIV programming. The participants were mostly literate, with a majority being working class and aged between 36–46 years. All categories of respondents, program managers, public health officials, clinic staff, community members and patients participated fully. The study revealed that 60% of respondents had high knowledge of PEPFAR and the funding freeze, while others had moderate or low awareness. The freeze disrupted HIV programming through clinic closures, retrenchments, slashed salaries, and reduced outreach activities. Healthcare workers and community members experienced staff burnout, medication hoarding, delayed testing, stigma, and service disruptions. Patients faced increased waiting times, reduced privacy and financial strain when services shifted to private clinics.

The recommendations, findings, opportunities for more investigation and summary were the concentration of Chapter 5.

5.3. Conclusions

The research objectives arrived at the following conclusions which are based on the research objectives.

I. To examine the experiences of healthcare workers and community members regarding the funding aid freeze.

The research concluded that healthcare workers and community members in Masvingo felt PEPFAR/USAID funding freeze like a sudden shock that hit them hard forcing adjustments because annual programs were not prepared for the cut. Staff shared many experiences which

shaped a stressful environment for both workers and community members who rely on HIV services. Their daily experiences included service delivery and access interruptions, increased workload and emotional strain from seeing patients suffer due to disrupted services and clinic closures. The research also found out that there were students whose fees were being paid for and their education is now uncertain.

II. To identify the key challenges in the healthcare system due to USAID funding freeze.

The research established that the main challenges identified affected combination prevention strategies, treatment support and resilience systems for health. These challenges have been a result of short staff as well as lack of adequate funding. The freeze added challenges on top of the ones the facilities were already facing before. According to Moyo (2024) for several years, nurses, doctors, pharmacists and other healthcare workers have been going to western countries to escape low salaries and poor working conditions in the country and earn better standards of living. Therefore the funding freeze has worsened the challenges being faced by the healthcare facilities.

III. To assess the impact of USAID funding freeze on HIV/AIDS programming in Masvingo district.

The study found that funding freeze had an impact mainly on the prevention, monitoring and evaluation programs. The decreased HIV testing & screening services, disruption of prevention education programs, increased medication default, rise in HIV transmission rates, increased patient waiting times, interruption of school fees payment KP, weakened monitoring & evaluation systems. The research also concluded that all these disruptions had a direct impact on the patients who already knew their statuses because the services were now prioritising those who

were being tested for the first time. The research also revealed that, the funding freeze acted as an eye opener for the healthcare system highlighting its weaknesses leaving a room for improvements. It also strengthened coordination of healthcare facilities as seen through patients transfer.

IV. To suggest adaptive strategies that can be employed by local healthcare facilities.

The study concluded that adaptive strategies showed the dedication of the healthcare system on maintaining the achievements on HIV/AIDS programming. These strategies helped sustain essential services but prevention and monitoring programs remained vulnerable which revealed that there is still need for strategies that cover all the programs disturbed. The study also established that while Masvingo district managed to safeguard ART services sustainable local funding and partnerships are urgently needed to restore and strengthen HIV programming.

5.4. Recommendations

Based on the research findings, the following recommendations must be considered:

I. Healthcare workers & community members

Healthcare workers should create mental health support groups as safe and comfort zones of affected people and share how they have managed to survive through to deal with emotional strain. They should also rotate shifts so that they get enough time to rest and being away from the stressful environment. Both healthcare workers and community members should have other sustainable sources of income such as local businesses investments that can add on their monthly salaries also for community programs.

The community members should also engage with healthcare providers regularly to stay well informed about program funding status and potential service changes to reduce misinformation that can endanger their health. For instance some people were reported to be skipping the medication to last longer yet from the authorities ART service never stopped. Volunteer in peer

education to fight against stigma and helping to be comfortable about their status so that they would not become victims of stigma in the future. Attend community meetings for local health initiatives so that they share their ideas and ways of dealing with the impact with the authorities and getting ways others are using to survive during this crisis.

II. Healthcare facilities

The healthcare facilities should be able to generate funds locally. For instance, some rural clinics in Masvingo rural district introduced levy as a way of generating income for clinic operations. They should also engage in "look and learn" programs so that they get knowledge from other districts on how the dealt with some of the challenges that existed before and after the funding freeze. Through local resource mobilisation from businesses and organisations, making use of indigenous knowledge systems for herbs or medication that can suppress the viral load as a complement for ART can strengthen HIV programming.

III. Ministry of Healthcare and Child Care

The ministry should also continue safeguarding ART provision while gradually restoring prevention, counseling and education programs. The ministry should also expand CLM initiatives to cover more key populations and ensure accountability in service delivery. Those who were benefitting from the program academically should be traced and provided with sustainable projects so that they continue with their education independently. The ministry should also create safe spaces for PLWH to access services without fear of discrimination.

IV. The Government of Zimbabwe

The government should make some reforms in the healthcare system to avoid facing the same impact and strengthen the weaknesses exposed. These include, diversifying funding resource through the engagement of businesses, churches and community organizations to contribute

financially or in-kind to sustain HIV programming. They can set up monitoring and evaluation of donor funding status and its impact on the service and allocate emergency reserves that can fund during such crisis. Capacity building for health workers that is train more nurses and community health workers to reduce staff burnout and improve service coverage filling the gap left by exodus of workers. The government should also invest in indigenous knowledge system research institutes so that they can come up with herbs locally available that can be used to suppress the viral load or cure.

5.5. Areas of further research

The study analysed the effects of the USAID funding suspension on HIV/AIDS initiatives in Masvingo District and proposed adaptation methods. It is also important for other scholars to look at ways of implementing the strategies and investigate on impact of funding on other healthcare programs.

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Appendix 1: Permission Letter

Appendix 2: Interview guide on the impact of USAID funding aid freeze on HIV/AIDS programming in Masvingo District.

Introduction (To be read/explained at the start of each interview)

Good day. Thank you for agreeing to speak with me today. My name is B214119A. I am working on a research project to understand how the freeze in funding aid has affected HIV/AIDS programming in Masvingo. I would like to hear about your experiences, what you have seen and your thoughts on the current situation. You do not have to answer any question that makes you uncomfortable and you can stop our conversation at any time. Your insights are vital and will remain confidential. The interview will take about 10-15 minutes. With your permission, I will audio record this discussion to ensure I accurately capture your views. Do you have any questions before we begin?

Key Informant Interview Guide (Program managers, public health officials & clinic staff)

Interviewee Profile & Role

May you please briefly describe your level of education, gender, marital status, age and role in healthcare.

The Experiences during the Funding Freeze

1. How did the funding freeze affect healthcare worker morale and retention?

ii. How did you manage healthcare worker capacity during the freeze?

iii. May you share a specific instance or story that illustrates your experience of this funding situation?

The Key Challenges in the Health System

2. What were the biggest systemic challenges caused by the funding freeze?

ii. How are these challenges affecting the day-to-day operations of the health facility?

iii. Did it affect coordination between facilities or partners?

Impact on HIV/AIDS Programming

3. How did HIV/AIDS programming change because of the freeze?

ii. Were there gaps in HIV testing, ART or counseling?

iii. Did patient outcomes or adherence rates shift?

Adaptive Strategies

4. What adaptations helped sustain HIV services during the freeze?

ii. How can facilities prepare for future funding disruptions?

iii. Which local resources could help fill in funding gaps?

In closing, is there anything crucial about the impact of the funding freeze that we haven't discussed that you feel is important to share?

Thank you so much for your time and for sharing your valuable experiences and insights. This information is extremely helpful for this study. If you think of anything else later or if we need to clarify a point, may we contact you? Have a good day.

Appendix 3: In-depth Interview Guide(PLWH & community members)

Good day. Thank you for agreeing to speak with me today. My name is B214119A. I am working on a research project to understand how the freeze in funding aid has affected HIV/AIDS programming in Masvingo. I would like to hear about your experiences, what you have seen and your thoughts on the current situation. You do not have to answer any question that makes you uncomfortable and you can stop our conversation at any time. Your insights are vital and will remain confidential. The interview will take about 10-15 minutes. With your permission, I will audio record this discussion to ensure I accurately capture your views. Do you have any questions before we begin?

In-Depth Interview Guide (PLWH & community members)

1. How did the funding freeze affect your medication adherence?

ii. Did it change your daily tasks or stress levels?

iii. How did you cope with the uncertainty?

The Key Challenges in the Healthcare System

2. What were the main challenges you faced?

ii. Did challenges affect you? If so, how?

iii. So how did you cope with the challenges?

Impact of funding freeze on the HIV Programming

3. How did the freeze impact HIV services you received?

ii. Did it affect your access to drugs or counseling?

iii. Did your health or treatment adherence change?

Adaptive Strategies

4. What adaptations helped keep HIV programs running?

ii. What support would help you maintain services?

iii. How could the community help during funding gaps?

In closing, is there anything crucial about the impact of the funding freeze that we haven't discussed that you feel is important to share?

Thank you so much for your time and for sharing your valuable experiences and insights. This information is extremely helpful for this study. If you think of anything else later or if we need to clarify a point, may we contact you? Have a good day.

Appendix 4: Permission Letter from NAC


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Appendix 5: Permission from the Ministry of Health and Childcare


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