

ZAPSO Private Sector HIV/AIDS Prevention Initiative in Zimbabwe

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Sida Evalution 03/21

Department for Africa

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Hope Chigudu & Associates

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List of Acronyms

AGM	Annual General Meeting
AID	Acquired Immune Deficiency Syndrom
ASO	AIDS Ssupport Organizations
CBO	Community Based Organization
HIV	Human Immuno-Deficiency Virus
HRD	Human Resources Development
IEC	Information, Education and Communication
KABP	Knowledge, Attitudes, Beliefs, Practices
LFA	Logical Framework Analysis
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PLWHA	People Living With HIV/AIDS
PSAPI	Private Sector AIDS Prevention Initiative
SEK	Swedish Kroner
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWOT	Strengths, Weaknesses, Opportunities and Threats
VCT	Voluntary Counseling and Testing
WAG	Women's Action Group
ZAPSO	Zimbabwe AIDS Prevention and Support Organization
ZCTU	Zimbabwe Congress of Trade Unions
ZNCC	Zimbabwe National Chamber of Commerce
ZWD	Zimbabwe Dollar

Executive Summary

The Program

ZAPSO was registered in 1997 as a non-profit private voluntary organization (PVO). Its goal is to contribute to the reduction of HIV/AIDS infection in Zimbabwe through information, education and communication (IEC) activities that promote HIV/AIDS prevention at the workplace, under the groundbreaking Private Sector AIDS Prevention Initiative (PSAPI). The program under review was implemented from September 2001 to December 2002, as a Sida-funded component of the PSAPI.

Purpose

The purpose of the Sida-funded component was to enable ZAPSO to extend its IEC program to 20 companies in addition to the 100 that ZAPSO was already working with. Sida agreed to fund the program to the tune of ZWD 14 011 110, 00, which was equivalent to SEK 2 802 000.00 (Agreement Between Sida and ZAPSO; Sida ref: A 2709077: Component U 11 22.1 / 17).

Location

Most of the companies covered by the program are in the three provinces of Mashonaland (East, Central and West) with greatest concentration in Harare, the capital city. They include companies in banking, insurance, mining, hotel and catering, and manufacturing, with some outreach to companies in the Masvingo and Midlands Provinces.

Main Components

The main components of PSAPI include these activities:

- ☐ Appraising management on impacts of HIV/AIDS on company profits
- ☐ Negotiating with management to obtain company policy support for HIV/AIDS prevention at the workplace
- ☐ Leveraging resources and mobilizing management and shop floor workers for company based HIV/AIDS prevention programs
- ☐ Carrying out KABP surveys to identify knowledge gaps
- ☐ Designing, producing and distributing IEC materials to peer educators
- ☐ Conducting AIDS awareness sessions for all levels of employees
- ☐ Training peer educators
- ☐ Training trainers of peer educators
- ☐ Promoting condom use, and availability of condoms at workplaces
- ☐ Provision of Voluntary Counselling and Testing (VCT) services

To enhance program quality and impact, ZAPSO is developing outreach programs to workers' spouses and youth, and targeting men for reproductive health programs.

Purpose of Evaluation

The overall objective of this evaluation is to assess the relevance, effectiveness, impact and sustainability of the workplace HIV/AIDS prevention program, and to recommend ways in which Sida could further strengthen the role of the private sector in HIV/AIDS prevention and care activities (see Annex 1 for the full TOR).

FINDINGS AND RECOMMENDATIONS

Relevance

Zimbabwe has an HIV/AIDS infection rate of about 35,8% and might be rising. Most of the infected are in the age group 15 – 49 years, that is, the economically active section of the population. The pandemic is thus a threat to both human lives and the national economy. There is therefore no question that HIV/AIDS prevention programs such as PSAPI are relevant to the physical and economic survival of the nation.

Effectiveness

In relation to the Sida-supported component, the list of ‘process indicators’ below shows the achievements over the review period (September 2001 – December 2002). Assuming that for each activity / indicator the target was to reach the 20 companies, the column of percentages shows the coverage achieved, by activity. HIV/AIDS awareness sessions were the most frequent, followed by peer educator training workshops, management sensitization workshops and training of trainers (TOT) workshops.

Management sensitization sessions	5	25%	of target	of 20 companies
HIV/AIDS awareness sessions	18	90%	”	”
Peer educator training workshops	10	50%	”	”
Training of Trainers workshops	4	20%	”	”
Communication and counseling workshops	1	5%	”	”
Gender training workshops	1	5%	”	”
Follow up visits to companies	1	5%	”	”

[Source: ZAPSO: *Sida Company Profile and Activity Schedule* – undated]

The overall impression is that of a low-key program. (Note, however, that the figures refer only to the Sida-funded component. When all of the 120 or so companies are considered, a different picture emerges).

Factors influencing program outputs performance included the following:

- As argued in the main report, the program objectives are not defined in a **SMART** way (i.e. specific, measurable, attainable, realistic or time-bound). Consequently, the expected outputs are also vaguely defined, with no targets for the program. These gaps undermined a results-based approach to project management.
- Human resources are too thin on the ground, trying to manage IEC outreach to more than 100 companies, as well as office-based responsibilities. It becomes difficult to synchronize related activities. E.g. while 18 companies have had awareness sessions, only 10 have seen the follow up training of peer educators.

Program Impacts

The baseline survey of 1999 on knowledge, attitudes, beliefs and practices (KABP) revealed a near universal (98%) knowledge of HIV/AIDS transmission, symptoms and prevention (ZAPSO; 1999). It therefore seems paradoxical that the PSAPI needs to keep distributing free condoms to reduce the incidence of HIV/AIDS/STI at the workplace. The fact is that behavioural change towards safe sexual practices has been somewhat slow, with a higher prevalence of condom use being the most noticeable impact of PSAPI. Another Sida-funded HIV/AIDS prevention program by the National Railways of Zimbabwe has shown that condom use also declines when the free supply runs out.

Factors influencing program impact included the following:

- Information on *AIDS facts* (transmission, symptoms and prevention) alone has not been an adequate incentive to promote safe sex. The program has neglected *what the people know* – the *social facts*. For example, there are no IEC materials to facilitate community level dialogue on the socio-cultural and/or economic factors that hinder change from high-risk sexual behaviour, such as gender inequalities in sexual relationships, the men's need to prove their virility, socio-economic pressures that weaken women's ability to negotiate protected sex etc.
- There is a gap in the participatory approach; shop floor workers are excluded from the negotiations leading to the signing of the MOU between ZAPSO and the company, and in the negotiations for a company policy on HIV/AIDS prevention and care activities. This deprives the program of potentially useful suggestions from the workers on program design. More importantly, the exclusion of workers might cause among the shop floor workers a diminished sense of personal responsibility for one's protection against HIV/AIDS infection.
- IEC activities as currently designed are targeted at shop floor workers mostly. Management is relatively neglected, yet from this class come some of the 'sugar daddies' and senior officers who seduce and/or sexually harass female staff (demanding sexual favours for jobs, promotion and/or salary increments). Also, portraying HIV/AIDS as a shop floor disease, even if this is inadvertent, heightens the fear of stigmatisation among the workers.
- ZAPSO seems to be targeting the larger companies to the relative neglect of the smaller, less endowed companies where the need for donor funding for IEC activities could be justified more convincingly. This creates a gap in the PSAPI in that the bulk of the labour force, which works for small companies, is by-passed.

Exit Strategy and Sustainability

Under the MOUs between ZAPSO and client companies, ZAPSO becomes the lead partner, responsible for awareness raising on HIV/AIDS, skills training for peer educators and peer leaders, and sourcing of condoms and IEC materials. That is, it seems that the purpose of the MOU is to create space within companies for ZAPSO to implement the HIV/AIDS-related IEC program. There is no explicit or implicit plan for companies to take over these responsibilities from ZAPSO after some time.

Organizational context

The PSAPI has grown fast, establishing ZAPSO as a leader in private sector HIV/AIDS prevention activities. This growth has not been matched by desirable restructuring of the leadership style and decision making procedures towards those of a mature organization. The Director, as the founder, is the driving force, while the board of trustees has yet to assert its ownership of the organization and provide effective guidance on policy and procedural issues. Important policies have still to be developed, e.g. on board-secretariat working relationships; staff salary grades and notching of increments; sabbatical leave etc. A particularly disturbing trend is the high staff turn over, whose cause the board of trustees has yet to investigate / resolve.

Conclusion

ZAPSO has been successful in introducing a groundbreaking HIV/AIDS prevention program in the private sector, persuading companies and workers to contribute in cash and/or kind towards the program. More companies are now pro-active in seeking ZAPSO's assistance in establishing HIV/AIDS prevention programs. However, there are gaps in program design, implementation and management, e.g.:

- ☐ Little attention to socio-cultural hindrances to change towards safe sex.
- ☐ Relative neglect of management, and of smaller companies.
- ☐ Exclusion of workers in negotiations for company policy support and for a MOU.
- ☐ An unclear exit strategy.
- ☐ Inadequate orientation towards results-based planning and management.

Lessons

- Effectiveness is a function of planning skills. Problems with defining operational objectives hinder results-based planning and management.
- The dissemination of the *AIDS facts* alone has limited impact on the prevalence of high-risk sexual behavior. People also need to confront socio-cultural factors hindering sexual behavior change.
- An unclear exit strategy leaves companies dependent on ZAPSO for critical services such as peer educator training. As new companies come on board, the cumulative workload of services to both ‘old’ and new companies overstretch staff to a point where program effectiveness is compromised.
- An invisible board and/or weak board processes delay growth towards organizational maturity in terms of leadership style and decision-making structures and processes.

Main recommendations

We recommend Sida support for two capacity building workshops for ZAPSO:

- ☐ Workshop to dialogue on and demarcate the roles and responsibilities of the governance structure (AGM and Board) and the management structure (Director and Secretariat), to locate ownership of ZAPSO in the board.
- ☐ Strategic planning workshop for ZAPSO, to come up with a program design that is clear on core business and exit strategy. The program should be outlined using the LFA as a planning tool

To strengthen the role of the private sector in HIV/AIDS prevention, we recommend Sida funding for a collaborative initiative by ZAPSO, ZNCC and ZCTU that promotes adoption by companies of a basket of ‘best practices’ in HIV/AIDS prevention at the workplace, in a program coordinated by ZAPSO. The best practices should be identified through a baseline survey of existing practices in the private sector in Zimbabwe, and a desk study of literature on practices in other countries in eastern and southern Africa. The main report elaborates on this proposal.

Main Report

1.0 Program Context

1.1 HIV/AIDS in Africa

Recent UN reports show the extent to which HIV/AIDS is eroding economic, health and educational development in Africa by wiping out its human resource base. Africa's population has never suffered as much shock as is being experienced now with the threat of HIV/AIDS. The extent of the fear which the HIV/AIDS pandemic has struck in the hearts of most Africans can be seen in the countless euphemisms by which the disease has come to be known in different countries – “the slow leak” “slimming disease” “slow puncture” “the modern disease” “the silent killer” – as if mentioning the name would aggravate its incidence. Unlike most western countries, where HIV/AIDS is mostly a homosexual disease, in Africa the disease is transmitted heterosexually. This means that HIV/AIDS is hitting Africa where it hurts most – the family.

From the early eighties of outright denial or nervous acknowledgement of the disease, to the late nineties acceptance and hypocritical enforcement of ‘non disclosure’ policies, African countries allowed the dreadful HIV strains to permeate their societies. Waking up from self-delusion, many African countries found their societies decimated by the loss of their young and most productive populations to HIV/AIDS while numbers of AIDS orphans skyrocketed with the attendant social welfare implications. Since then, governments of countries such as Uganda, Nigeria, Botswana, Zimbabwe and South Africa have taken steps towards curbing the incidence by making bold policies and mounting aggressive open campaigns against the spread of the disease. Their efforts, assisted by foreign aid, churches and civil society organizations have gone a long way towards educating the public, rehabilitating the already infected, curbing infection rates and forcing governments in many countries of sub-Saharan Africa to ‘act lest they die’.

In response to the scourge, the Government of Zimbabwe put in place a National HIV/AIDS Policy. The following principles guided the policy formulation process:

- HIV/AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority through appropriate individual and collective actions
- Information and behaviour change are cornerstones for the prevention and control of HIV/AIDS/STI
- Human rights and dignity of all people irrespective of their HIV status should be respected, and avoidance of discrimination against people living with HIV/AIDS (PLWHA) should be promoted
- Providing care and counselling is essential in order to minimize the personal and social impact of HIV/AIDS
- Sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies
- Research should be an integral part of the effort to combat HIV/AIDS
- A supportive environment at every level of society will enhance the response to HIV/AIDS by individuals, families and communities
- An appropriate national AIDS co-ordination and advocacy framework is essential to oversee further policy development, implementation and co-ordination.

The government also put in place the National AIDS Council (NAC) of Zimbabwe Act (Chapter 15:14), to facilitate creation of a mechanism for spearheading and coordinating the national effort to combat the HIV/AIDS scourge. The government created the National AIDS Trust Fund (NATF) to enable the NAC to mobilize and administer the financial resources for supporting HIV/AIDS-related projects and programs.

The Ministry of Public Service, Labour & Social Welfare also introduced Statutory Instrument 202/1998 (Labour Relations Regulations on HIV/AIDS and Employment), to establish the rights and responsibilities of both employers and employees in respect of the prevention and management of HIV/AIDS and its employment consequences. The SI 202/1998 provides for the following:

- It is incumbent upon employers to ensure that employees have adequate information and education on HIV/AIDS/STI and on existing preventive and care support services.
- Employees cannot be forced to take HIV/AIDS tests as a pre-condition for job offers
- Employment cannot be terminated because of the worker's HIV status
- Whatever the HIV status of the worker, s/he is entitled to all benefits available to other employees of his/her grade
- Sick leave provisions in the Labour Relations Act apply to all employees, including those with HIV/AIDS.

Most of the companies have not done much to implement the statutory instrument 202/1998. ZAPSO's work is ground breaking in terms of penetrating the corporate sector. It is work that is appreciated by the workers and management and needs greater support to boost its capacity to perform even better.

1.2 ZAPSO's Program

ZAPSO was registered as an NGO in 1997 (Registration Number PVO 10/97), to take over the activities of the outgoing USAID-supported Family Health International that had operated in Zimbabwe since 1992. The overall goal of ZAPSO is:

To contribute to the reduction of HIV/AIDS incidence in Zimbabwe

The organization's purpose is:

To effectively reach the private sector with HIV/AIDS prevention messages so that they can reduce high-risk sexual behaviour.

The specific objectives are to:

- Strengthen private sector HIV/AIDS prevention initiatives for a *sustainable response*
- Increase *awareness* among managers and decision makers to enable them to make *informed decisions* on HIV/AIDS prevention
- Facilitate provision of and access to *VCT services* to workers and their families
- Provide comprehensive training in counselling and care to the workforce
- Enhance the *capacity* of companies and community groups to manage HIV/AIDS prevention, care and support programs.

ZAPSO pursues these objectives through the Private Sector AIDS Prevention Initiative (PSAPI). The program activities include, among others:

- Sensitising the company's top management on the need for HIV/AIDS prevention and mitigation program at the workplace, and negotiating a company policy support for such a program
- Awareness sessions on HIV/AIDS transmission, symptoms and prevention for all levels of employees at the company
- Training and providing IEC materials to volunteer peer educators
- Technical backstopping to companies running HIV/AIDS prevention programs
- Promoting correct and consistent use of condoms
- Facilitating provision of VCT services in the private sector

It is a very commendable achievement that ZAPSO, as an NGO, managed to penetrate the private sector and convince company managements to contribute, in cash and kind, to the HIV/AIDS prevention program at the workplace. Some companies have gone further and adopted formal HIV/AIDS prevention and mitigation policies. This is no mean feat, as company managers initially do not see why they should concern themselves with what is a self-inflicted malaise among the infected workers.

HIV/AIDS awareness among the workers is higher, as evidenced by an increased prevalence of condom use. STD infection rates have gone down at companies where condom availability is assured. However, impacts on HIV/AIDS infection rates are not certain. ZAPSO does not itself conduct HIV tests, but encourages workers to seek voluntary counselling and testing.

1.3 The Sida component

At the time that the Sida-ZAPSO partnership was agreed, ZAPSO was working with 100 or so companies. The Sida-supported component of PSAPI covers 20 companies in addition to the 100 companies. It was estimated that the component would benefit 50 000 people (workers, spouses and youth). Factors considered for support to the program included these:

- Despite the fact that the Government of Zimbabwe had introduced the AIDS levy and produced a national response strategy, the National AIDS Council set up to coordinate the national response has never functioned effectively. A lot has been left to civic society and the NGOs to deal with the HIV/AIDS pandemic.
- Studies have shown that workplace-based HIV/AIDS prevention programs can reduce HIV infection rates by as much as 30%
- An increasing number of companies are now aware of the costs of losing skilled personnel, and see the need to contribute towards the workplace-based HIV/AIDS prevention program
- ZAPSO is reputed to have the technical and administrative capacity to carry out the workplace-based HIV/AIDS prevention program.
- However, ZAPSO has no revenue of its own to cover administrative costs, including salaries, at a time when the donor community was pulling out as a result of the political situation in Zimbabwe.

Sida responded positively to the request, agreeing to provide an amount of SEK 2 802 000.00 (equivalent to ZWD 14 011 110. 00), subject to the Swedish parliament appropriation of funds. Three disbursements would be made as follows:

Year 2001 = SEK 562 000.00 on request by ZAPSO
Year 2002 = SEK 1 120 000.00 on submission of reports.
Year 2002 = SEK 1 120 000.00 on submission of reports.

All tranches would be paid in their ZWD equivalents. (Agreement Between Sida and ZAPSO; Sida ref: A 2709077: Component U 11 22.1 / 17).

By December 2002, Sida had supported ZAPSO to the tune of SEK 2 313 000.00.

1.4 Program description

1.4.1 Objectives/Purpose

In its application to Sida, ZAPSO cited the need to:

- Assist the formal and informal sectors to develop strategies for HIV/AIDS prevention
- Reduce high-risk sexual behaviour at workplaces
- Strengthen the capacity of organizations within these sectors to understand and develop programs that effectively address the impact of HIV/AIDS.

These objectives fell within the overall objectives of the PSAPI.

1.4.2 Planned activities

Planned activities included the following, among others:

- Needs assessment of the 20 companies
- Sensitisation of company management
- Awareness sessions for workers, their spouses and youth
- Negotiating with management for policy support and cost-sharing
- Training of peer educator and peer leaders
- Developing and distributing IEC materials
- Conducting baseline survey among selected companies
- Training company management in policy development

1.4.3 Outputs

In terms of the expected outputs, effects and impacts, there was a gap in the planning procedures in that implementation targets were not specified. However, the following list shows the types and frequency of the activities actually undertaken:

Management sensitization sessions	5
HIV/AIDS awareness sessions	18
Peer educator training workshops	10
Training of Trainers workshops	4
Communication and counseling workshops	1
Gender training workshops	1
Follow up visits to companies	1

[Source: ZAPSO: *Sida Company Profile and Activity Schedule* – undated]

At the time of this evaluation, ZAPSO was conducting a follow up survey to the baseline survey of 1999. Results of the survey should be useful in gauging the program's effects and impacts. However, we were told that the second survey was not designed to cover exactly the same questions/issues and the same respondents covered in the 1999 round. The comparability of the data is therefore not certain. In any case, it is probably too early to assess the impacts of the Sida-funded component.

1.5 Purpose of the study

The overall objective of this evaluation is to assess the relevance, effectiveness, impact, and sustainability of the ZAPSO workplace program. The evaluation also includes, under separate cover, an analysis of the informal business sector's response to HIV/AIDS and culminates in a specific strategy for future Swedish support to this sector.

The full Terms of Reference (TOR) for the study are presented as Annex 1 of the report.

1.6 Methodology

The team was aware that the Sida-funded private sector HIV/AIDS program is rather young. A lot is being learnt on the job. At the same time, it is critically important for ZAPSO that there is rigor in the analysis of the program approaches, organizational structures and systems and linkages with the wider society/women's movement (bearing in mind that HIV/AIDS has got many gender implications). Early detection of methodological gaps, erroneous procedures, or a warning about a potential difficulty would enable ZAPSO to act to improve its effectiveness. Since, in a way, ZAPSO is one of the pioneers working with the corporate sector to raise awareness about issues related to HIV/AIDS, its methods might be replicated in SADC. It is thus doubly necessary to tease out possible problem areas. The team thus sees ZAPSO's work as contributing to national/regional debates on issues of HIV/AIDS

1.7 Approach

The team met with the Sida Program Officer to discuss the terms of reference for the evaluation. Following this, the team familiarized themselves with the work of ZAPSO through reading selected documents provided by staff.

The team met the Acting Director together with the trainers to work out a program of visits to some of the companies that ZAPSO partnered with. In due course the team visited some of the companies (see Annex 2), where discussions were held with the AIDS program coordinators and some peer educators. The team also met with a few organizations that ZAPSO networks with. At the ZAPSO offices, the team engaged members of staff in one-to-one conversations. Meetings were also held with the Director (who was on sabbatical leave) and the chair of the board.

A half-day stakeholder and SWOT analysis workshop was conducted with staff. Later, another workshop was held with staff for feedback on the opinions and perceptions of the people interviewed as well as our own raw impression of their work, and to collect their views and response to the feedback.

We based our design on the notion of empowerment evaluation. This is the use of evaluation concepts, techniques and findings to foster improvement, learning and self-determination. The aim was not to provide a definitive assessment or pronounce authoritative judgment but rather to stimulate reflection and critical thinking while getting responses to the critical issues raised in the terms of reference.

1.8 Focus

In terms of the findings, the review mostly focused on those areas that need improvement. It should however be emphasized that in the case of ZAPSO we are dealing with a project that is succeeding despite a tough and challenging political and economic environment. ZAPSO has opened the firmly locked gates of the private sector, a significant achievement as the private sector is normally a *no go area* for NGOs.

1.9 Constraints/Limitations

The festive season saw many companies trying to take advantage of the demand for commodities that is usually high at this time of the year. It was difficult to secure interviews with those designated as Coordinators by their companies, and even more difficult to meet with shop floor workers. However, we believe that those we saw provided sufficient information for adequate insight into the operational arrangements and experiences of the program to enable us to address the issues identified in the terms of reference.

1.10 Report on findings

The study findings are presented in the following pages, under ‘Organizational Analysis’ and ‘Program Analysis’. A section summarizing the main findings and recommendations rounds off the main report, and is followed by the usual annexes.

Organisational Analysis

2.0 Organizational Development

2.1 Capacity to be

An organization has got two components, the capacity to be and the capacity to do. The capacity to be is about the legal status of an organization, governance, systems, structures and staffing issues. The capacity to do is about implementation of programs. This chapter looks at the capacity to be, while Chapter 3 focuses on the capacity to do.

2.2 To begin with... A success story

Many people described ZAPSO as a success story especially in terms of breaking through the doors of the private sector, normally a no-go area for NGOs. The key challenge in the organization is how to manage the current success. It is not clear what the long-term strategy is going to be. Is ZAPSO going to continue training forever? Will it embark on lobbying and advocacy so that companies start integrating issues of HIV/AIDS in their systems?

Recommendation

ZAPSO needs to create and sustain learning cycles within the organization. The aim should be to create a tighter fit with the operating environment, so that it continuously improves organizational learning abilities and thus knows when to change gears.

2.3 The stage of growth

ZAPSO is a growing organization, the risks and fears of miscarriage; abortion and baby snatching are over. Programmes have been chosen, allies formed and it is focused. The mission statement is clear but of course will continue to be panel beaten and refined as ZAPSO continues to grow. The maternal instincts are still high but the founder member has built support around her. The vision is being shared and therefore amplified. ZAPSO seems to have found a favourable response from its major clients, other NGOs and government mostly because its niche in the private sector is unquestionable.

Most systems and policies are in place. However, redefining the role of the board and that of the members, reviewing the constitution, analysing staff issues, dealing with interpersonal issues and assessing how much ZAPSO can chew without choking remain some of the challenges.

2.4 The identity of ZAPSO

2.4.1 Vision

ZAPSO' vision is to become a leading AIDS service organization implementing HIV/AIDS prevention, care and support interventions which are responsive to community need and in which communities are responsible for their actions and efforts to minimize the impact of HIV/AIDS.

2.4.2 Mission

To reduce the high- risk sexual behaviour in the general population and the work place.

A mission statement responds to three questions; what an organisation intends to do, (e.g. reduce high risk sexual behaviour) for who (general population) and how (strategy?) Strategy could be training, counselling or lobbying for policy change. If the strategy is not clearly stated, it will be easier to derail the organisation as the leadership comes and goes.

Recommendation

ZAPSO should briefly state the strategy it uses to reduce high- risk sexual behaviour.

2.4.3 Values

Professionalism, efficiency, integrity, quality, courtesy and good public relations

The values were evaluated as those issues or statements of belief that the organisation feels are important and act as guiding principles throughout its activities. Values are cross cutting and hence have to be reflected in all aspects of engagement with the beneficiaries. Values inspire and give character to the organisation activities. In respect of staff members, values, just like vision, provide a sense of belonging, unity of purpose as well as activities.

We noted that the values of ZAPSO exclude two important issues that are key in the area of HIV/ AIDS; gender sensitivity and confidentiality.

Recommendation

Include gender sensitivity and confidentiality as key values.

2.5 Structure and Mechanism for Accountability

2.5.1 Legal status

ZAPSO is registered as a membership organization, with 50 registered members. According to the constitution, *'membership shall be open to any interested individuals, relevant groups and organizations upon payment of fees'* The constitution goes on to state *'the organization shall promote the interests of all its members and provide them with regular updates on the operations of the NGO'*.

The constitution does not state the criteria for eligibility of prospective members. As membership is open to individuals, groups and organizations, it is not clear how the 'interests' of all the members will be promoted especially as the organization is over stretched and there is nobody in the organization in charge of membership recruitment and management.

2.5.2 The AGM

In membership organisations, the AGM is the forum where all members meet.

The constitution states that the *Annual General Meetings shall be held with the main objective of reviewing the organization's operations and activities and looking for the best solutions to enhance productivity for the benefit of the beneficiaries.'*

The constitution does not indicate what constitutes a quorum at the AGM, which means that even if there are two people, the AGM will take place. ZAPSO AGMs have been known to take place with less than three quarters of the members. Records indicate that for example, in May 2001, ZAPSO held its annual general meeting. Of the 13 (26%) members who attended, seven were board and staff members.

During the AGM, the Director is supposed to present the organization's activities and work plans. However, a perusal of the AGM minutes revealed that there is no in depth SWOT analysis on the activities, strategies, outputs and outcomes. There is also no planning for the following year. Time allocated to the meeting is not adequate for in-depth debate and planning of the programme. In 2001, the meeting was held for about three hours.

Recommendation

- ZAPSO should ask itself if it needs members and if so, for what purpose? What is the significance of the AGM if the level of attendance is not important?
- ZAPSO should hold quarterly meeting with members to give them *regular updates on the operations of ZAPSO*. That way, ZAPSO will be able to keep in touch with members and gain from their input.

3.0 Governance And Participation

3.1 Members

The constitution indicates how the 10 trustees are to participate in the governance of the organisation. It states: *Members of the board of Trustees shall be elected at the annual general meeting..* The constitution, therefore, gives the members powers to elect representatives to manage their affairs. There is sufficient scope for members to decide and ensure that what is done in ZAPSO is consistent with what they want.

In practice the constitution is not followed. The board members, or the trustees as they are called, are chosen and not elected. According to the Director of the organization, names are suggested by either the board members or herself, discussed within the board meetings and those that have the attributes that ZAPSO needs are requested to join (if they are willing to do so). This process is not democratic and undermines the members' right to decide whom to put in charge of the organization at the AGM. It is not only in ZAPSO where members appear not to have read the constitution. The culture of reading and understanding constitutions is not common in the NGO world.

There does not seem to be much scope for membership participation within the structure of the organization. They do not appear on the organogram of the organization. Some staff members do not even know that ZAPSO is a membership organization!

The rights, entitlements and obligations of members are not mentioned in the constitution.

Recommendations

- If ZAPSO wants to remain a membership organisation, it needs to revisit its constitution, spell out the rights and obligations of members and the power of the AGM. Members should also be reflected on the organization's structure.
- If ZAPSO wants members to be just an advisory body, then it should change the constitution. There would be nothing wrong with this approach if all major stakeholders agree to it.

3.2 Board of trustees

It is not clear why board members are called trustees since ZAPSO is not registered as a trust. As already indicated above, the Director and the board of trustees choose trustees. The chair reflected, *'The AGM has not played a clear role in terms of electing the board of trustees.'* He also admitted that issues of membership have not received the focus they deserve. We observed that the major clients from the private sector are not represented on the board.

3.3 Power of the trustees

The constitution spells out the powers of the board of trustees as follows:

- Plan for the future of the NGO
- Formulate policy and approve program work

- Approve all policy decisions including those relating to finance and administrative procedures
- Fund raise for the organization
- Monitor and evaluate the governance of the NGO in terms of its financial wealth and long-range goals
- Advocacy for the NGO

Normally, the board is the custodian of the organization. In a membership organisation, the board members are accountable to the AGM. In a trust they are accountable to self.

The constitution is silent on the recruitment, supervision and assessment of the Director. The constitution does not even mention that the Director is accountable to the board or should report to the chair of the board. It does not matter that in actual fact the Director reports to the board. Reporting structures and systems need to be clarified in the constitution of ZAPSO.

Recommendation

The board should address the issues related to the mandate of the board, membership, recruitment and supervision of the Director. It should incorporate the issues in the constitution.

3.4 Code of conduct/discipline

The organization has got a code of conduct in its constitution. Among other issues it states:

Board members should not act in a manner that undermines the duties and authority of the Director and staff members

Members of the board should maintain confidentiality of proceedings of the board and matters relating to the NGOs

Both these two issues need to be clarified. Considering that legally the trustees are the custodians of the organization, under what circumstances would they undermine the Director and staff? Supposing the trustees indeed undermined the Director and staff, who would arbitrate? Should there be a clause also to ensure that the Director does not undermine the authority of the board?

Part of the responsibility of the trustees is to ‘market’ the organisation. How can they possibly do this without disclosing matters pertaining to the NGO? Which matters should not be disclosed and which ones should be disclosed?

3.5 Board related policies

In an organization there are policies that pertain to staff and those that pertain to the board members. The organization does not have board related policies although it has got staff policies.

To guide ZAPSO below are common policies that pertain to the Board

- Conflict of interest
- Confidentiality
- Compensation
- Reimbursement of travel expenses
- Meeting attendance
- Diversity
- Term limit
- Removal from office

- Nepotisms
- Media/public relations (designated official spokesperson for the organisation)
- Selection of new board members and orientation
- Policies which define the roles of committees, relationship between committee and the board, how meetings are conducted are also needed.

A few of the above mentioned policies are enshrined in the constitution.

Recommendation

- The board should put board-related policies in place and clarify vague sections of the constitution.
- The board should compile all policies that pertain to it in a manual which should be handed to every new board member.

3.6 Board skills and decision-making

According to the Director, each of the board members brings in a skill that is needed. Currently there are 5 members and the Director feels that 10 are too many. We tend to agree with her provided that the 5 are committed and attend board meetings as they should. Available skills include a doctor, researcher, pastor, businessperson and programme specialist. What are missing are representatives from the private sector.

It seems the board of trustees depends on the Executive Director for information as to what is happening inside the organisation. Although there does not seem to be any reason to be concerned about this at the moment, the situation is clearly not very healthy and could affect the transparency of the organisation in the long run.

Recommendation

Mechanisms to have multiple sources of information, for example an annual board/staff exchange, regular evaluations, a board field trip etc should be developed

3.7 Relationship between the board and staff

The heads of department (management) sit in the board meetings together with the Director...this is commendable. However, the rest of the staff members feel that they have got very limited access to the board.

The Director herself is not sure how much access to the board should members of staff have. How much access is determined by the culture of the organization, there is no formula. Where board members are activists and want to know more about programmes or even pass on some skills, interaction with staff members tends to be more than in a situation where board members are just governors. In the case of ZAPSO, staff members feel that the whole area of HIV/AIDS and the private sector is new and that they need the board to act as a bouncing board for them.

Recommendations

- The board and director should discuss when and how they should interact with staff. In so doing, they should ask staff members why they want to interact with the board knowing very well that the interaction could cause conflict between the Director, staff and the board.
- Each time a new staff member joins ZAPSO; s/he should be introduced to the board members.

- In terms of the way forward on board, staff and membership issues, governance and management, the chair of the board indicated that the board is in the process of organizing a retreat to address some of the issue raised in this report. We support the decision.

4.0 The Secretariat

4.1 Staff establishment

According to the constitution, ‘the Director shall hire the necessary staff with the approval of the board of Directors. Currently there are sixteen members of staff.

The organization is understaffed especially as the companies being served by ZAPSO continue to increase. Capacity in terms of skill availability has been good. The recruitment of professional staff has been based on the search for professional people with counselling and training skills. There is evidence of high levels of utilization of human resources by ZAPSO. In the event of the need to augment the staff capacity, ZAPSO has utilized the consultancy strategy where consultants are hired to carry out activities such as gender training or where an organization such as ‘The Centre’ provides people who are HIV positive to share their stories. The accounts department, which is also responsible for administration, stores and procurement, has got only two people. It is understaffed, such that the need for a bookkeeper to reduce the workload of this office is felt.

Using consultants is a sound strategy, it ensures high levels of utilization of available resources. However, it should be noted that consultants are hired because there is not enough money to put them on a regular appointment. The project based funding forces the organization to operate this way.

Recommendation

- For an organisation whose clients continue to increase, ZAPSO should get a core of consultants, enrol them in the mission and vision of ZAPSO, and call upon their services wherever it needs them.
- There is need for more staff especially in the training and accounting section. There is nobody providing back up support to the trainers. This concern has been expressed many times by the staff in their monthly reports.

4.2 Recruitment and retention of staff

The organization has the ability to attract professional staff. The attraction is the high profile of the organization and the opportunities it presents to staff to do real work on the ground and bring about changes in people’s lives. As part of their feedback during the review, staff stated that the appeal of ZAPSO work in terms of saving lives is one of the factors that motivate them.

However, staff retention capacity is low. Between October 98 to date, 22 members of staff resigned. One of the reasons given for this is that short-term funding forces ZAPSO to put staff on one-year contracts. This erodes the sense of job security especially where staff is in the youthful to the prime phase of their professional careers. The other reason relates to interpersonal problems, as some members of staff suggested.

A high staff turn over erodes the base for building institutional memory and curtails capacity to reflect and learn from program experiences and lessons since those who leave take their knowledge with them.

Recommendation

- The board should by now have tried to identify the causes of staff flight. When people continue leaving, those who remain behind become restive and want to leave also. It is also not a good image for ZAPSO to be characterized by high staff turn over.
- There is a need to nurture a sense of belonging. The organization needs to undergo team building as an ongoing process.

4.3 Staff policies

Policies are the operational guidelines for an organization, protecting and steering staff and the Board as they fulfil the mission of the organisation. They are a reference tool for appropriate action, ethical decision-making, and resolving conflict. The primary policies of ZAPSO are mostly found in the constitution. To its credit, ZAPSO has put many policies in place. However, it does not have three major policies – HIV/AIDS, gender and sabbatical leave.

ZAPSO is aware that it needs to have these policies. It cannot afford to encourage companies to have an HIV/AIDS policy when it does not have one.

Sabbatical leave: The Director is on sabbatical leave. The terms and conditions that govern sabbatical leave are not clear to the members of staff. While on sabbatical leave, the Director has continued checking on the work of ZAPSO.

The chair of the board admitted that there is no sabbatical leave policy in place. He also indicated that it was necessary for the Director to continue checking on the activities and operations of the organization as there is a gap between the Director and the others – There is no deputy director in the organization at the moment.

Before the Director went on sabbatical leave, she wrote a letter indicating that Agnes Chabikwa ‘will be acting Director for the period 1st November to 31st December, 2002 (the deputy who was acting had just resigned). The letter pointed out that Chabikwa was not new to management since ‘she has already been deputizing for the Director as part of the management team’. The Director went on to explain other recruitment done so as to enable the organization to function normally while she was away. She said, “I have full confidence in their ability”

Recommendations

- Complete the development of a gender and HIV/AIDS policies
- A Sabbatical leave policy is needed.
- The Director should sit with the acting Director, identify areas of skills deficit and together agree on how the Director could assist. When responsibility is delegated, authority (within reasonable limits) comes with the territory, for a hands-on training of a leader.

5.0 Organizational Culture

5.1 ZAPSO leadership

It could be argued that the criteria for effective leadership in an organization is that it is:

- Capable (has appropriate skills, qualities and understanding)
- Legitimate and acceptable (has the right to be in the leadership and is acceptable to the constituency) and

- Visionary and strategically oriented (sees beyond the present, carries the values of the organisation, and has the capacity to manage, or at least to work within a complex environment)

Further one could argue that leadership should not be vested in one person; rather it is the complementarities of various individuals in various components of an organization. Leadership is also expressed at different levels:

- Development of strategic vision and options for building and developing the organisation,
- Implementing and evaluating programs
- Identifying, developing and satisfying the interests and needs of the people in the organization

Recommendation

With these broad parameters in mind forming the basis for assessment, the team would like to ask the board to assess leadership in ZAPSO and for leadership *to evaluate itself*.

5.2 Culture of the organisation

Culture has been described in many ways including: The *way we do things* around here, the *way we think about things*, the commonly held and relatively stable beliefs, attitudes and values that exist within an organization. It was reported that the culture of ZAPSO is characterised by hard work, hardly any time to rest and is output oriented.

However, most people dwelt on the nature of leadership. It was said to be an autocratic organization, owned by one person (the Director) and that people are disempowered by the attitude of the Director. *'If you ask for a raise you are told that if you are not happy you should leave'* said a respondent. Members of staff felt that there was not much room for participatory decision-making when it comes to staff issues. However, they felt that they had more space when it came to programmes and in particular training. One person put it this way, 'to be fair, the Director has really allowed us to be innovative in our training. She has given us space to experiment'. This innovativeness is a source of strength for ZAPSO and deserves a more sympathetic ear to staff issues.

Staff members feel that the Executive Director's maternalistic instincts make it hard for her to delegate issues pertaining to management. Staff members are looking for a closer relationship based on a vibrant exchange, mutual learning, and greater sharing, caring and coaching.

Some staff members reported that in their opinion, the current workload is becoming too burdensome for the Executive Director. It is in part linked to her personality and impressive capabilities as a social entrepreneur, in part linked to the problems of wanting to run a growing organization in the same way as she did during the pioneer phase. There is not enough delegation on the strategic issues and too much delegation on programme issues.

The situation and behaviour are very typical of small organizations driven by a dynamic entrepreneur and where the pioneer continues to lead an organization from the pioneer to mature phases. However, once the organization moves from infancy to maturity, the organization needs to reflect more together, on the long-term strategy. Behaviours and qualities functional in one phase can quickly become dysfunctional in the next.

Founding strategies could also create path dependencies that become difficult to change. In the absence of a written strategy, it becomes hard to notice, analyse, debate, improve and timeously change the path on which the organization was set initially. The organization also becomes very vulnerable when the pioneer leaves.

Recommendation

- There is no succession plan in place. The talented Director cannot stay on as a head of the organization forever. She should not become a prisoner of ZAPSO and neither should ZAPSO become her prisoner. She is a Director very much in demand and can be snatched any time. The organization (the board) should prepare a succession plan as this relieves the organization of anxiety.
- The Director is a critical human asset. She should not walk away from such a long, expensive and personal investment. Neither is this wished by anyone the team interviewed. She needs to ensure that the organization engages in strategic thinking as it thinks about the next mile. It is important that the board clears up these issues now as it relieves the organization of unnecessary stress, creates continuity and makes planning possible.
- The intangible assets (team work, interpersonal issues etc) of the organization need to be developed with the same enthusiasm as its tangible assets. The core intangible assets should be identified and developed in a planned manner.

5.3 ZAPSO as a learning organisation

A learning organisation has been described as one that facilitates the learning of all its members and continuously transforms itself. It is an organisation that harnesses the full brainpower, knowledge, and experience available to it, in the search for a more effective and more efficient way of achieving its objectives. It thus evolves continuously for the benefit of all the stakeholders.

ZAPSO encourages individual learning through induction, coaching, and one-to-one performance review. The staff assessment system is formalised, and mentoring is in place in some areas.

According to the Director, ZAPSO encourages individuals to acknowledge mistakes openly and to see them as learning opportunities.

Learning is usually undervalued in the world of NGOs. Surrounded by demands to deliver more services, the need to invest in learning can be neglected.

ZAPSO needs to start documenting the lessons learnt. It is doing so but in a limited manner. It has not allowed itself to go wild. The area of HIV/AIDS, culture, sexuality and, sometimes, religious faith are interrelated and controversial. AIDS has been stigmatized mostly because it is related to sex. Important as it is, sex is not talked about openly in many cultures. Children grow up without believing that their parents have sex. Sexual organs are never mentioned in public to the extent that girls grow up without knowing that a vagina is a vagina. When they get raped, it is their fault, so they keep quiet and cannot discuss with their mothers since sex is not easy to discuss. Surely in discussing issues of AIDS and sexuality, some of these things are bound to surface. If they do, what are the lessons?

Informal discussions with staff revealed that there are still inhibitions when it comes to discussing issues of sex and sexuality. They kept saying, “according to our culture...” Is it not this same culture that the training should be addressing?

ZAPSO needs to pay attention to some of the intangible assets as already mentioned. Its capacity to enthuse, to vision, to experiment and to make knowledge should be part of learning. These are clearly not being built and nurtured with the same enthusiasm as the tangible assets are.

Recommendation

ZAPSO should start debating what it means to be a learning organisation. It should be more daring in this debate even if it means opening a can of worms. The debate should include all employees of ZAPSO.

It is also important that what is learnt through this internal debate should be documented, as material for future reference in program planning. When lessons are not documented they are easily forgotten, or lost. Through staff turn over, those who helped generate knowledge are also lost to the organization, and take their knowledge with them.

Program Analysis

6.0 Program Relevance

The relevance of the program can be assessed from two viewpoints – in respect of the needs of the target groups and in relation to the need for a national response to the HIV/AIDS pandemic.

ZAPSO's target groups comprise all levels of employees at any given company, but needs are defined at two levels. First, management needs to be sensitised on the impacts of HIV/AIDS/STI on the company, e.g. in terms of lost production due to sick leave, funeral attendances, costs of replacing deceased skilled workers etc. The hypothesis is that sensitised managers would be inclined to institutionalise policies on HIV/AIDS prevention at the workplace.

At the shop floor, workers need knowledge of the *HIV/AIDS facts* to steer them away from high-risk sexual behaviour towards, for example, mutually faithful sexual relationships, consistent and correct use of condoms etc.

The table below summarizes the main components of the IEC programs to promote HIV/AIDS prevention at the workplace.

Table 1: Components of the IEC program of ZAPSO

Engaging company management in a dialogue for policy support
HIV/AIDS awareness sessions with workers
Peer Educator and Peer Leader training
Training of Peer Educator Trainers
Promoting correct and consistent use of condoms
Promoting condom accessibility at the work place
Mobilizing employers and employees for HIV/AIDS prevention activities
Leveraging resources from the companies for IEC activities
KABP studies to identify knowledge gaps among target groups
Production / procurement and distribution of IEC materials

Another target group is increasingly important namely, the spouses of employees. In this respect, there are needs for:

- Women to be protected from risks of HIV/AIDS infection
- The infected to develop a psychological capacity to live positively with HIV/AIDS
- The community to support/care for members living with HIV/AIDS
- Community members to shed negative attitudes that reinforce stigmatisation and discrimination of PLWHA.

At the national level, it is estimated that around 35-38.5% of the national population is HIV/AIDS-positive, with most of the infected in the age range 15-49 years, i.e. the economically productive section. Not only is the threat to the national economy obvious, but also the healthcare system is already over-burdened by the demand for hospital beds, medicines and medical personnel. While home-based care is being promoted to relieve pressure on the public healthcare system, the strategy has proved inadequate as more than half the population of Zimbabwe is poor. Affected

households slide deeper into poverty as meagre resources are used for the home-based care activities. Thus, the scourge is not a problem of the infected alone but of the entire population since it eventually affects everyone's general welfare.

The national AIDS levy has been in place for some time now, but it has been under-utilized for a number of reasons:

- Lack of transparency over how much money has been collected through the AIDS levy and how the money is allocated has hampered the planning of HIV/AIDS-related actions – there is need for clarity on the resources available.
- Intended beneficiaries are ignorant about procedures for accessing funds from the AIDS levy. For poor households, the search for information requires skills they don't have and incurs costs they can't afford
- Administration of funds by the NAC and its sub-structures is bogged down by administrative red tape. Those seeking support do not get it in good time. E.g. funds for income generating projects often arrive when the capital costs have gone up and can no longer be met under the budget initially proposed for the project.

Given the prevailing problems around the governance system in the country, these problems are unlikely to be resolved in the near future. At any rate, the magnitude of the HIV/AIDS scourge is such that additional other interventions are needed as a matter of urgency, especially those promoting access to information and knowledge about HIV/AIDS. There is need to create opportunities for people to participate in and benefit from prevention and care activities. Through dissemination of information and knowledge, and promotion of participatory IEC activities, programs such as ZAPSO's are creating these opportunities at the workplace. There is no question therefore that the ZAPSO program is needed to mitigate the unfolding national disaster. However, gaps in program strategies need some attention, as explained below.

6.1 Gaps in program approach

6.1.1 Setting standards

There is no yardstick to guide negotiations with companies for HIV/AIDS policies and prevention and mitigation programs. Specifically:

- What is the minimum package of 'best practices' that should be in place at the workplace to ensure acceptable standards of HIV/AIDS prevention and care?
- What pre-requisite should be in place to ensure that THE companies themselves would sustain the minimum standards of HIV/AIDS prevention and care?
- What should ZAPSO do to promote the identified best practices and boost the capacity of the companies to sustain the practices?

6.1.2 Accounting for people's 'knowledge'

The spread of HIV/AIDS is traceable mainly to individual sexual behaviour. Therefore, to the extent that behaviour is shaped by one's access to information and knowledge, the IEC activities are very relevant to promoting behavioural change towards safer sex. However, people's behaviour is not always consistent with their knowledge of 'facts'. ZAPSO noted the discrepancy between knowledge of the HIV/AIDS facts and sexual behaviour. A baseline survey on workers' KABP (ZAPSO; 1999) revealed that 98% of the workers knew about HIV/AIDS transmission, symptoms and prevention. This widespread knowledge has not led to a widespread change to safe sexual behaviour. The need to prove one's manhood or womanhood, social pressures on one to procreate

and poor skills for negotiating safe sex are some of the factors hindering the adoption of safe sexual behaviour. Thus, in addition to disseminating information about the *AIDS facts*, there is need also to engage women and men to dialogue on how *social/cultural facts* hinder efforts to stem the spread of HIV/AIDS.

6.1.3 Dealing with fear

The IEC materials need to be more articulate on the *B* (beliefs) part of the KABP of the workers. Beliefs are not just about the misconceptions about HIV/AIDS. Some people believe that mere knowledge that one is HIV positive could lead to early death through worrying too much about it. Others believe they cannot live with the fact. For example some workers are worried that:

“I might kill myself (if the HIV test is positive)”.

“After the test, we are on our own. It’s frightening”.

(Data in questionnaires on pre-workshop knowledge of and attitudes to HIV/AIDS)

Whether those that prefer to remain ignorant about their HIV status would meanwhile adopt safe sexual behavior is another matter. Some IEC materials could focus on how to cope with *life after a positive test*, because many people will not get to a pre-testing counseling session. ZAPSO acknowledges need for psychosocial counseling and support. This sounds like an area for a specialized skill. A mistake could be fatal:

“You need to be careful. One wrong message, and the person will go outside and commit suicide!” (ZAPSO Program Officer)

It is not certain whether peer educators can effectively provide psychosocial support.

6.1.4 Stages in the IEC process

At the shop floor level, the stages in IEC activities are not clear. The IEC program could be more structured, for example as follows (not a prescription!):

- IEC on ‘AIDS facts’ – to impart knowledge on HIV transmission, progression to AIDS, and symptoms thereof
- IEC on ‘social/cultural facts’ – to identify and confront socio-cultural barriers to sexual behavior change, including gender related constraints
- IEC on voluntary counseling and testing – for psychological preparation and support to those opting for the HIV test.
- IEC on care and mitigation of effects of HIV/AIDS – focusing on the needs of both the caregivers and the PLWHA
- IEC on support for the affected – focusing on counseling, comforting and building solidarity with the affected members of the immediate family and their dependants.
- Dealing with stigmatization and discrimination against PLWHA and members of their immediate family.

6.1.5 Bias in information dissemination

As presently implemented, the program implies that the HIV/AIDS epidemic is a concern at the shop floor more than at the management level. Other than providing policy support, there is little else that managers appear to participate in, yet those in management also need protection against HIV/AIDS. A coordinator at one company noted that for most managers, HIV/AIDS prevention is not a core business. However, some managers are aware that a rampant spread of HIV/AIDS in

the company's workforce would seriously erode the company's capacity to carry out its core business. The situation suggests that among many managers, awareness of the impacts of HIV/AIDS on the company is not complete. This is where cost-benefit analysis of the HIV/AIDS prevention programs could be used to convince management of the need for an HIV/AIDS prevention program at the workplace. Unfortunately, ZAPSO no longer carries out cost-benefit analyses.

6.1.6 Capacity building for vulnerable groups

Dissemination of information to spouses of managers and workers, and to youth, is on the assumption that the audience as individuals are capable of using the information. This could be difficult for married women as unequal gender relations of power undermines their capacity to negotiate safe sex with their spouses. As a constituency and a particularly vulnerable group, married women need to organize and develop solidarity, and to explore initiatives for strengthening their protection. Knowledge of rights is also important, but the demand for one's rights is stronger when voiced as a group concern.

6.1.7 The gender perspective

All the trainers have undergone some kind of gender training. But gender has not been mainstreamed in the training materials. It is a stand-alone subject. Discussion with company-based AIDS program coordinators also revealed that the areas of gender, culture, religion and HIV/AIDS have not been fully explored. We were told at one company that the Bible says, *Women, submit yourselves unto your husband as unto the Lord, for the husband is the head of the wife, even as Christ is the head of the church...therefore as the church is subject to Christ so let wives be subject to husbands in everything*.

A Coordinator at one company went as far as saying that a woman should stay in a marriage, AIDS or no AIDS, and should never use a condom. *'That is the way God wants it to be'* she said.

We were told that the church says that one should be faithful and stick to one partner; the issue of condoms for preventing sexually transmitted diseases should not arise. Some companies managed by Christians emphasize educating people on good moral behaviour rather than the use of condoms.

To mainstream gender in programs is not easy, even if one went through gender training. More attention needs to be paid to men since they have more to change than women. A male inclusive approach has the potential of renegotiating masculinity as well as redressing gender imbalances. Masculinity brings with it privileges and in many societies, freedoms denied to most women. Men need to be told that there are negative consequences of masculinity. E.g. many men have unprotected sex because they want to prove that they are men.

Gender touches matters of the heart and mind. In its current state, the gender training offered in many organizations including ZAPSO might not bring about the desired changes. It is too superficial.

6.1.8 Recommendations

ZAPSO should make gender analysis a part of their learning process since gender is certainly still a difficult area. The organization should look for men willing and able to train in gender. To mainstream gender into the IEC program, ZAPSO needs to:

- Design needs assessment formats that capture the problems and concerns of men and women and incorporate these in the training curriculum
- Combine messages on HIV/AIDS with information on women's rights, property rights, family law, domestic violence, sexual harassment and inheritance issues

- Unravel the complexities of gender relations of power that contribute to the spread of HIV/AIDS/STI
- Implement innovative IEC methodologies that promote community wide analysis of and dialogue on gender issues in sexual and reproductive health
- Tailor IEC materials to specific information needs of socio-economic groupings
- Adopt monitoring and evaluation systems that include gender as an important variable, for assessing training effectiveness, efficiency, outreach and impacts
- Give careful thought to ‘gender strategies’ that might work in a given IEC process – should participants consist of women only, men only, or both together?

To improve outreach to spouses of managers and workers, ZAPSO needs to assist the spouses to form structures for negotiating linkages with and support from AIDS support organizations (ASO) and relevant other organizations, so that they can access financial and material resources, and technical support with organizational capacity building.

ZAPSO needs to document, analyse and find strategies for dealing with those factors that seem to undermine the effectiveness of IEC activities, including these:

- Workers’ spouses retreat to rural homes in the rainy season to grow crops. This trend intensified in recent years due to the cost of living escalating against a background of stagnating wages and rising unemployment. Some companies observed upward trends in STD infection rates during this period.
- Intensification of poverty among rural communities and low-income urban households. Many women from such households, including girl-children, take to commercial sex, but are not always successful in negotiating protected sex.
- The Christian faith in some denominations is strongly against the use of condoms, for any reason. Combined with this are the social and economic considerations that create pressures on women to stay in a marriage that has a high risk of HIV/AIDS infection.

7.0 Worker Participation

Peer educators are the backbone of the IEC activities to promote HIV/AIDS prevention. They are chosen from among the workforce, after the initial AIDS awareness sessions with the workers. The criteria for their selection are that they are ‘volunteers’ and should have communication skills. They perform their role on company time but remain on full pay. However, there are a few constraints:

- Some middle managers and immediate supervisors control the time that peer educators can put into HIV/AIDS-related activities. Some supervisors on occasions refused workers time to attend HIV/AIDS-related meetings. However, this is not entirely without good reason. A Coordinator at one company complained about ZAPSO asking for meetings at such short notice that the company is unable to release many workers from a production run.
- The IEC materials are designed outside the workplace, and the peer educators can only use the *finished products* given to them. The materials often become dated or may not be suited to some target groups. A training officer observed that existing training materials might not be suited to the information needs of youth.

The extent of workers' participation in the initial stages of problem definition and program design and planning is not clear. The ZAPSO program was an extension of the program initially run by the USAID-supported Family Health International (FHI). ZAPSO was formed in 1997 as part of FHI's exit strategy.

Currently, peer educators produce most of the information on program activities that company-based program Coordinators use to write their periodic progress reports to ZAPSO. The reports are used to inform program review and planning meetings. To that extent, workers play a critical role and provide practical inputs in program planning.

However, policy decisions are in the hands of management. Negotiations for a workplace HIV/AIDS prevention program and the signing of memoranda of understanding (MOU) involve the management and ZAPSO. The MOUs stipulate the obligations of the two contracting parties; the workers' concurrence with the arrangement is taken for granted.

7.1 Recommendation

Workers should be consulted in the drafting of MOU, not only to promote democracy but also because the workers may have very useful suggestions. The current approach does not give the workers an opportunity to suggest improvement to their contribution to the program and to the program design as a whole.

8.0 Program Objectives And Major Outputs

The overall **goal** for ZAPSO is '*To contribute to the reduction of HIV/AIDS incidence in Zimbabwe*'.

The specific **objectives** are to:

- Strengthen/expand private sector HIV/AIDS prevention initiatives for a *sustainable response*
- Increase *awareness* among managers and decision makers to enable them to make *informed decisions* on HIV/AIDS prevention
- Facilitate provision of *VCT services* in the private sector
- Enhance the *capacity* of companies and community groups to manage HIV/AIDS prevention, care and support programs.

The objectives are not **SMART**, i.e.:

Specificity – what is a '*sustainable response*' and, specifically, what *informed decisions*?

Measurability – e.g. increase '*awareness*' from what level to what level?

Attainability – is the magnitude of change sought attainable within the program's life?

Realistic – are the objectives compatible with available resources and staff capacity?

Timeframes – what is the timeframe for achieving the envisaged change?

For these reasons, the expected outputs are also vaguely defined, with no targets for the program. In **Table 2** below, the first column lists some of the *outputs* as defined by ZAPSO. The second column suggests how the outputs could have been specified to facilitate measurement of progress and assessment of program effectiveness.

Table 2: ZAPSO program outputs

Result/Output	Suggested list of Expected Outputs
Identification, training of key leaders, policy makers	Target number of companies to be mobilized Target number of managers to be sensitized in all companies Target number of companies adopting HIV/AIDS policies, plans etc
Formal, and informal, motivational activities conducted	Types of motivational activities to be put in place Frequency of each activity – number of courses, meetings etc Target coverage of each activity, e.g. number of workers reached
Establish Peer Leader training and support systems	Peer leader training materials, by topic Number of peer educators, & peer leaders, trained Types of support systems and planned coverage by system
Condom availability and distribution ensured	The target number of condoms to be distributed, by target group (workers, spouses, youth), by gender

[Source: ZAPSO Project Document]

ZAPSO listed ‘process indicators’ that would be used to indicate progress, e.g.

- Number of peer educators trained
- Number of training sessions/workshops/seminars held
- Number of workers reached
- Etc.

The *numbers* merely mean that some activity took place but would not tell us about the gap between *where we are* and *where we want to be*. ‘Indicators’ should highlight the gap between *actual achievements* and *planned targets*. Therefore, the so-called *process indicators* should be expressed in relation to the program targets e.g.

Number and % of peer educators trained out of a target of 2000.

ZAPSO’s ability to meet set objectives is difficult to assess. The Sida-supported component had a target of 20 companies, which ZAPSO exceeded by seven (7), citing the growing demand for its services. Reports on program outputs are marred by inconsistencies in data capture. Examples in **Table 3** show that expected outputs and actual achievements are not always specified yet the format allows this. It is thus not possible to find the cumulative totals from all the quarterly progress reports.

An important output that is under-reported is the number of companies adopting policies and programs on HIV/AIDS. ZAPSO specifically mentions in the Project Document the need to assist companies to develop such policies. Policy concerns are not visible in the Memoranda of Understanding (MOU) signed with clients.

Table 3: Examples of process indicators for the ZAPSO program: July – September 2002

Activity	Planned	Actual	Effect
Key leaders ... oriented on HIV/AIDS	5 companies (Target number of managers?)	3 companies 15 managers	1 company (20%) came on board
Peer Education and Training	Peer education in 3 companies Awareness sessions in 2 companies (For how many workers?)	86 Peer Educators in 4 companies 60% of workers at Iron Duke (How many workers is this?) <50% of workers at Amzim Gold (How many is this?)	Increase in number of people seeking HIV tests (Number and % increase?)
IEC materials developed & distributed	?	Health information package developed	?
Condom availability	60 000 male and 20 000 female condoms at all sites (Number?)	29 000 male and 13 500 female condoms distributed	?

[Source: ZAPSO Progress Report for the Quarter of July-September 2002]

In the MOU, ZAPSO commits itself to program implementation rather than confine itself to facilitating companies to adopt and sustain the program with their own resources. The advantage of the latter approach is that ZAPSO would be able to reach out to more companies than the present congested basket of services allows it to.

ZAPSO has listed the following as relevant *impact indicators*:

- People who can name two correct ways to prevent HIV/AIDS
- People reporting specific risk behaviors for STI/HIV infection
- People who can acquire a condom
- People with non-regular sexual partners
- People using a condom in most recent sex act with a non-regular partner. Etc.

If well documented, these enable assessment of the program's impacts on sexual behavior and on the incidence of HIV/AIDS at the workplace. ZAPSO rightly suggests disaggregation of the data by gender and by age group, to show the influence of these variables on sexual behavior.

It is suggested that at the level of the individual company, the *impact indicators* should be turned into **program performance indicators** by expressing them as percentages of the workforce, where the number of workers at the company concerned is the target for program coverage, to facilitate assessment of effectiveness of the program.

8.1 Gaps

Generally there is slow progress in sexual behavior change, apart from an increase in the demand for condoms. There is little if any attempt to identify and analyze the factors leading to the slow pace of change. There is therefore little opportunity created to review and improve upon the scope and contents of the IEC materials. In this respect, we believe that the following issues should be addressed:

- Socio-cultural factors – are there IEC messages on how some social values and cultural practices reinforce high-risk sexual behavior – e.g. polygamy, widow inheritance and the pressure to procreate and/or to demonstrate virility
- The poverty crisis pushing many women and girl-children to sell sex for survival. Can the IEC programs suggest viable alternatives for the women / girls concerned?
- Legal environment – do the IEC programs incorporate messages on how the laws on property rights, women's rights, inheritance, domestic violence, sexual harassment etc could empower women to negotiate safe sexual relationships?

Overall, program personnel are very busy and probably over-stretched to cater for new clients, re-admit old clients and maintain services to existing clients. This is quite a feat. ZAPSO has suggested limiting outreach to 100 companies. Even this target might be an ambitious one. Peer educator training alone comprises a number of stages after the initial training. Not only should peer educators be conversant with the HIV/AIDS facts but they should also have communication, counselling and referral skills. New peer educators must be trained as replacements where there is attrition through death, and dropouts caused by fatigue, retirement, job mobility, loss of motivation etc. Ideally, companies should internalize and sustain peer educator training with their own resources. However due to an unclear exit strategy, ZAPSO is going back to old clients to train new peer educators all over again.

8.2 Recommendations

There should be an exit strategy that prescribes a shift of the responsibility for program implementation from ZAPSO to the company, and a timeframe for this shift. Otherwise at any given company there is no end to ZAPSO's involvement. Accordingly, the MOU could be re-formatted to accommodate the exit strategy and specify these:

- A statement on the need to protect both the workers and the company from HIV/AIDS
- A statement envisioning the best practices that should be in place to ensure adequate HIV/AIDS prevention/care activities at the workplace.
- The company's and workers' obligations in implementing the best practices
- The company's and the workers' capacity building needs and activities
- ZAPSO's inputs to facilitate capacity building for the company and for the workers.

There is need to improve skills in defining program objectives operationally, and in the use of the LFA as a planning tool, for greater clarity on planned activities, expected outputs, purpose and goals. Definition of indicators is then much easier. To facilitate the tracking of progress, each objective should have a separate LFA table.

A company-centered definition of program goals and objectives as in **Table 4** below might be advantageous (for want of space, columns for 'Means of Verification' and 'Assumptions' are excluded).

Table 4: Company-centered definition of program goals and objectives

Hierarchy of Objectives		Indicators
Goal	Reduction of incidence of HIV/AIDS at workplace	Decline in rates of: – New infections – AIDS-related absenteeism, deaths etc.%, And value of labour productivity.
Purpose	Adoption of safe sexual behavior among workers: Ensuring that neither partner is infected Remaining mutually faithful. Using a condom, if in doubt.	Prevalence of: – Single partner relationships – Demand for VCT services – Condom use.
Outputs	1. No. of companies with <i>best practices</i> 2. VCT facilities and services in operation. 3. Types and number of resource persons trained. 4. Types & quantity of IEC materials distributed. 5. Types, number and coverage of IEC activities. 6. Quantity of condoms distributed. 7. No. of companies with MIS for AIDS program	1 % Of target, by type of practice. 2 % Of workers receiving VCT services. 3 % Of planned targets achieved. 4 % Of IEC material distribution targets. 5 % Of planned targets achieved. 6 % Of planned targets achieved. 7 % Of companies with MIS in place.
Activities	1 Negotiate company policy support. 2 Establish VCT centers and service. 3 Train company-based resource persons. 4 Produce/procure/distribute IEC materials. 5 Implement IEC activities. 6 Promote condom availability, accessibility. 7 Help companies develop MIS for AIDS program	Inputs Vehicles and vehicle O&M funds Office furniture & equipment Stationery & other expendables Posts, telecommunications Human resources Funds for IEC materials. Etc.

The objectives would still be compatible with and supportive of ZAPSO's overall goal of *reduction of HIV/AIDS incidence in Zimbabwe*, but are more realistic because the impacts of ZAPSO are likely to be visible and measurable at company level. That is, it is at that level that the *raison d'être* of ZAPSO can be demonstrated. At national level, ZAPSO would contribute to changes in national statistics on HIV/AIDS but it would be impossible to separate ZAPSO's impact from that of other players and other factors.

ZAPSO should promote monitoring and evaluation (M&E) systems that explicitly aim at informing companies about the advantages of HIV/AIDS/STI prevention programs. Thus, a company-owned and operated M&E system could collect data on:

- Incidence of HIV/AIDS/STI-related sick leave/absenteeism, retirement, deaths
- Value of production lost to HIV/AIDS/STI-related sickness/absenteeism
- Costs of replacing workers lost to HIV/AIDS (recruitment, training, induction)
- Costs of survivor benefits. Etc.

Compare these to data on:

- Costs of HIV/AIDS/STI prevention, control and management/care activities

At all times, shop floor workers should be consulted on the choice and prioritization of focus areas and targets for the AIDS prevention program, and their active support and participation sought at all stages of the program cycle. The current approach treats workers as objects of the HIV/AIDS program by ZAPSO and company management. This does not inculcate among them a sense of personal responsibility for one's protection against HIV/AIDS.

9.0 Program Impacts

9.1 Impacts on workers' KABP

ZAPSO believes that through IEC activities it will inform, educate and motivate the beneficiaries to part with high-risk sexual behavior.

At each company, ZAPSO administers *needs assessment* forms and questionnaires to the management and the workers. For management, the assessment focuses on the size and gender balance of the workforce, existing healthcare facilities and personnel at the workplace, and the extent of the company's involvement in HIV/AIDS prevention and care. A 'company presentation' is then made to sensitize management on the need for and advantages of an HIV/AIDS policy and prevention activities. If there is agreement, an MOU is signed under which ZAPSO can commence the IEC program with the company's workers, starting with the AIDS awareness session – targeting all employee categories – top, middle and junior managers, and shop floor workers.

Those attending the session complete a pre-workshop questionnaire on knowledge of

- Transmission, signs and symptoms and prevention of HIV/AIDS
- Types, purpose and proper use of condoms
- Sources of HIV/AIDS information, testing and counselling services
- Willingness to take HIV test

This establishes the baseline data on existing levels of information and knowledge about HIV/AIDS. After the awareness session, a post-workshop questionnaire is completed. This allows assessment of the impact of the session on knowledge levels. Thereafter, ZAPSO trains selected workers as Peer Educators and Peer Leaders. These will spearhead the company-based HIV/AIDS prevention program. **Table 5** below presents the status of the above and other activities in relation to the Sida-funded component.

Table 5: Sida Company Profile and Activity Schedule (undated).

Activities to date	No. of companies
Management sensitization	5
HIV/AIDS awareness sessions	18
Peer educator training	10
Training of Trainers (of peer leaders)	4
Communication and counselling workshops	1
Gender workshops	1
Follow-up visits	1

[Source: ZAPSO: *Sida Company Profile and Activity Schedule* (undated)]

Awareness sessions were the most frequent, followed by peer educator training and management sensitization. The impression is that HIV/AIDS is a concern mainly at the shop floor. It also appears that in some companies the HIV/AIDS prevention program commences before the sensitization of management has occurred. Would management accept ownership of the HIV/AIDS program afterwards? At one company, the Coordinator said that the company would like to discuss a possible company policy on HIV/AIDS with the workers after the awareness session. We attended the session in question. We observed this sequence of events:

- Pre-session questionnaires were completed; the session began promptly.
- The session was conducted in about 3 hours.
- The post-session questionnaires were completed and handed in; the participants dispersed back to their workstations.

Clearly, the IEC materials were pre-prepared standard materials. One would have expected that data from the pre-session questionnaire would be used to design the scope and content of the awareness session.

ZAPSO says that knowledge levels among employees increase after they have attended HIV/AIDS awareness sessions, as evidenced by, for example, an increase in the number of workers seeking VCT services, and an upsurge in the use of condoms. We do not dispute this claim, but data on pre-intervention and post-intervention knowledge levels around HIV/AIDS are not fully utilized. ZAPSO has on file completed pre- and post-awareness session questionnaires. None of the documents given to us shows an analysis of the large amount of data generated by the questionnaires. At any rate, the initial awareness session lasts about three hours. The knowledge gained would be superficial and unlikely to induce dramatic change in sexual behavior. It is expected that, when peer educators are fully functional, HIV/AIDS knowledge would increase.

9.1.1 Recommendations

It is important to establish and document clear analytical tables of the baseline data on knowledge of HIV/AIDS facts prior to the awareness sessions, and use these to identify areas of greatest need in terms of information about HIV/AIDS.

ZAPSO should do some reflection on their IEC methodologies, and particularly on the ‘information’ that should be disseminated. An action-oriented definition sees ‘information’ as an answer to a practical problem confronting the target group, e.g.

- What are the target group’s beliefs about HIV/AIDS?
- What questions do they ask about HIV/AIDS?
- What constraints do they cite as hindering adoption of safe sexual behavior?
- What are the myths and beliefs behind their sexual behavior?

Appropriate IEC materials and methodologies would bring out these issues and would complement the materials on the medical facts about HIV/AIDS. Some workers also indicated a need for:

- A greater variety of HIV/AIDS-related IEC materials
- Information on available drugs for HIV/AIDS treatment and how to access them
- Information on traditional healers who treat HIV/AIDS – How can they be reached?
- Information on other countries’ e.g. South Africa’s HIV/AIDS prevention programs

ZAPSO should strive to meet these needs. There is also need to make peer educators’ work more interesting through use of a variety of communication media, e.g. video films, mobile cinema, community theatre, role play etc, in addition to the pamphlets, newsletters, fact sheets, posters etc.

ZAPSO should also recognize that it does not have answers to or expertise in every thing. They should link peer educators to other experts, for example those who can facilitate workshops on gender issues in HIV/AIDS, poverty and AIDS, home based care etc.

9.1.1 Baseline survey (1999) on workers' KABP

Table 6 below summarizes the major findings and recommendations of the 1999 baseline survey on KABP among workers. (Shaded text summarizes our comments / observations). Knowledge of HIV/AIDS transmission and prevention was near universal at 98%. It would seem, therefore, that persistently high infection rates result from a diminished sense of *personal* responsibility for one's own protection against HIV infection. Contributing factors include these:

- Perception of HIV/AIDS infection as a remote rather than a present and real danger. Some people believe HIV infection is a result of 'bad luck'.
- Perception of the fight against HIV/AIDS as other people's war rather than a *personal* responsibility – e.g. using condoms only when a free supply is made available.
- Perception of the risk of HIV infection as a personal rather than a problem that also affects the lives of others – many people in high risk sexual behavior won't take counsel from others
- "I will not go alone" attitude – Awareness of the consequences of re-infection may be low.
- Denial that a problem exists at the level talked about – an attempt to rationalize the situation by those who can't control their sexual appetite.

The scenario suggests a focus on changing the *AB* (attitudes, beliefs) rather than only on increasing the *K* (knowledge) of KABP.

Table 6: Summary of major findings and recommendations of the 1999 KABP survey by ZAPSO

Objective	Major findings	Major recommendations
Assess knowledge about HIV transmission and prevention	Knowledge almost universal at 98% Sources of information: – Peer educators: 22% – Radio: 99% – TV: 95% Knowledge of prevention is high; 85% changed sexual behavior. A low proportion (55%) knew symptoms of HIV/AIDS	Information on HIV/AIDS symptoms should be distributed widely. [The information is fast becoming redundant. Shouldn't focus be on promoting positive changes in the AB of KABP?]
Articulate attitudes towards HIV/AIDS	42% perceived personal risk as low (men: 47%; women: 22%) 7% think traditional healers can cure AIDS. 15% think medical doctors can cure AIDS	There was no recommendation explicitly addressing attitudes towards HIV/AIDS, or the high proportion of people perceiving a low personal risk.
Assess sexual behavior and practices	51% ever used a condom. 24% used condom with most recent partner. 13% of the men had one or more partners. 24% females had no partners. 2% males had no partners	Educational materials to <i>empower people</i> to change sexual behavior. [The recommendation is too general. "People" should be disaggregated for group-specific recommendations]
Assess condom availability	High condom accessibility for men at 88% High condom accessibility for women at 82%	Promote condoms as a family planning device to reduce stigma associated with it. [But ZNFPC have the same problems with condoms also!]

[ZAPSO; May 1999: *Report on the baseline KABP: A survey on company workers*]

The 1999 survey collected data on demographic characteristics of respondents – age, sex, marital status, education, occupation and ethnicity – but only SEX was used to disaggregate data on KABP. What impacts did the other demographic characteristics produce on the survey data? For example, what were the impacts of education level on access to and choice of sources of information, or of age and marital status on the likelihood of condom use? There is a hint from the survey report that marital status reduces women’s assertiveness in sexual choices:

*Since this so called education started, they are just giving us the same messages. It is extremely difficult for us women to effect a lot of changes in our sexual life ... We need discussions in which we can ask how to deal with situations as they arise, and **we do not have such chances** (our emphasis).*

The significance of this information was not highlighted enough. Consequently, it did not lead to the search for interventions that would empower married women, as a special category, to assert their right to protection against HIV infection by spouses.

Although a very significant proportion (42%) of the respondents reported perceptions of a low personal risk to HIV/AIDS infection, there are no recommendations that explicitly address this problem. The perception of low personal risk was more prevalent among male respondents. Some of them attributed their (false) sense of security to “careful selection” of partners and to having one partner at a time. Women on the other hand perceived a high personal risk because “*You can never trust a man*”. Even more important is that despite awareness of their predicament, married women feel powerless:

Can you imagine us being married women to ask our husbands to use condoms?

Recommendations

Clearly, while promotion of knowledge about HIV transmission, symptoms and prevention continues to be important, ZAPSO should ensure that the target group, and sub-groups within it, would be able to use the knowledge. Its methodologies should incorporate *enabling measures* to enhance the abilities of the sub-groups (men, women, married women, youth, low-income earners etc) to adopt safe sex practices.

A mix of general and group-specific strategies for HIV/AIDS prevention seems desirable, for example:

- Promoting HIV counselling and testing as the best method of lowering the risk of choosing an infected partner, and regular HIV testing thereafter.
- A focus on heightening men’s awareness of personal risk to HIV infection.
- Creating women-specific dialoguing platforms, program strategies and organizational development and capacity building for empowering women so they can negotiate safe sex with their partners
- Addressing peer pressure and promoting abstinence among youth. Etc.

ZAPSO has not carried out a follow up survey for comparison with the results of the 1999 survey. In future surveys, these recommendations are pertinent:

- Data should be disaggregated by all demographic variables (sex, age, education level, marital status) to help identify the most vulnerable sub-groups.
- For particularly vulnerable groups, special needs in terms of information should be identified and catered for. E.g. married women may need information on women’s rights within a marriage contract. (If necessary, ZAPSO should refer the groups to relevant other NGOs that can address their special information needs)

- The survey should focus on those variables that ZAPSO hopes to influence through its HIV/AIDS-related IEC activities
- Survey results and recommendations should be used to identify problem areas where innovative approaches to HIV/AIDS prevention are needed.

9.2 Impacts On Management

Ideally, the IEC program at company level should start with sensitization of management on the economic impacts of HIV/AIDS on the company and on the benefits to the company of an HIV/AIDS prevention program. At one time an officer responsible for Monitoring and Evaluation would undertake a financial analysis of how HIV/AIDS affected the company. Since his departure, ZAPSO has not yet replaced the officer. However, training officers assess that companies are generally aware of the impacts of HIV/AIDS and of the advantages of an HIV/AIDS prevention program even though they have not done cost-benefit analyses. We believe the assessment is correct:

- There is an increasing demand for ZAPSO's services even from companies whose management has not yet been sensitized by ZAPSO
- Managers responsible for human resources in their companies have initiated moves to introduce HIV/AIDS prevention activities in response to a high incidence of suspected and / or confirmed HIV/AIDS-related illnesses and deaths

Other companies have acted in response to the Statutory Instrument 202 (1998) that calls upon companies to initiate HIV/AIDS programs at the workplace.

However, some companies still need convincing through cost-benefit analyses of HIV/AIDS prevention programs. The impacts of HIV/AIDS should be both *understood* and *seen*. The question "*What's in it for us?*" is an important one. Some of the companies approached by ZAPSO do not subsequently sign a MOU with ZAPSO. However, other companies have requested ZAPSO to assist with the drafting of HIV/AIDS policies. Through such policies, the companies have:

- Allowed workers time to attend HIV/AIDS-related meetings, training sessions etc. The value of staff time can amount to enormous amounts of money since the workers are paid for the time.
- Paid fees for ZAPSO to conduct HIV/AIDS-related awareness sessions and skills training courses for peer educators. However, the fees are below cost.
- Hired ZAPSO to assist in drafting company policies on HIV/AIDS prevention.

According to the Acting Director, willingness to pay (cost-sharing) depends on:

- Level of commitment of the company
- Perceived impacts of HIV/AIDS on the company
- Financial status of the company

Apparently some companies feel that ZAPSO, as a non-profit making organization should not expect to be paid, let alone claim a 100% cost-recovery for its services.

Recommendation

We are cognizant of the fact that ZAPSO now has more than a plateful of companies that it is working with. There is no need to exacerbate its workload by exciting more companies with cost-benefit analyses of HIV/AIDS prevention programs. Such analyses in future should be on a case-by-case basis, where for special reasons certain companies need to be brought on board, e.g. it

might be desirable in future to mobilize companies that employ large numbers of women as seasonal or permanent laborers, especially in the textile and food processing industries.

Company contributions represent substantial amounts of financial resources directly or indirectly. However, it would be an advantage to formally measure and record the company contributions over time, and even to target and timeframe the contributions to facilitate a progressive shift of the financial burden of the programs from donors (via ZAPSO) to the company. This would enable assessment of progress towards self-reliance of the companies in programs on HIV/AIDS prevention.

10.0 Sustainability – Exit Strategy

ZAPSO is clearly aware that companies should have policies, programs, budgets and implementation structures that explicitly address the HIV/AIDS scourge at the workplace, as the basis of program sustainability. However, the MOUs signed between ZAPSO and the companies lead to a dependency of the companies on ZAPSO for the IEC activities. For example, some ‘old companies’ have come back for further assistance with peer education.

Table 7: Best practices in HIV/AIDS/STI prevention and care at the workplace.

Area	Examples of Best Practice	Company		
		‘A’	‘B’	‘C’
HIV prevention; health promotion	HIV/AIDS/STI awareness raising, mainly through peer education.	Yes	Yes	No
	Condom distribution.	Yes	Yes	No
	Management of STIs at company or public clinics.	Yes	Yes	No
	Counselling and referral for voluntary counselling and testing.	Yes	No	Yes
	Provision of first aid.	Yes	Yes	No
	Control of work organization and environment factors.	Yes	Yes	No
Managing ill health (mental and physical)	On-site clinics/hospitals.	Yes	Yes	No
	Health staff in surveillance and management of health of infected workers.	Yes	Yes	No
	Treatment on credit (by company doctor)	Yes	Yes	Yes
	Re-assigning worker to suitable duties.	Yes	Yes	No
	Company transport to/from the doctor for the severely ill.	Yes	Yes	No
	Fund-raising for hospital care for workers in terminal stage illness.	No	No	No
	Sickness benefitsPromoting suitable nutrition patterns for the infected.	No	–	Yes
	Training affected families in home based care (HBC).	No	–	Yes
HRD and industrial relations	‘Multi-skilling’ of workers as a buffer against skills shortages.	Yes	Yes	Yes
	Contract workers fill gaps caused by HIV/AIDS-related illness/absenteeism.	Yes	Yes	Yes
	Workers can combine sick, annual and unpaid leave in cases of long illness.	No	No	Yes
	Ailing workers to draw on unclaimed sick leave days of fellow workers.	No	Yes	No
	Workers participate in policy decisions on severance procedures/benefits	No	No	No
Employee benefits, survivor support	Counselling for a retirement package (terminally ill cases).			
	Funeral benefits (grants, coffins, transport, food) to survivors	Yes	Yes	Yes
	Illness-related benefits and employment termination benefits	Yes	Yes	Yes
	Survivor benefits	No	No	Yes
	Death in service and life assurance benefits	No	Yes	No
M&E and planning	Other – education for dependants, housing etc	No	No	No
	Surveillance of HIV/AIDS/STI prevalence.	Yes	Yes	No
	Trends in condom use Vs. trends in HIV/AIDS/STI infections.	Yes	Yes	No
	Monitoring HIV/AIDS/STI-related absenteeism, retirement and deaths.	Yes	Yes	No
	Production trends Vs. trends in HIV/AIDS/STI-related illnesses.	No	Yes	No
	Trends in costs of HIV/AIDS/STI prevention, control and management.	No	No	No
	Repackaging and disseminating monitoring data to the workforce.	No	Yes	No

[Source: Adapted from Dr. R. Loewenson et al; 1999: Best Practices: Company Actions on HIV/AIDS in Southern Africa]

Recommendations

At some point in time, the companies should accept and assume full responsibility for implementing HIV/AIDS prevention programs. Therefore, the MOU should demarcate *facilitator* and *implementer* roles for ZAPSO and the companies, respectively. To this end, ZAPSO should develop a clearer model of how it facilitates a company's progress towards self-reliance, to identify the critical milestones and relevant capacity building activities. The relevant milestones are the 'best practices' that ZAPSO feels should be in place for an effective HIV/AIDS prevention and care program sustained by the company. **Table 7** above lists some of the best practices documented elsewhere. It also shows that some of the best practices exist at some of the companies ZAPSO is working with.

The respondents at the companies completing the table above said that some of the best practices were in place before the arrival of ZAPSO at their workplace. Company "C" was at the initial phase of working with ZAPSO. The HRD manager indicated that some best practices would be introduced in time, but management would need some convincing. A full baseline survey of practices in the private sector is recommended. Preferably, the survey should be implemented by ZAPSO in collaboration with ZNCC and ZCTU. The survey data would be used to work out a minimum range of practices that should be adopted at every workplace. The three collaborating parties would then promote a sector-wide adoption of the basket of the minimum recommended practices. (This recommendation is elaborated in more detail under separate cover).

11.0 Monitoring and Evaluating (M&E)

It has been noted that, in respect of the work that training officers do, quantitative data on expected and actual outputs are not consistently documented. For example, data on awareness sessions, peer educator training etc are not always accompanied by figures on coverage (number of participants). There is also no reference to program targets such as, for example, the desired ratio of number of workers per peer educator (so that the total number of peer educators needed can be calculated). The data gaps make it difficult to gauge ZAPSO's effectiveness in implementing program targets.

At company level, peer educators complete forms on their IEC activities and report to their respective program Coordinators within their company. The Coordinators then write quarterly progress reports to ZAPSO. The Acting Director of ZAPSO noted that this arrangement could be problematic, as the peer educators are not formally accountable to ZAPSO for the quality and reliability of the data they collect. One company-based program coordinator was skeptical about the data presented:

"You look at the figures claimed and you know right away that this can't be true. Three-quarters of the time they exaggerate the level of peer education they do".

This might mean that a strategy, e.g. occasional sample surveys, should be put in place for verification from time to time of the claims made by the peer educators.

Progress monitoring is strong on the IEC process (activities, outputs and implementation targets), but somewhat weak on impact indicators (intended outcomes). The M&E systems should incorporate indicators for monitoring and reporting on the attitudinal and behavioral changes that the programs seek to promote. ZAPSO can easily incorporate impact indicators into its M&E system as it already has identified the relevant impact indicators in its Project Document.

There is a difficulty with using the logical framework analysis (LFA) as a planning tool. For example, the concepts of *goal*, *purpose* and *mission* are used synonymously. '*Mission*' usually belongs in discussions of the organization's strategy, not in the definition of operational plans and objectives.

The definition of objectives is activity-oriented, e.g.

“To effectively reach the private sector with HIV/AIDS prevention messages”

This is too broad. A results-oriented definition is more appropriate e.g.

“To promote adoption of HIV/AIDS policies, programs and budgets in 20 companies in the period 2001–2002”

A consequence of the above is that the listed ‘key result areas’ are not accompanied by *complete* definitions of program outputs and targets, purpose, goal and the relevant indicators. The magnitudes of envisaged changes are not indicated, therefore the need for baseline data is overlooked. E.g. there are no baselines on the following *impact indicators* identified by ZAPSO:

- Proportion of workers with multiple sexual partners
- Proportion of workers reporting consistent use of condoms
- Proportion of workers reporting involvement in unprotected sex
- Incidence of HIV/AIDS/STD infections
- Levels of knowledge of the *AIDS facts*
- Number and proportion of workers who have taken HIV tests
- Best practices in place at the workplace – company policies, programs and activities

Recommendation

ZAPSO should establish baseline data so that objectives can be operationally defined. For example, if condom use stood at 20% at the start of the program, the operational objective might be defined thus:

“To improve condom use prevalence from 20% of the workers to 85% by 2002”

Such an objective indicates where the target group is at the beginning of the program and where it should be at the end of the program. Clarity on this gap helps program implementers to remain focused on results-oriented planning and management.

12.0 Effectiveness, Efficiency and Adaptability

12.1 Effectiveness

Effectiveness is about the capacity to meet set targets. The Sida-supported component of the ZAPSO program had a coverage target of 20 companies. ZAPSO has exceeded this number by seven (7), because of growing demand for its services. There is a danger of trying to do too much by exceeding agreed targets. Progress reports indicate a stiff competition for staff time between outreach work and office-based work. There is also the danger of overstretching financial resources.

The program outputs are difficult to assess for ZAPSO because of the inconsistencies in data capture. **Table 8** below shows data on expected outputs and actual achievements for the third quarter of year 2002. The column on ‘effects’ is useful in describing possible impacts. However, quantitative data are not always specified. The data gaps might suggest a casual attention to results measurement and to self-assessment of effectiveness. Self-assessment requires a constant interest in collecting the data that would facilitate the exercise.

Recommendation

Future quarterly reports should have complete quantitative data on planned and actual achievements. The column on 'effects' is quite helpful in indicating impacts of the program, and should be maintained.

ZAPSO should impress upon peer educators the importance of measuring program outputs so that program monitoring and evaluation can be done effectively.

Table 8: Process indicators for the ZAPSO program: July – September 2002

Activity	Planned	Actual	% Accomplished	Effect
Key leaders in new companies oriented on HIV/AIDS issues	5 companies (Number of managers?)	3 companies 15 managers	60 ?	1 company (20%) came on board
Peer Education and Training	Peer education in 3 companies Awareness sessions in 2 companies	86 Peer Educators in 4 companies 'x' workers at Iron Duke 'x' workers at Amzim Gold	? 132 60 <50	Increase in no. of people seeking HIV tests (No. and %?)
IEC materials developed & distributed	(Topics?) (Quantity?)	Health information package developed	?	?
Condom availability	60 000 male and 20 000 female at all sites (No.?)	29 000 male condoms 13 500 female condoms (No. of sites?)	48 67.5 ?	?
Networking with AIDS Support Organizations	1 meeting with MoH and private companies	1 meeting	100	Sharing of 'best practices'

[Source: ZAPSO Progress Report for the Quarter of July-September 2002]

12.2 Efficiency

Efficiency is concerned with the way in which resources are used. In lay language, efficiency refers to the ability to derive the maximum benefit from expending a given resource. A simple measure of efficiency is the ratio of Output / Inputs. A value of 1.0 marks the break-even point – i.e. no loss, no gain. A value above or below 1.0 indicates a gain or loss, respectively. This indicator would be useful in the strategy for mobilizing companies for HIV/AIDS prevention at the workplace. Unfortunately, ZAPSO no longer carries out financial cost-benefit analyses for the companies.

12.3 Adaptability

This refers to flexibility to adjust to the changing needs of the target groups. The areas where ZAPSO needs to adapt as part of its strategy to remain relevant to the needs of their target groups include these.

- Adapting IEC materials to needs of youth
- Incorporating socio-cultural facts in IEC materials
- Up-dating IEC materials used by peer educators
- Adopting a learning culture

The adaptability needs were identified during discussions with officers at ZAPSO, from which we learned that:

- IEC materials might be out of tune with the information needs of youth
- Socio-cultural factors, e.g. gender, do not feature much in the scope and content of IEC materials and activities – yet these are important factors of behavioral change
- Peer educators have had to use and re-use ‘old’ materials such as posters, with the same target groups. IEC messages must be varied and up-dated more frequently, otherwise there will be nothing new to learn for the target groups.
- A learning culture based on regular reflection on IEC materials and methodologies and their effectiveness would improve adaptability of the organization.

The gender perspective is not visible in the program, yet gender relations of power increase the vulnerability of women and girls to unsafe sex and consequently to HIV/AIDS infection. ZAPSO has recognized the need to mainstream gender in its IEC materials, but this has not yet taken place, for lack of skills on gender issues.

Recommendation

Greater efforts should be made to enhance creativeness and innovativeness in the peer educator’s work. For example, some IEC materials could be designed to facilitate a problem-solving approach to HIV/AIDS prevention by focusing attention on gender issues and other socio-cultural factors hindering change towards safe sex, and on possible solutions. Peer educators could be trained in PRA techniques such as the Force Field Analysis and others, to enhance their creativeness.

ZAPSO should take concrete steps towards mainstreaming gender in its HIV/AIDS policy and prevention program. As a first step, ZAPSO should acknowledge that it is itself a gendered structure, and start putting its house in order on this issue. Therefore, in order to mainstream gender issues in HIV/AIDS programs, ZAPSO should understand how gender relations are reflected in its own work, and in its organizational structures and policies. I.e., ZAPSO should make gender analysis a part of its learning process since for them gender is still a difficult area to deal with.

13.0 Summary and Recommendations

Organizational development

ZAPSO’s Private Sector AIDS Prevention Initiative (PSAPI) has been a groundbreaking success story, given that the private sector is normally a no-go area for NGOs. The formative and exploratory stage in terms of defining its niche has been completed. A key challenge is to review internal organizational arrangements with a view to adoption of the best structure and procedures for implementing the organization’s strategy. Another challenge for the organization is to undertake long-term strategic planning. For example, is ZAPSO going to continue training forever? Will it shift emphasis to lobbying companies to start integrating HIV/AIDS issues in their systems?

Stage of growth

Most policies and administrative systems are in place. However, there is a challenge to redefine the role of the board and that of the members, review the constitution, analyse staff issues, deal with interpersonal issues and streamline the mandate and mission.

Accountability mechanism – the AGM

The constitution states that the “*Annual General Meetings shall be held with the main objective of reviewing the organization’s operations and activities and looking for the best solutions to enhance productivity for the benefit of the beneficiaries*”. However, the constitution does not indicate what constitutes a quorum at the AGM. Some AGMs took place with less than three quarters of the members, and perusal of minutes revealed there is no in depth SWOT analysis of the activities, outputs and outcomes of programs, and no planning for the following year.

Recommendation:

ZAPSO should ask itself if it needs members and if so, for what purpose? What is the significance of the AGM if the level of attendance is not important?

Governance and participation

The constitution states: *Members of the board of Trustees shall be elected at the annual general meeting..* In practice, the board members, or the trustees as they are called, are chosen and not elected. The board members or the Director suggests names for consideration by the board. This undemocratic process undermines the members’ right to decide whom to put in charge of ZAPSO.

Recommendation:

ZAPSO needs to revisit its constitution, to spell out the rights and obligations of members and the power of the AGM.

Power of the trustees

The constitution spells out the powers of the board of trustees, which include planning for the future of the NGO, and formulating policy and approving programs.

The constitution is silent on the recruitment, supervision and assessment of the Director and on the Director’s accountability to the board or the chair. It does not matter that in fact the Director reports to the board.

Recommendation:

Reporting structures and systems need to be clarified in the constitution of ZAPSO.

The mandates of the board and membership, and procedures for the recruitment and supervision of the Director should be incorporated in the constitution.

Board-staff relationship

The heads of department sit in the board meetings together with the Director. The rest of staff feels that they have very limited access to the board. Level of staff access to board members is determined by the culture of the organization, there is no formula. In the case of ZAPSO, staff members feel that the whole area of HIV/AIDS and the private sector is new and that they need the board to act as a bouncing board for them.

Recommendation:

The chair indicated that the board is organizing a retreat to address the issues relating to staff, membership, governance and management. We support the decision.

Staff establishment

ZAPSO has sixteen members of staff. Capacity in terms of skill availability has been good. However, ZAPSO is understaffed as the number of companies it serves continues to increase. Also, staff retention capacity is low. From October 1998 to date, 22 members of staff resigned. A reason given for this is that short-term funding forces ZAPSO to put staff on one-year contracts. This erodes the sense of job security.

Recommendation:

The board should try to identify the causes of staff flight. When people continue leaving, those who remain behind become restive and want to leave also. It is also not a good image for ZAPSO to be characterized by high staff turn over.

ZAPSO leadership and culture

Leadership can be expressed at different levels:

- Development of strategic vision – usually a function of the governance body
- Implementing and evaluating programs – a function of management.

It was reported that the culture of ZAPSO is characterised by hard work, hardly any time to rest and is output oriented. Most people also saw ZAPSO as an autocratic organization, owned by one person, the Director. Members of staff felt that there was not much room for participatory decision-making when it comes to staff issues.

Recommendations:

- The team would like to challenge the board to identify and assess where its leadership within ZAPSO is located and felt.
- The intangible assets (team work, interpersonal issues etc) of the organization need to be developed with the same enthusiasm as its tangible assets.

ZAPSO as a learning organisation

According to the Director, ZAPSO encourages individuals to acknowledge mistakes and to see them as learning opportunities. However, the learning process itself and its outcomes are not structured or documented and thus remain largely invisible. E.g. what has ZAPSO learned about the inter-relatedness of HIV/AIDS, culture, sexuality and religion? Do IEC materials reflect lessons learnt?

Recommendation:

ZAPSO should start debating what it means to be a learning organisation. The debate should include all employees of ZAPSO.

Program relevance and ZAPSO effectiveness

Given the extent of HIV/AIDS infection in Zimbabwe, there is a need for a multi-sectoral approach to prevention and care activities. The HIV/AIDS prevention programs targeting the workplace are relevant and very important initiatives. However, there is a gap in program design in that there is insufficient attention to socio-cultural factors that hinder change towards safer sexual practices. The training officers are also over-stretched implementing IEC activities in 100 or so companies, while an unclear exit strategy leaves old clients dependent on ZAPSO.

Recommendation:

ZAPSO should revisit its mission and streamline its core business and define a clearer exit strategy. This would enable ZAPSO to rationalize its workload in line with the available human resources.

Progress with program objectives

The definition of objectives is activity-oriented, e.g. *to do this or that activity*, rather than results-oriented, e.g. *to produce 'x' quantity of change*. As a result, progress reports focus on 'process indicators' (e.g. number of sessions held) to the neglect of 'performance indicators' (e.g. % of target). In fact, ZAPSO did not set targets. Progress is therefore difficult to gauge.

Recommendation:

Proper use of the LFA is strongly recommended, so that progress reports do not lose sight of the link between program activities, outputs, purpose and goal.

Impacts on workers' KAPB

Our feeling is that most of the workers have some knowledge of the HIV/AIDS facts after the initial awareness session, or even before. ZAPSO reported increases in condom use after the awareness sessions and in visits to VCT centres. However, ZAPSO acknowledges that the change from high-risk to safe sexual behaviour is slow. Clearly, dissemination of *medical facts* alone about HIV/AIDS is not enough to induce early change towards safe sexual practices.

Recommendation:

ZAPSO should develop IEC materials that encourage people to dialogue on and confront those beliefs and socio-cultural practices underlying high-risk sexual behaviour.

Impact on management's perceptions

There is a belief that the companies are generally aware of the advantages of the HIV/AIDS prevention program and on that basis they are willing, to varying degrees, to adopt the HIV/AIDS prevention program. Some of the companies have indeed asked for ZAPSO's assistance in drafting HIV/AIDS-related policies. However, the MOUs that ZAPSO signs with the companies seem to facilitate the implementation of HIV/AIDS-related activities at the workplace by ZAPSO, with no commitment by the companies to take over this responsibility from ZAPSO.

Recommendation:

The MOUs signed with client companies should incorporate commitments by the companies to establish the policies, structures and procedures for a truly company-owned HIV/AIDS prevention and care program at the workplace.

Sustainability

ZAPSO has not formally defined what "company ownership" of the HIV/AIDS program means in practice, and has yet to specify the range of best practices that should be in place at the companies to show that the companies are fully geared to ownership and implementation of the AIDS program.

Recommendation:

The MOU could be re-designed to emphasize a facilitator's role for ZAPSO, whereby ZAPSO would assist management and workers to formulate and implement HIV/AIDS prevention programs. ZAPSO would also identify and address their capacity building needs to enable the companies to implement an agreed list of best practices in HIV/AIDS prevention/care at the workplace.

Monitoring and evaluation

Objectives statements are activity-oriented instead of results-oriented. This has weakened the results-based program planning and management. In turn, this eroded the need for consistency in monitoring and documenting program outputs.

Recommendation:

A correct and consistent use of the LEA as a planning tool is recommended.

Lessons

When experiences and lessons are not documented, it is difficult to demonstrate existence of a learning culture. Lessons are not efficiently utilised since they are not documented for reference purposes.

In membership organizations, if mechanisms for collecting information from, or disseminating information to members are weak, the organization is no different from a non-membership organization. If there is no clear structure for membership inputs, then the organization does not benefit from the collective strength of the membership.

Dependence of the board on one person for information, and its failure to ask difficult questions, can lead to the erosion of the board's ownership and policy leadership of the organization.

Ordinary gender training tools do not bring out the critical relationships between the issues of masculinity, femininity, sexuality and faith/religion. Mainstreaming gender concerns in IEC materials therefore is, at best, superficial and at worst non-existent. The IEC materials therefore remain inadequate as tools for stimulating problem-solving debate on socio-cultural hindrance to change towards safe sexual practices.

Inadequate attention to gaps in planning details – baselines, benchmarks, program targets, and monitoring and evaluation indicators – hinder effective assessment of program performance later.

14.0 Proposals for Sida

14.1 Organizational Development

- We recommend Sida financial support for a 'Governance and Management Workshop' for ZAPSO whose objectives are to clarify the roles and responsibilities of the AGM, Members, Board, Office Bearers and the Director and Secretariat. This should enable ZAPSO to:
 - Iron out irregularities and gaps in ZAPSO's constitution
 - Clarify important policies and procedures – the Director's obligations and accountability etc.

14.2 Program Methodologies

- Sida should fund a strategic visioning workshop for ZAPSO whose objectives are to:
 - Clarify Vision, Goal, Mission/Core Business and the Exit Strategy
 - The exit strategy should be clear on the strategy and milestones towards sustainability.

The workshop should enable ZAPSO to delineate the facilitator and implementer roles for itself and for the companies it works with, respectively. The separation of roles should be reflected in the mutual obligations between ZAPSO and client companies in the MOU.

14.3 Sector-Wide Action

- Sida should fund an action-oriented baseline survey of a sample of companies, commissioned under a tripartite arrangement between ZAPSO, ZNCC and ZCTU, on existing HIV/AIDS prevention and mitigation practices at the workplace, and a cost-benefit analyses of these practices, with a view to proposing a package of workplace HIV/AIDS prevention/care measures.
- Sida should fund a workshop hosted jointly by ZAPSO, ZNCC and ZCTU for
 - ☐ Feedback to the sector, and negotiating adoption of the package of prevention measures
 - ☐ Agreeing roles / responsibilities of each party in promoting the package at the workplace.
 - ☐ Identifying capacity building needs of the three parties for their roles and responsibilities
- ZAPSO should thereafter work out a draft program document on capacity – with ZAPSO as the coordinating agent. Sida should anticipate funding the proposed program. The program document, however, should be used to leverage support from other donor agencies.

14.3.1 Rationale

Employers and employees have played a somewhat passive role in the identification and design of interventions for reducing the spread of HIV/AIDS at the workplace. A participatory approach enables them as the key stakeholders to initiate HIV/AIDS prevention activities at the workplace.

Employers should acknowledge some social responsibility and play an active role in the fight against HIV/AIDS to protect the workforce they depend on for production and marketing activities.

The HIV/AIDS prevention and mitigation activities that companies can adopt are many compared to those specified in the MOU between ZAPSO and the companies. Employers and employees should be given an opportunity to dialogue and improve on the list of relevant practices.

Annex 1:

Terms of Reference: Evaluation of Sida-funded workplace based programmes

In keeping with Sweden's strategy on HIV/AIDS; *Investing in Future Generations*, Sida's HIV/AIDS programme in Zimbabwe is targeted to towards prevention, mitigation and strengthening the sectoral response to the pandemic. It is with the aim of strengthening the business sector's capacity to cope with the epidemic that the Swedish Embassy has supported several workplace programmes in Zimbabwe.

The Swedish Embassy's current partners are

- a. Ziscosteel Peer Education Programme 2002 SEK 768, 000
- b. National Railways of Zimbabwe (NRZ) peer education programme Phase 1 and 2 1999-2002 (SEK 105 000+ 580, 000)
- c. ZAPSO Private Sector Initiatives for HIV/AIDS. 09/2001-12/2002 SEK 2, 313, 000

Overall objective of the evaluation

The overall objective of this evaluation is to measure the impact, effectiveness, relevance and sustainability of the NRZ, and ZAPSO workplace programmes. This evaluation should also include a sectoral analysis of the formal and informal business sector's response to HIV/AIDS and culminate in a specific strategy for future Swedish support to this sector. *Ziscosteel will be evaluated at a later date.*

Specific Objectives

The evaluation should include but not be limited to

1. An evaluation of the ZAPSO and NRZ workplace-programmes. Specifically the following issues should addressed
 - o How relevant are these programmes and to what extent are they responsive to the needs of the target group? The extent of participation of workers in the design and planning of the programmes should be assessed
 - o What have been the major outputs of these programmes and to what extent have the set objectives been met?
 - o What has been the impact of these programs on workers (in terms of changes in knowledge, attitudes and behaviour) on management (in terms of level of awareness of the economic impact of the pandemic on their enterprise, formulation and implementation of HIV/AIDS and personnel policies, commitment of resources)
 - o What is the sustainability of these programmes, and what exit strategies are in place?
 - o What monitoring mechanisms have been used and how effective are these?
 - o Have resources allocated to these programmes been used efficiently and have the resources allocated been sufficient to run the programmes successfully?
 - o An assessment of the operational systems (financial and human resource systems) of the ZAPSO, and the NRZ HIV team needs to be done

2. An analysis of the formal and informal business sectors response to the HIV/AIDS pandemic in terms of prevention of HIV, management and mitigation of the impact, care and support of infected and affected workers and elimination of stigma and discrimination should be done. What are the gaps and weaknesses of this response? What best practices have emerged and what lessons have been learned?
3. Clear and concise recommendations on the role can the Embassy play in strengthening the response of this sector to HIV/AIDS.

Evaluation Team

The composition and competence of the evaluation team should be proposed in the tender. The team leader is responsible for preparation and submission of the draft and final evaluation reports. The evaluation team should have relevant qualifications and experience in public health evaluation methodologies, behavioural change methodologies, HIV/AIDS programme planning and implementation skills. The team should have in-depth knowledge of HIV/AIDS issues in Zimbabwe, knowledge and experience the management of workplace programmes would be an added advantage. Knowledge and experience in human rights and gender issues would be beneficial. The team is encouraged to include women in it.

Evaluation Methodology and Timetable

The evaluators shall propose the methodology and the time schedule required for carrying out this evaluation. The methodology should include

- Review of project documents, work plans and reports submitted by the organisations to the Swedish Embassy and any other relevant documentation.
- Interviews with relevant ZAPSO and NRZ personnel and, management of the various companies
- KAPB surveys of sample groups within the companies
- Site visits to ZNNP+ offices and projects around the country.
- Interviews with relevant stakeholders such as representatives of employers and their collective organisations, workers and their collective organisations, representative bodies of the informal sector, officials of the National AIDS Council, ILO, NASSA etc.

Reporting

A draft report shall be presented to the Swedish Embassy by latest 13 December 2002. The Swedish Embassy shall comment on the draft report within one week of receiving the report i.e. by 20 December 2002. The consultants will be expected to present the findings of the evaluation at the Embassy of Sweden on 6 January 2003. Three copies of the final evaluation report as well as a copy on diskette shall be submitted to the Embassy by 10 January 2003.

The evaluation shall be written in English and include an executive summary. Subject to decision by Sida, the report shall be published and distributed as a publication within the Sida Evaluation Series. The evaluation should be written in Windows 97 for Windows NT (or a compatible format) and should be presented in away that enables publication without further editing.

Organisation and Co-ordination

The consultants will report directly to the responsible Programme Officer within the Swedish Embassy (Harare) Josephine Ruwende. The contract for the evaluation will be between the Team of Consultants and the Swedish Embassy.

Annex 2:

People Interviewed

A: ZAPSO

Mrs Chabikwa	Acting Director at ZAPSO
Chin'gono	Program Officer ZAPSO
Zhangazha	Program Officer ZAPSO
Evelyn Serima,	Director ZAPSO
Rev. Malaba	Board Chair ZAPSO

B: Private Sector Companies

Name	Company	Designation
Abiyuti, Douglas	Fleximail	Coordinator
Bhanisi, V.	Lever Brothers	Worker
Chataika, Mr	Lyons Zimbabwe	Coordinator
Chitaukire, Felicity	Fidelity Printers and Refiners	Coordinator
Guzha, Esther	The Centre	Coordinator
Machangomora, Elliot	Kingdom Financial Holdings	Coordinator
Mafuta, Mrs	Lever Brothers	Coordinator
Mahebe, W. L. Mrs	Granite Chemicals	Coordinator
Masiyiwa, Mrs	Women's Action Group (WAG)	Program Officer
Nyakanda, Mrs	Crop Breeding Institute	Coordinator

Annex 3:

List of Documentation and References

Embassy of Sweden; Sept. 2001: Assessment Memo For The Zimbabwe AIDS Prevention And Support Organization (ZAPSO)

Loewenson, Dr. Rene et al; 1999: Best Practices: Company Actions on AIDS in Southern Africa.

ZAPSO; Oct. 2002: Fourth Quarter Activity Schedule – October to December 2002.

_____; (Undated): ZAPSO July–December 2002 Work Plans

_____; Progress Report for the Quarter of July-September 2002

_____; (Undated): HIV/AIDS Peer Education Training Report for Intermarket Building Society: 4–6 June 2002

_____; 2002: HIV/AIDS Peer Education Training Report for Lake Harvest Aquaculture (Pvt) Ltd.

_____; May 1999: Report on the baseline KABP: A survey on company workers

_____; (Undated): Profile and Capability Statement.

_____; (Undated): Sida Company Profile and Activity Schedule.

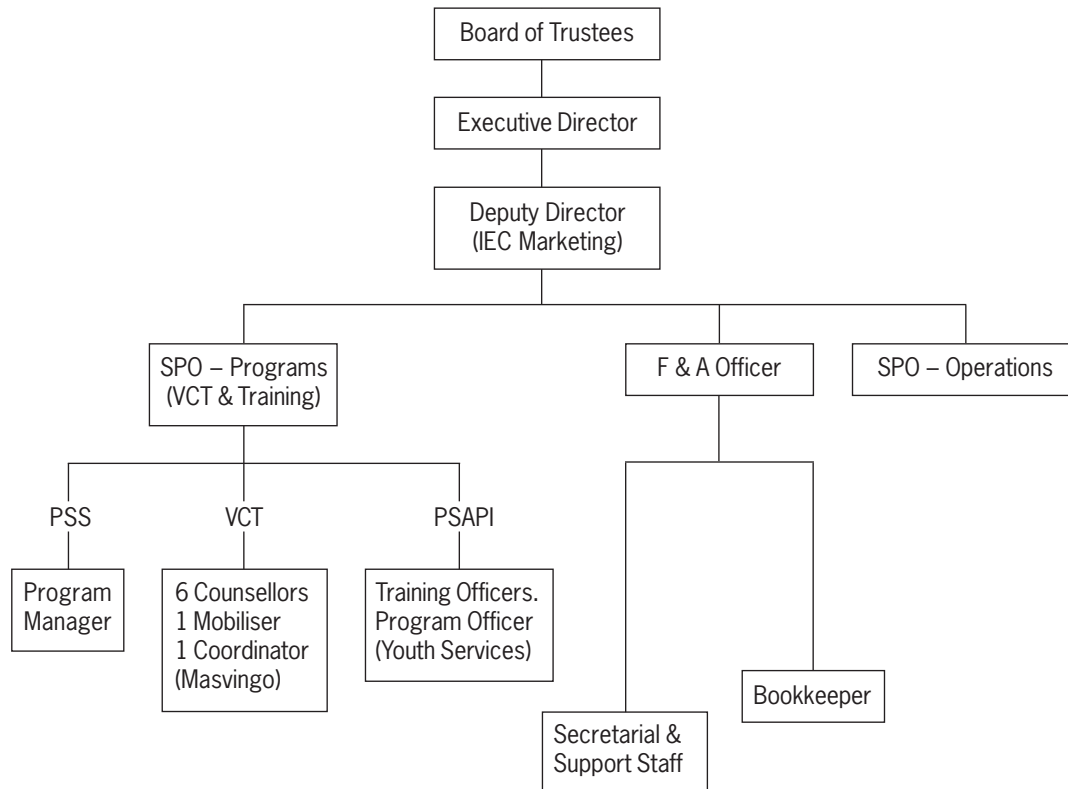
_____; (Undated): HIV/AIDS Awareness Sessions Report: Kingdom Financial Security Holdings

_____; 1997: Constitution

ZAPSO-Castrol Zimbabwe (Pvt) Ltd; Jan. 2002: Memorandum of Understanding

Annex 4:

ZAPSO Organizational structure



Key

IEC	Information, Education and Communication
VCT	Voluntary Counseling & Testing
PSS	Psychosocial Support Services
PSAPI	Private Sector AIDS Prevention Initiatives
F&A	Finance and Administration
RME	Research, Monitoring and Evaluation

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