

**Strengthening the Organisational Competences for Internal Mainstreaming of HIV and
AIDS: A case of the Department of Agriculture and Technical Extension Services,
Zimbabwe**

**A Research Project Submitted to Larenstein University of Professional Education in
Partial Fulfilment of the Requirements for the Degree of Master of Development,
specialization AIDS and Rural Development**

By

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September 2008**

**Wageningen
The Netherlands
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ACKNOWLEDGEMENTS

Most sincerely, I thank my thesis supervisor Marcel Put for his commitment and guidance he offered through out the research and documentation of this study. I owe particular gratitude to my course coordinator Koos Kingma for the intellectual guidance she provided throughout my studies. Special gratitude also goes to Channel Foundation (U.S.A) sponsors of the Women Leadership Scholarship for the financial support they gave to me. It is to their credit that I managed to conduct this study and the rest of my course work successfully.

Special gratitude goes to Hopewell Fungai Zaba for his unfaltering support and encouragement he gave to me through his valuable comments, proof reading and editing this document. I would also want to thank the staff from the Ministry of Agriculture and from the Department of Agricultural, Technical and Extension Services who participated in interviews. Also special gratitude goes to Nomagugu Zaba, Sean Zaba, Chioniso Mabwe, Harriet Moyo, Shamiso Chikobvu, Freda Bella, Mary Mkare, Mhlaba family and MOD-ARD 2007-2008 class for the moral support they gave to me through out the study.

DEDICATIONS

To Fungie, Nono and Shoshoe...

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ABBREVIATIONS AND ACRONYMS

AGRITEX – Agricultural, Technical and Extension Services

AIDS - Acquired Immune Deficiency Syndrome

ART – Anti-Retroviral Therapy

ARVs – Anti-Retrovirals

CSO - Central Statistical Office

FAO - Food and Agricultural Organisation, United Nations

FHI - Family Health International

GDP - Gross Domestic Product

GTZ - German Government Development Programme

HIV- Human Immunodeficiency Virus

ILO - International Labour Organization

IOE - International Organisation of Employers

KAP survey – Knowledge Attitude and Practice survey

KRA- Key Result Area

MoA - Ministry of Agriculture

NAC – National AIDS Council

PLWHA – People Living With HIV and AIDS

PSC – Public Service Commission

SAfAIDS – Southern Africa HIV and AIDS Information Dissemination Service

STIs - Sexually Transmitted Infections

UNAIDS - Joint United Nations Programme on HIV/AIDS

UNDP - United Nations Development Programme

UNFPA – United Nations Population Fund

VCT – Voluntary Counselling and Testing

VSO – Voluntary Service Overseas

WB – World Bank

WHO – World Health Organisation

GLOSSARY

AIDS work: Medical interventions focused on treatment of opportunistic infections and behaviour-change work focused on direct HIV prevention and care for people living with HIV/AIDS.

HIV prevalence: The proportion of people aged between 15 -49 years in a population who are HIV- positive at a given time.

Mitigation: To lessen the impact of HIV/AIDS on afflicted or affected individuals or organizations.

Resilience to HIV: The active responses that enable people or organisations to avoid the worst effects of AIDS.

Susceptibility to HIV: The likelihood of an individual or group of people of becoming infected by HIV.

Vulnerability to HIV: The likelihood to suffer significant impacts brought by HIV/AIDS.

Strengthening the Organisational Competences for Internal Mainstreaming of HIV and AIDS issues: A case of the Department of Agriculture and Technical Extension Services, Zimbabwe

**By
Patisiwe Zaba**

ABSTRACT

The severity of the impacts of AIDS is a threat to the sustainability of most organisations in high HIV/AIDS prevalent countries. Unless the organisations respond rapidly by internally and externally mainstreaming HIV/AIDS, their resilience to the AIDS impacts is compromised. The need for responding to such threats requires internalisation of the process of HIV/AIDS mainstreaming before looking at the external programmes and activities. However limited organisational competences in terms of technical, governance, financial, human resources and cultural capacities by most organisation limits the efforts of HIV/AIDS mainstreaming. The objective of the study was to contribute towards strengthening the response to the HIV/AIDS impacts by the Department of Agricultural, Technical and Extension Services, a government department in the Ministry of Agriculture, Zimbabwe. This was achieved by assessing and analyzing its competences on HIV/AIDS internal mainstreaming. A total of 10 in-depth interviews were conducted with the key personnel in the department in charge of implementing HIV/AIDS related issues and a questionnaire was also employed to 40 staff members within the department to get information related to their skills, knowledge and attitudes towards departmental HIV/AIDS internal mainstreaming issues. Technically, the AGRITEX department had some guiding policies on HIV/AIDS and its staff was highly aware of the basic information about HIV/AIDS. However the department still needed to improve on the number of the HIV/AIDS training sessions for its staff. The human resource capacities of the department were found to be the most challenging area as the department had no plans or future projections of the impacts of HIV/AIDS on the staff. The financial capacities of the department were also a challenge as they were found to be influenced by the prevailing economic decline exacerbated by hyper inflation in the country. It was important to note that the department was embarking on activities that do not require a lot of costs despite its financial challenges it was facing. As of organisational governance, the leadership of AGRITEX was found to be committed and showing support to the internal mainstreaming of HIV/AIDS issues. There is however a need for the leadership to be clear on the differences between the internal HIV/AIDS mainstreaming and the external process so as to ensure that both process are effectively dealt with. Finally, it was found that the dominant norms and values demonstrated by the staff provided a working culture that was high in solidarity and sociability to people living with HIV/AIDS. Such a culture was found to be a key ingredient in ensuring that the organisation achieves its HIV/AIDS internal mainstreaming goals.

Key words: *HIV/AIDS, competencies, capacities, HIV/AIDS internal mainstreaming.*

CHAPTER ONE: INTRODUCTION

1.1 Background to the study

As we approach the fourth decade of the HIV/AIDS epidemic, it is becoming increasingly clear that HIV/AIDS has diverse implications and affects virtually all aspects of the society (Pharoah 2005). Despite the localised success stories on HIV prevention and impact mitigation, the pandemic has continued to grow almost unabated. In the year 2007 according to UNAIDS and WHO (2008), 33 million people globally were reported to be living with HIV/AIDS. In the same year, 1.7 million HIV/AIDS related deaths and 2.7 million new HIV infections cases were reported. The impacts of the epidemic are heavily felt in high prevalent zones such as the Southern Africa region. In 2007, this sub region accounted for almost a third (32%) of all new HIV infections and AIDS-related deaths globally, with national adult HIV prevalence exceeding 15% in eight countries¹ in the region (UNAIDS & WHO 2008).

In high-prevalence countries, due to higher morbidity, no sector of the economy escapes the impact of this pandemic. 'All sectors experience reduced availability of productive and skilled labour and investment opportunities' (UNAIDS & the International Organisation of Employers (IOE) 2002, p.8). The Zimbabwean agricultural sector has also been not spared from the devastating impacts of HIV/AIDS. The government statistical reports show that in 2008, the HIV/AIDS prevalence in Zimbabwe is 15.6% with 1, 3 million people living with HIV/AIDS in 2008 (Government of Zimbabwe, 2008). Agriculture is the back bone of the Zimbabwean economy and in 2006 accounted for 18.5% of the total Gross Domestic Product (GDP) (Government of Zimbabwe, 2006). On the other hand, the majority of the country's population also derives their livelihood from agriculture. With such a high national HIV/AIDS prevalence rates, HIV/AIDS poses so many difficulties to the agricultural communities and institutions in the country that are already facing additional complications such as; severe dry spells and generally unfavourable rainfall during the 2006/07 cropping season; substantial internal migration and displacement due to political related factors and the compounding devastating effects of the unprecedented decade-long national economic decline (FAO, 2007).

Generally, the agricultural institutions such as the Department of Agricultural, Technical and Extension Services (AGRITEX) and other departments under the Ministry of Agriculture (MoA) have experienced reduction in productivity through loss of skilled workforce due to HIV/AIDS related deaths; increased absenteeism of staff due to sickness, caring for the sick and attendance of HIV/AIDS related funerals (Government of Zimbabwe 2006). Productivity and morale of the staff members are affected as staff members empathise with the loss of their colleagues and peers. In addition to the human resources and operational implications, the agricultural departments are also incurring huge expenses through assisting staff members with funeral expenses. A striking feature about HIV/AIDS is that it affects adults in their productive prime and more so, resources and productive time are lost in dealing with issues related to the epidemic. As a result, the combination of growing vulnerability and diminishing financial and human resources may also be impacting on both demand for services and their supply, with a number of analysts speculating that HIV/AIDS will progressively reduce the ability of most institutions to fulfil their mandate (Pharoah, 2005).

Basing on the projections of future demographic change in the HIV/AIDS hardest-hit countries of eastern and southern Africa, Jayne et al (2005, p.177) state that 'the full impacts of HIV and AIDS on the agricultural sector are starting to manifest and will intensify over the decades'. Agricultural service providers are therefore supposed to anticipate and adapt to the changing needs brought by the pandemic both within and outside the organisational environment. Manning (2002, p.5), states that, this 'demands that organisations work more

¹ Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe

closely to develop strategies and practices that will ensure their continued existence'. This calls for a rapid response on agricultural based institutions such as the Department of Agricultural, Technical and Extension Services (AGRITEX) and other departments under the Ministry of Agriculture (MoA) to minimise the projected impacts within their departments and their external programs.

The responses need to ensure that both the staff and the target environment are catered for. The HIV/AIDS focused responses such as targeted HIV prevention programmes and access to antiretroviral therapies (ART) alone have failed to address the inequities that drive HIV infection and worsen its impacts. Organisations must therefore respond to HIV/AIDS indirectly by addressing developmental factors through a process of mainstreaming HIV/AIDS (Cabassi 2004). The process of mainstreaming being a process that enables the development actors to address the causes and effects of HIV/AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work (externally) and through their workplace(internally) (UNAIDS, the World Bank & UNDP 2006). For successful mainstreaming of HIV/AIDS issues within organisations, it is recommended that organisations should first concentrate on internal mainstreaming so that the issue is well understood by the staff before it is taken to the external component (Holden 2003).

Thus, organisations need to have competences on HIV/AIDS mainstreaming to enable them to effectively respond to the impacts of AIDS. HIV/AIDS competence refers to the 'capacity to participate effectively and rapidly in a local comprehensive response to the HIV and AIDS epidemic (Groverman 2007, p.7). The capacity areas that have been identified by several scholars include, technical, organisational governance, financial, human resources and culture which affect whether an organisation and its staff can implement HIV/AIDS mainstreaming activities and achieve the set objectives. However Cohen (2000) states that 'attempts to mainstream are less than fully successful because those designing programmes and projects often do not have the capacity to mainstream HIV/AIDS issues' and more over 'some simply don't know where to start' (Mullins 2002, p.5). This means that by the time the programmes and projects are reviewed it is usually too late to influence what has been designed and implemented.

1.2 Problem definition

The Department of Agricultural, Technical and Extension Services (AGRITEX) is one of the ten government departments under the Ministry of Agriculture (MoA), Zimbabwe. The department is responsible of providing extension, regulatory and advisory services in crop, and livestock production and development at national level. Its mission is to ensure the implementation of the national agricultural policy by providing agricultural, technical and extension services that stimulates the adoption of proven agricultural practices leading to increased, sustained and profitable production. The department has a comparative advantage in addressing HIV/AIDS amongst the farming communities because of its centrality to the livelihoods of so many people and having a lot of extension staff at field level.

The AGRITEX management in liaison with some rural development professionals in the country believes that for the department of AGRITEX to effectively respond to the impacts of AIDS in the farming communities, it needs to strengthen its competencies on HIV/AIDS mainstreaming. However, the management is concerned that the department does not have information and a clear picture about its current competencies on HIV/AIDS mainstreaming. As a result this may hamper the departmental efforts to respond effectively to HIV/AIDS.

1.3 Research objective

The main purpose of this research is to contribute towards strengthening of the Department of Agricultural, Technical and Extension Services' response to HIV/AIDS by assessing and analysing its current competences on HIV/AIDS internal mainstreaming process.

1.4 Main and sub research questions

A. To what extent is the Department of Agricultural, Technical and Extension Services competent to effectively mainstream HIV/AIDS internally?

- a. What is HIV/AIDS internal mainstreaming?
- b. What is organisational HIV/AIDS internal mainstreaming competence?
- c. What are the conditions and requirements for an organisation to be competent on HIV/AIDS internal mainstreaming?
- d. How is the Department of Agricultural, Technical and Extension Services internally mainstreaming HIV/AIDS?
- e. What are the strengths, weaknesses, limitations and opportunities on the current HIV/AIDS internal mainstreaming competences of the department?
- f. What are the necessary and achievable changes required to enhance the competences of Department of Agricultural, Technical and Extension Services on HIV/AIDS internal mainstreaming?

1.5 Organisation of the thesis report

This document is organised into five chapters. Chapter one gives a brief background to the study and highlights the problem definition, research objectives and ends by outlining the main and sub-research questions that are used to guide the research. Chapter two is a brief literature review of the main concepts used in the study. This is followed by chapter three which describes and gives justification of the methodology that was employed during the research. Chapter four presents the findings that were made during the study. This is followed by Chapter five which provides an analysis of the research findings, their implications and recommendations. Findings are also compared with other findings made by other scholars. The last chapter six is the conclusion of the whole study.

CHAPTER TWO: CONCEPTUAL FRAMEWORK

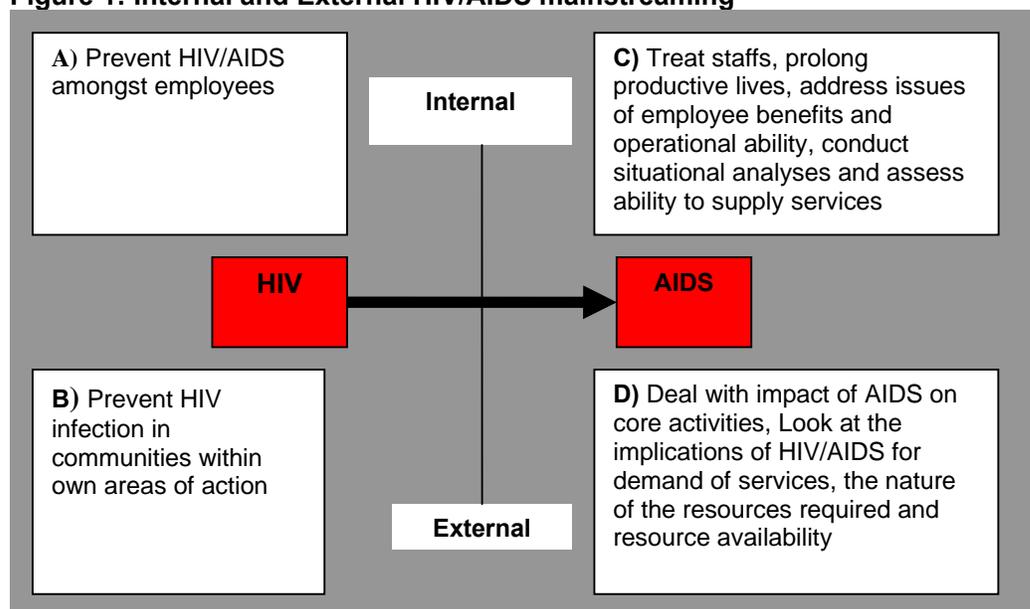
2.1 HIV/AIDS mainstreaming

According to UNAIDS & GTZ (2002, p.2), 'while the concept of mainstreaming has been with us for decades, its application to the area of HIV/AIDS is more recent and represents somewhat uncharted waters'. Initially responses to the epidemic were dominated by a bio-medical approach led by the health sector. However, increasing recognition of the social and economic impacts of the pandemic led to calls for a multi-sectoral response and HIV/AIDS mainstreaming (UNDP, 2002).

The definition of mainstreaming is often used interchangeably or confused with integration or a multi-sectoral response. The lack of clarity between these terms can lead organisations to take on HIV & AIDS work that falls outside their area of comparative advantage. As a result HIV & AIDS-specific activities are not carried out by those with the relevant skills and experience and the additional workload detracts from the main activities of the organisation, causing it difficulty in meeting its own core objectives (VSO, 2004). It can be argued that integration is when HIV/AIDS related issues and interventions are introduced into a project, programme or policy context as a component or content are, without much interference with the specific core business of the institution or the main purpose of the policy instrument. Consistent HIV/AIDS activities may be executed but they are being maintained as a separate entity rather than to be incorporated in, and interfere with, the already existing ones (UNAIDS & GTZ 2002, p.5).

Mainstreaming is a process that enables the development actors to address the causes and effects of HIV/AIDS as they relate to their mandate in an effective and sustained manner, both through their usual work and through their workplace (UNAIDS, the World Bank & UNDP 2006). Whilst Holden (2003) defines HIV/AIDS mainstreaming as the process by which an organisation systematically and adequately addresses HIV/AIDS within its mandate and its activities. Eelsey et al (2005, p.12) on the other hand defines HIV/AIDS mainstreaming as 'a process of analyzing how HIV/AIDS impacts on all sectors now and in the future, both internally and externally, to determine how the entire sector could respond based on the comparative advantage'.

Figure 1: Internal and External HIV/AIDS mainstreaming



Source: Adapted from Loewenson & Whiteside (2001) in Pharoah (2005)

From these three definitions, mainstreaming is thus seen as a process that is a step more than integration as HIV/AIDS becomes aligned with, and in turn influences, the core business of an institution, thus becoming more than a mere “add-on”. As illustrated in Figure 1, the mainstreaming process can also be separated into internal and external components.

2.1.1 HIV/AIDS Internal Mainstreaming

The main objective of internal mainstreaming according to Mullins (2002, p.2) is to ‘enhance the ability of an organisation and its staff to anticipate, minimize and cope with illness and death associated with the pandemic’. As illustrated in Figure 1 as A and C, the process of HIV/AIDS internal mainstreaming entails the need to understand and balance the interests of the staff and of the organisation. Hence, calls for organisations to focus on putting in place policies and practice that protect staff from vulnerability to infection and support staff who are living with HIV/AIDS and its impacts, whilst also ensuring that training and recruitment takes into consideration future staff depletion rates, and future planning takes into consideration the disruption caused by increased morbidity and mortality (Elsley et al (2005, p.12). It has therefore two elements direct AIDS work with the staff and altering the way the organization functions. AIDS work being the work which is directly focused on preventing HIV/AIDS or treatment or support for those infected by HIV.

Responses that might be seen in an organisation that has addressed HIV and AIDS in its internal policies and practices include staff awareness, staff health policies, performance management system, budgets and financial planning and human resource work force planning (Mullins 2002). However, according to UNAIDS & IOE (2002, p.10) initiatives for responding to HIV/AIDS in organizations will depend on the ‘HIV prevalence rate within the organization and the surrounding community; and the level of knowledge and awareness by the management of the real and potential impacts of the pandemic’. As a result in low-prevalence industrialized countries where workforce welfare and health-care provision are well established and where legislation is strong, employers may not feel the urgent need to respond. In developing countries, however, where prevalence rates are high, employers experience increased pressures regarding how to deal with employees living with HIV/AIDS.

2.1.2 HIV/AIDS External Mainstreaming

HIV/AIDS external mainstreaming process is illustrated in Figure 1 as B and D. The process is about strengthening and adapting organizational programme work in order to take into account susceptibility to HIV transmission and vulnerability to the impacts of AIDS (Holden 2003). According to Elsley et al (2005, p.12) it involves

- *‘Refocusing the work of the organization to ensure that those who are infected and affected by the pandemic are included and able to benefit from their activities and,*
- *ensuring that the sector activities do not increase the vulnerability of the communities with whom they work with to HIV/Sexually Transmitted Infection, or undermine their options for coping with the effects of the pandemic’.*

The focus is thus on the core programme work in the changing context created by HIV/AIDS. This does not imply shifting the focus of an organisation to HIV/AIDS specific work. Furthermore, basing on the mainstreaming guide by UNAIDS et al 2006, the formulation of a sector’s or institution’s external response should be in line with its mandated services. Sectoral strategies or programmes that are developed are also supposed to be in line with the priorities and objectives of the National Action Framework² thus contributing not only to the improvement of sector efficiency but also the overall national responses. As such,

² One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work related to HIV/AIDS, partnership and funding mechanisms across all stakeholders in the country.

external mainstreaming takes into cognisance issues of 'comparative advantage; possible context-specific interventions and their cost effectiveness; and consequent appropriate resource allocations, thus trying to limit duplication of efforts among sectors and agencies' (UNAIDS & GTZ, 2002, p 9).

For the purpose of this research, only the internal component of HIV/AIDS mainstreaming will be considered. This is due to the fact that mainstreaming should be firstly internalized and understood by the staff before it is spread to the external component. UNAIDS & GTZ (2002, p.7) also argue that 'strategies informed by the organisation's understanding and internalization of HIV/AIDS issues will tend to influence what is done externally therefore successful internal or workplace approaches will most often lead to enlightened and supportive strategies for external target groups'.

2.2 Organisational HIV/AIDS competence

Groverman (2007, p.7) defines HIV/AIDS competence as the 'capacity to participate effectively and rapidly in a local comprehensive response to the HIV and AIDS epidemic. On the other hand, UNAIDS and UNITAR (2004) define AIDS competent communities and institutions as those that recognize the reality of HIV/AIDS, build capacity to respond to HIV/AIDS; exchange and share knowledge and skill; reduce vulnerability and risks and live to their full potential.

From the two definitions above, an organisation has to take an initiative to respond to the threats brought by the epidemic and that initiative is determined by the capacity of an organisation. Several authors have identified some key capacity areas that determine organisational competence on HIV/AIDS mainstreaming. According to Groverman (2007, p.7) capacity refers to the 'financial, technical, organisation culture, material and human resources which affect whether an organisation and its staff can implement activities and achieve their objectives'. On the other hand, International HIV/AIDS Alliance (2007) identified eight capacity areas within an organisation namely; finance, administration and human resources; project design and management; technical capacity; networking and advocacy; and community ownership and advocacy.

As explained in the section 2.1.1 of this document, HIV/AIDS internal mainstreaming focuses on the staff and the organisation systems and procedures. Therefore the capacities that will be explored in this study focus on the internal attributes of an organisation it requires to mainstream HIV/AIDS issues internally. For the purpose of this study, an organisation that is competent on HIV/AIDS internal mainstreaming is therefore defined as the one that has the following capacity areas; good governance, technical capacities, administration and human resources planning, budgeting and financial planning and good organisation culture to undertake the process of HIV/AIDS internal mainstreaming. Practically, all these capacity areas are interlinked and cannot be treated in isolation. However in this study these areas have been separated to enable thorough understanding and analysis of them. It is also crucial for the organisational capacities to be embedded on good principles for effective HIV/AIDS mainstreaming process. According to Holden (2003) there are seven principles for effective mainstreaming of HIV/AIDS issues. These are shown in the text box 1 below.

Box 1: Principles of HIV/AIDS internal mainstreaming

- Approaching HIV/AIDS as a learning process because the epidemic context is dynamic and thus will require organizations to adapt to the changing needs brought by HIV/AIDS.
- Involving staff as key participants as the success of mainstreaming process requires commitment and change in the minds and hearts of the staff.
- Involving people who are infected and affected by HIV/AIDS in organizational activities and programs is also another principle. This helps the organizations to understand the implications of the pandemic on their work and also helps in fighting stigma and discrimination associated with HIV/AIDS.
- The fourth principle is considering gender related issues throughout the process of mainstreaming as gender issues are an intrinsic part of the epidemic. According to Groverman (2007), for an effective response, it is critical to consider gender roles, the resultant inequalities, and their influence on men and women's susceptibility to HIV infection and vulnerability to the impacts of AIDS. Women are more likely to become infected by HIV and adversely affected by the impacts of AIDS than men due to biological, economic and socio-cultural reasons (ILO 2001).
- Learning from and linking with other people is the fifth principle. According to SDC (2007), in the field of HIV/AIDS mainstreaming where experiences and good practices are still scarce, it is even more important not to work in isolation. There is no need to start afresh when there already resources and materials. Linking with others therefore reduces duplication of some efforts and serves costs and time thus making the mainstreaming process more effective. More so, it eliminates some unforeseen pitfalls through learning from other organisations' experiences.
- The sixth principle is that of making changes where necessary and feasible instead of completely overhauling the way an organization operates.
- The seventh principle is that of monitoring and evaluating the process constantly. This enables the organization to improve and modify some of the processes for efficient and effective mainstreaming process.

Source: Adapted from Holden, S. (2003, p.223 -224)

2.2.1 Organisational Governance

Generally organisational governance refers to the systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation. There are very few definitions of organisational governance in the context of HIV/AIDS mainstreaming. However in this study, organizational governance is defined as according to UNDP (2006) as the conditions that are necessary for ensuring an effective and harmonized organizational response to AIDS. Organisational governance is thus seen as the process through which an organization is controlled to support and actively pursue addressing HIV/AIDS issues by the organisation's strategic leaders. This includes leadership commitment towards addressing HIV/AIDS issues within the organisation; the extent in which HIV/AIDS issues are considered in decision making; and developing and strengthening partnerships between key stakeholders.

Due to the severity of the impacts of HIV/AIDS on most organisations in high prevalent areas, a shared vision and institutional commitment to HIV/AIDS mainstreaming is required. According to UNAIDS, the World Bank & UNDP (2006, p.43), this 'institutional commitment needs to become personal commitment for those working in the sector and tasked with the responsibility to execute its mission and mandate'. This means that the management should be clear about the organisation's purpose and its intended outcomes on HIV/AIDS internal mainstreaming. It also entails being clear about the roles and duties of the staff members tasked with HIV/AIDS internal mainstreaming duties. It is also crucial for the leadership to uphold and exemplify how other staff members should conduct themselves in the context of HIV/AIDS mainstreaming. According to Rau (2002) effective leadership includes the following characteristics:

- Openness on the part of political and management leadership about AIDS, how HIV is transmitted, and what can be done by employees and the organisation to reduce the risks;
- support for responsible sexual behaviour among employees;
- Support for adopting and implementing appropriate policies to address HIV/AIDS related situations that may arise in the workplace and;
- Moral, financial and resource support for prevention, care and mitigation programs within the organisation.

Furthermore, Holden (2004) emphasizes that the commitment of senior managers is a critical factor as it will help secure resources for mainstreaming by allocating or reallocating the existing resources for HIV/AIDS mainstreaming process and providing guidance and support to the HIV/AIDS focal person within the organisation.

2.2.2 Technical capacity

Technical aspects are processes and systems necessary to run the organisation and managing of social, financial and technical resources (Groverman 2007). In the context of HIV/AIDS internal mainstreaming it therefore includes organisation's policies and actions; responsibilities, procedures and systems; and staff capacity and expertise. These are explained in detail below.

a. Policies & actions that address HIV/AIDS issues

The organisation needs to modify its policies and practices to adapt to the changing demands brought by HIV/AIDS. According to ILO (2002), it is at the level of work place that many issues concerning HIV/AIDS emerge that affect the organisation and the workforce. It is thus where policies and actions for non-discrimination, care and support for staff affected by HIV/AIDS are developed. For most organisations having a workplace policy on HIV/AIDS or revising an existing one to include HIV/AIDS is the key part of internal mainstreaming. The HIV/AIDS work place policy provides a framework for an organisation to reduce the susceptibility to HIV infection and the vulnerability to the impacts of AIDS amongst its staff. Therefore the development and implementation of the HIV/AIDS workplace policy is one of the most effective and important action an organisation can embark on the fight against HIV/AIDS. Moreover Pharoah (2005, p.24) argues that 'the creation and dissemination of a workplace policy can, itself, begin to raise awareness about HIV/AIDS and, by enshrining the rights of both HIV-positive and HIV-negative employees, help to combat stigma and discrimination'.

In most instances, the HIV/AIDS workplace policy is developed after an organisational situational analysis to understand the current situation. The research seeks to determine the extent to which HIV/AIDS is affecting the organisation and to determine the need of changing the existing personnel policies. The research also identifies the level of awareness amongst the staff, the services and other opportunities that readily available within the work place or in the macro environment.

Staff may also be more susceptible to HIV infection if they are posted away from home. Organisations should come up with policies that reduce the chances of staff acquiring HIV infection whilst at work. For the staff that need to travel regular the organisation it may be possible to reduce the number of trips by means of better planning, use of information technology, or decentralisation of responsibilities. However, in organisations whose offices are widely spread, the need to travel cannot be eliminated (Holden 2003).

According to Holden (2003), the workplace policy may specifically concern HIV/AIDS issues or more generally it may concern chronic and terminal diseases including HIV/AIDS, which

may be a more holistic and less stigmatizing approach. The HIV/AIDS policies aim to cover human resource management, welfare and insurance policies and address the increased need for sick leave and recruitment. In other instances staff health policies may need to expand to cover the costs of HIV/AIDS treatment such as the Anti Retroviral Therapy (ART) after assessing the costs incurred. However this poses a challenge to most organisations on who should be covered for ART and when the support ceases given the higher costs of the medication (Rau 2002).

In the HIV/AIDS workplace policy, the obligations and responsibilities of the organisation are outlined. James (2005) suggests that the policies have to developed in such a way that individual responsibility is not undermined, be guided by good practice and fit within the framework of the national policy and regulation with particular labour law. Furthermore, the *ILO Code of Practice on HIV/AIDS and the World of Work* suggests that workplace policies be agreed between the management and workers representatives to avoid some misunderstandings. It also crucial that the discussions leading to the adoption a work place policy on HIV/AIDS should take place in a collaborative spirit of compromise and mutual understanding.

- **Principles of a workplace policy on HIV**

There are various HIV/AIDS policy guidelines that have been published and the contents of the HIV/AIDS workplace policy vary with organisations and depend on the context and capacity of an organisation. According to the Rau (2002, p.37-38) the following elements should be addressed in a workplace policy on HIV/AIDS.

- a) Recognition of HIV/AIDS as a workplace issue as it affects productivity and the welfare of all the employees and their families.
- b) Non-discrimination of workers on the basis or perceived HIV status as this hinders efforts aimed at promoting HIV/AIDS prevention, care and treatment, and mitigation. Moreover, stigmatization can easily lead to disruptions in the workplace.
- c) Gender equality –discrimination against women and the sexual exploitation of women promotes the spread of HIV. Also, women are more likely to become infected and are more often adversely affected cultural and economic reasons.
- d) Provision of healthy and safe work environment, in line with national regulations and negotiated agreements, to reduce the risk of on-the-job transmission of HIV.
- e) Social dialogue for effective HIV/AIDS prevention and care polices and programs. Ongoing dialogue at all levels widens the discourse around HIV/AIDS issues and improves prevention, care, and mitigation.
- f) Screening for purposes of exclusion from employment or work processes is unnecessary and inappropriate for job applicants and employed persons. Employees and their dependents should be encouraged to voluntarily obtain a confidential HIV test and pre-test and post-test counselling.
- g) Confidentiality as there is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about themselves or fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality. Breaches of confidentiality erode employee morale, can disrupt production, and can lead to legal action.
- h) Continuation of employment relationship -HIV infection is not a cause for termination of employment. As with many chronic conditions, persons with HIV-related illnesses should be able to work for as long as they are medically fit to do so in available, appropriate work, which can be many years.
- i) Prevention of HIV infection through various strategies that are appropriately targeted to national conditions and that are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge and treatment, as well as by creating a non-discriminatory work environment.

- j) Communication and leadership-Employers, unions, and other worker representatives must communicate the policy to employees in simple, clear, and unambiguous terms and continue to demonstrate their support for HIV/AIDS prevention and care efforts. Communication of clear messages will reinforce established business practice, assure consistent implementation of the policy, and reinforce low-risk worker (including sexual) behaviours.
- k) Care and support for infected individuals and their family members should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to access to affordable health services, whether through the public health system or national insurance schemes, or through private facilities. There should be no discrimination against HIV-infected employees and their dependants in access to and receipt of benefits from social security programs and occupational schemes.

It is worthwhile to note that a good HIV/AIDS workplace policy does not guarantee that the organisation is immune from the impacts of HIV/AIDS. The policy must not be “on paper” but should be implemented and the organisation should fulfil its obligations as stated and outlined on the policy. Moreover, the management should make efforts to ensure that the staff members are aware of the contents, their rights and responsibilities. Above all, Holden (2003, p.230) emphasizes that ‘careful follow up is needed, to identify where problems exists and how they might be mitigated’. This is also important so as to take into account the changes in knowledge of and experience in HIV/AIDS issues.

b. Responsibilities

One of the first steps that many government sectors take in starting to mainstream HIV/AIDS is to establish focal person who have the responsibility of acting as a catalyst to mainstream HIV/AIDS activities within their department and/or sector (Elsley & Ketungule 2003). In larger organisations it may be possible to employ someone who is specialized in coordinating HIV/AIDS issues. Whereas in smaller organisations it is often appropriate to appoint a focal point responsible with coordinating and facilitating HIV/AIDS mainstreaming activities. The focal point may be an individual or a unit within the organization. The focal point may also be responsible for peer interaction, condom distribution, counselling, distributing information on community resources, and monitoring organisational activities.

However, in most instances the focal points tend to be allocated HIV and AIDS responsibilities over and above what they were originally employed to do, it is important that they and their colleagues are clear on their additional role. They also need to be provided with enough time, resources and management support to fulfil their designated function as a focal point. A useful way of ensuring this is including their additional role and responsibilities in their job descriptions and as part of their performance evaluation (UNAIDS, the World Bank & UNDP, 2006).

The focal person should be situated in strategic positions that will make it easier for them to influence decision making. The organisation should however bear in mind that mainstreaming HIV/AIDS implies that responsibility for actions is located throughout the organisation. Even if focal points or specialist posts are created, responsibility for mainstreaming actions does not rest solely or ultimately with them. It is therefore important to ensure that appropriate processes and support as well as accountability mechanisms are in place to build the required capacity and expertise throughout the organization and that institutional ownership and leadership are attained. Furthermore, the job descriptions, objectives and reporting of the focal person should reflect HIV/AIDS issues with clear lines of supervision and supervisors understanding their role. (See Box 2 below for a sample of terms of reference of a focal person /point).

Box 2: Sample of terms of reference for HIV/AIDS focal person for the ministry

A ministry HIV/AIDS focal point person will have important responsibilities. As senior management creates or expands the role of an HIV/AIDS focal point, the following criteria will enhance the effectiveness of the person.

- The HIV/AIDS focal point will be a full-time employee:
- Who is interested in committed to HIV/AIDS issues
- Who is familiar with HIV/AIDS issues, including prevention and care
- Who is familiar with internal personnel policies and procedures
- Who is recognized for leadership ability, including interpersonal and facilitation skills

The HIV/AIDS focal point position should perform the assignment on a full-time basis. If that is not feasible, the person(s) should be relieved of other duties equivalent to the portion of time required to serve as a focal point. Also, the focal point person's work should be included in his or her performance evaluation. The focal point should receive a public and clear mandate from senior management. The focal point will be accountable to a senior manager and will have regular access to the manager. The focal point should provide monthly reports (written or oral) to her or his HIV/AIDS supervisor. The focal point should be given the responsibility and flexibility to outline comprehensive responses to HIV/AIDS for the ministry.

Source: Adapted from Rau (2002, p.38).

c. Staff capacity & expertise in dealing with HIV/AIDS

Workplace information and education programmes are crucial in the fight against the spread and effects of the epidemic. As stated by James (2005, p.22) 'personal understanding of the issue is a pre-condition for successful efforts to tackle AIDS related problems in the workplace and in programmes'. Therefore, the purpose of the staff awareness programmes is for the staff to understand HIV transmission, risk situation and behaviour and living positively. At the same time ILO (2001, p.9) states that an 'effective education programme provides workers with the capacity to protect themselves against HIV infection; help reduce HIV-related anxiety and stigmatization; and significantly contribute towards attitudinal and behavioural change'. These fall in within the broader context of changing the overall organizational culture, partly through attending to individual attitudes and skills (Mullins 2002).

Prevention programmes must respond to the specific needs of a given workplace and it is vital that these needs are thoroughly understood prior to designing or implementing programmes. According to Pharoah (2005), it is useful to conduct knowledge, attitudes and practices (KAP) surveys prior to introducing a programme. These provide important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having the desired effect.

Training is required at all levels within an organisation to ensure that the staff members are aware of the causes of HIV infection, the treatment and prevention methods and to care and support other staff members living with HIV/AIDS. Everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees—including middle and senior management—and should be available at all sites (Pharoah 2005). The effectiveness of workshops can be increased by ensuring that the staff take an active role, discussing key issues together, rather than listening passively to lectures. It is sometimes helpful for people to work in peer groups with others of the same sex or the same level of seniority. Inviting people who are openly HIV-positive to contribute to the workshop can make HIV and AIDS more real to participants, particularly in circumstances where few people are willing to talk openly about their HIV status.

Further more, education needs to be an ongoing process, because of the constant developments surrounding the subject and staff turnover that may result into new staff members joining the organisation. As a result, the incoming staff may need to be informed starting from the beginning of the education program whilst the existing staff that would have received the message need to be constantly reminded so as to reinforce the messages at the same time updated with the latest information. It is also important that the training programmes are monitored to establish how effective they are and where they can be improved.

According to James and Mullins (2004) two elements of a basic staff awareness programme might include:

- regular monthly staff meetings of 30–60 minutes on specific topics of interest identified by staff, perhaps supported by specialists from outside the organisation;
- provision of information in the office, in the form of pamphlets, posters, and articles.

A broad range of themes and some topics can be discussed as suggested by the staff and management. However as stated by James (2005) common topics include:

- basic information on HIV transmission and progression from HIV to AIDS;
- introduction to organisational staff policy on HIV;
- overview of common opportunistic illnesses and basic treatment;
- overview of anti-retroviral treatment;
- living positively with HIV/AIDS;
- discrimination and legal rights of people living with HIV;
- drawing up a will;
- use of condoms;
- counselling skills;
- programme work on AIDS.

Effective education can thus reduce the susceptibility to HIV and vulnerability to the impacts of AIDS. This may minimize disruption in the workplace and change the negative attitudes, behaviour and practices among staff.

2.2.3 Human resource planning

Organisations have to assume that some people will fall ill even where there are good efforts to minimise new infection and illness through awareness raising and support, guided by a good policy (James & Mullins 2004). Human resource planning is thus of paramount importance in mitigating and safeguarding the organisations against the likely impacts of the epidemic on its staff and the programmes not just today but in future (James 2005).

In order for an organisation to come up with a good plan, first and foremost it is essential to conduct personnel or staff profiling to determine the demographic profile of employees, the different skill levels in an organisation, and whether there are groups of employees who are particularly susceptible to HIV infection. The plan can take into consideration how particular posts are more vulnerable to the impacts of HIV/AIDS. A critical post analysis is therefore essential and it is a process of determining whether an organisation contains personnel who would be particularly difficult to replace, or on whom a production or administrative process depends (Pharoah 2005). Once vulnerable posts are identified, a plan has to be set to ensure that such posts are not affected by the epidemic.

Some solutions can be through designing individual job descriptions in such a way that organisations are better able to cope with skills losses by, for example, automating simple or routine processes, or exploring whether some functions could be carried out by people with fewer skills. Work design involves teamwork and, where job descriptions are not too

specialised, multi-skilling in order to ensure a degree of commonality across jobs. The human resource plan also needs to make provision of posts to look at HIV/AIDS issues only Care should be taken to avoid assigning someone to look at the issues whilst he or she has many other responsibilities that will compromise on executing HIV/AIDS related duties.

However this maybe demanding to smaller organisations thus another possibility is for organisation to embark on tasking or training staff to perform more than one duty that is in the domain of the organisation. This will ensure that the organisational work is not hampered when one of the staff gets sick or infected as there will be other people in a position to perform the similar duties.

On the other hand, the human resource plan should also put into cognisance the likely impact of HIV/AIDS on to the leadership since anyone can contract HIV including the organisational management. If there is no plan to look at the leadership, organisation will come to a halt especially in organisations where only one person makes overall decision for the whole organisations. The plan therefore has to make a provision of the alternative leadership to lessen the responsibilities and dependence of the organisation on a sole source of leadership and support (James 2005).

Other implications arise when some staff are required to undertake significant travel away from home, or to live in a separate location from their partner or family. Separation and travel can make these staff members more vulnerable to contracting HIV as a result the human resource plan need to take this into consideration.

2.2.4 Budgeting and financial planning

Finding resources to fund the HIV/AIDS activities within the organisation and having in place a budget line and code in the organisation's accounting system are good indicators of an organisation's commitment to implementation of HIV/AIDS mainstreaming process. Organisations should make every effort to establish a budget for HIV/AIDS activities but should mind that many interventions can be put in place at a little or no cost. UNAIDS, the World Bank and UNDP (2005) also emphasize that it is crucial not to wait for additional funding before taking some steps as many first steps can be at no costs. These steps can include collecting documents, organizing internal teams and meetings. Budgets should address HIV/AIDS in terms of internal workplace (staff illness, health and life insurance, temporary cover for absent employees, etc). Cost implications should also be projected over 5 to 10 years.

Financial considerations must run through the entire planning and implementation process. It is also necessary for an organisation to set up mechanisms to monitor and track all the finances related to HIV/AIDS issues. There must be at least a general understanding of the resources available for internal and external activities in order for realistic and implementable action plans to be developed. Planning without an understanding of funding or with unrealistic expectations is, unfortunately, a common occurrence (UNAIDS, the World Bank, UNDP, 2005)

2.2.5 Organizational culture

Organizational culture is the personality of the organisation, the shared set of symbols, rituals, language, opinions and values of the organisation's staff. This bears a direct relationship with the specific contextual and cultural setting of the organization (Macdonald, Sprenger & Dubel, 1997). Cultural competence requires that organizations have a defined set of norms, values and attitude that enable them to work effectively cross-culturally. Whereby organisational norms are standards or rules telling staff how to act appropriately in

the work place and in the work situation and these are socially enforced. Values are principles, standards or qualities desirable by a person who holds them (Groverman, 2007).

Research indicates that culture is a factor in the social drivers of HIV infection and that AIDS in turn leaves a footprint on people's social and cultural lives (Vincent 2006). Further more, culture can play a role in establishing the practices, values and attitudes which create stigma and discrimination, gender and other inequalities. As a result cultural factors may in turn limit the behavioural choices which people make around HIV/AIDS prevention. It follows that if culture plays a role in transmission and impact then it should also be considered in the process of HIV/AIDS internal mainstreaming by organisations. It has also been recognised that policy and interventions need to be more culturally relevant to be effective (UNFPA 2004).

Therefore for an organisation to be culturally competent on HIV/AIDS internal mainstreaming its dominant norms and values should demonstrate HIV/AIDS sensitive behaviour and show concern about the subject. These should also be reflected on organisational learning, team work and partnership or cooperation with outsiders. Moreover, the beliefs and attitudes of the staff should support HIV/AIDS related issues to be addressed in the workplace.

CHAPTER THREE: RESEARCH METHODOLOGY

The study was carried out in Harare, the capital city of Zimbabwe which is located in the southern part of Africa (See Figure 2). The research was based on a qualitative approach and use of empirical data. A case study of the Department of Agricultural, Technical and Extension Services which is one of the departments under the Ministry of Agriculture, Zimbabwe was used. The field study was approximately six weeks and was conducted from the 12th of July to the 18th of August 2008. Final write up of the document was started immediately after the field work up to 15th of September 2008.

Figure 2: The Map of Zimbabwe



Source: http://www.appliedlanguage.com/maps_of_the_world/map_of_zimbabwe.shtml

3.1 About AGRITEX department

The Department of Agricultural, Technical and Extension Services (AGRITEX) is one of the ten government departments under the Ministry of Agriculture (MoA), Zimbabwe. The department is responsible of providing extension, regulatory and advisory services in crop, and livestock production and development at national level. Its mission is to ensure the implementation of the national agricultural policy by providing agricultural, technical and extension services that stimulates the adoption of proven agricultural practices leading to increased, sustained and profitable production.

The AGRITEX department has a bureaucratic structure that is characterized by relatively large number of different levels in the management hierarchy and much formalized procedures and communication throughout the organization. It has staff based in different regional levels ranging from the head office, provincial, district and down to ward level. Most of the decisions related to the department functioning are made at the head office and pass down the hierarchy to the ward level. However other decisions have to be approved by the MoA head office before being implemented.

The AGRITEX department was chosen because of its support it was offering to the researcher as she is one of the employees. More so considering the six weeks available for field study, it was possible for the researcher to build interactive relationships with study participants and to collect the information she wanted as she was familiar with the procedures to follow within the department.

3.2 Data collection methods

Three different methods were used to collect the information on the competences of the AGRITEX department on HIV/AIDS internal mainstreaming. These include semi structured interviews, questionnaire and literature review. The three are described in detail in the sections below.

3.2.2 Semi structured interviews

The researcher interviewed 10 key informants consisting of 5 HIV/AIDS focal persons and 5 top management personnel namely the Director, Human Resource Manager, Financial Manager, Education and Training Manager and the National Coordinator for HIV/AIDS in the Ministry of Agriculture. The interviews were semi structured and were characterized by probing and follow up questions depending on the flow and nature of respondents' input. Interviews were conducted once informed verbal consent³ had been obtained, and averagely the interviews lasted for about an hour. In order to maintain confidentiality and anonymity, names and other identifying details were not recorded. The key informants were purposively selected to collect in-depth information related to the study and this is described in detail below. The questions that were asked during the interviews are shown in Annex A of this document.

a. Interviews with the HIV/AIDS focal persons

A total of five HIV/AIDS focal persons were interviewed during the study to obtain in depth information related to internal activities on HIV/AIDS being implemented by the AGRITEX department. Two out of the five HIV/AIDS focal persons were based at the AGRITEX departmental head office whilst the other three were based in 3 different AGRITEX departmental regional offices. The researcher chose to conduct face to face interviews with the HIV/AIDS focal person at the head offices and opted for telephone interviews with the regional HIV/AIDS focal person because of the sparseness of the departmental regional offices in the country. It was not possible for the researcher to travel across the country to the regional offices due to time constraints.

Issues that were captured from the interviews with the HIV/AIDS focal persons were about the different responses taken by organisations pertaining to HIV/AIDS. More so, information related to the HIV/AIDS focal persons' knowledge about HIV/AIDS issues, their job descriptions, and job satisfaction was also captured.

b. Interviews with the management

The researcher conducted 5 semi structured interviews with the Departmental Director, the Head of the Human Resource Unit, the Head of the Finance Unit, the Head of Education and Training Unit and the National HIV/AIDS Coordinator from the Ministry of Agriculture head office.

³ Informed consent is a mechanism for ensuring that people understand what it means to participate in a particular research study so they can decide in a conscious, deliberate way whether they want to participate.

The researcher chose to interview the Departmental Director to gain an insight of how HIV/AIDS internal mainstreaming related issues are considered in departmental decision making, processes, systems and the extent to which HIV/AIDS issues are prioritised. The Director was chosen for such an interview as he is the head of the department thus in a position to give detailed information related to decision making process.

The head of the Human Resources Unit was interviewed to gain some insight on how HIV/AIDS are considered during human resources planning within the department. The head of Human Resources Unit was interviewed because as the head, he had detailed information on most of the issues concerning human resources within the department.

The Head of the Finance Unit was interviewed to get information on the extent and how HIV/AIDS issues are considered during financial planning and budgeting within the department. He was interviewed because being the head of the Finance Unit he was in a position to give all the detailed financial information on the subject.

On the other hand, the Head of Education and Training Unit was considered to be in a position to provide information related to the HIV/AIDS training programmes for the staff. Whilst the HIV/AIDS National Coordinator was interviewed to get detailed information on HIV/AIDS related issues meant for the department but being implemented at the ministerial level. The National HIV/AIDS coordinator is the one in charge of coordinating all HIV/AIDS activities and programs within the departments under the Ministry of Agriculture.

3.2.3 Questionnaire

A questionnaire consisting of both open-ended and closed questions was also employed concurrently with the interviews to capture the AGRITEX staff's attitude, knowledge and expertise on HIV/AIDS internal mainstreaming related issues. (See Annex B for the details of the questionnaire). Purposive sampling method was used to select 40 respondents to cover the two sections under the department of AGRITEX which are the crop production section and the livestock production section. From the 40 respondents, 20 were from the crop production whilst the other 20 were from the livestock production section. The researcher also tried to make sure that there was gender balance and representation of different positions amongst the respondents. This was done so as to capture responses from both female and male staff at different positions in case of any variation in the responses. Table 1 below shows the summary of the categories of the respondents that were selected for the questionnaire.

Table 1: Questionnaire Respondents

	Crop production			Animal Production		
	Male	Female	Total	Male	Female	Total
Head of section	3	1	4	2	2	4
Field officers	3	3	6	3	3	6
Administration personnel	5	5	10	4	6	10
Total	11	9	20	9	11	20

3.2.2 Literature review

The literature review method was used to collect the secondary information related to the study. It consisted of reviewing AGRITEX department's documents such as policy papers and human and financial planning records; use of journal and published books on HIV/AIDS with a focus on HIV/AIDS internal mainstreaming and the internet web documents that are specifically related to the study. This review sought background information on the context in which the department functions, the extent and nature of its response to HIV/AIDS.

3.3 Methods for data processing and analysis

Data analysis was begun by editing the questionnaires to check for completeness. Thematic content analysis was used to code and analyse the data, based on a number of themes identified in the main questions and sub themes that arose in the process of conducting the fieldwork, and subsequent reflection. SWOT analysis was used to manage the data on the identified themes and descriptive statistics were also used for quantitative data. The data collected was also triangulated with other written documents such as the financial statements and HIV/AIDS policy documents so as to synthesize and examine the interpretations from different sources. The findings are presented in a word document and will be submitted to the University of Larenstein as partial fulfilment of the study the researcher is undertaking.

3.4 Limitations of the study

- The use of only one organisation compromises the reliability of the study if the research findings have to be applied in other organisation.
- The confidentiality nature of HIV/AIDS issues limited the researcher to interview some staff members living with HIV/AIDS so as to gain more information and their perception about the organisational policies, practices and culture in the context of HIV/AIDS internal mainstreaming.
- Moreover, the six weeks that were available for the field study were somehow too little for a thorough study.

CHAPTER FOUR: RESULTS

The research conducted in the department of AGRITEX focused on the five capacity areas required by an organisation to be competent on HIV/AIDS internal mainstreaming. As mentioned earlier in Chapter 2, the capacity areas consists of organisational governance, technical capacity, human resource planning, financial planning and cultural aspects. This section therefore presents the research findings in relation to these identified indicators.

4.1 Organisational governance

The director of the department of AGRITEX is the one in charge of all activities within the department. However, related to HIV/AIDS issues, the National HIV/AIDS Coordinator based at the MoA Head Office is the one in charge of coordinating and managing all the HIV/AIDS related issues in all the departments under the MoA. The coordinator is supported by a ministry HIV and AIDS committee drawn from all the departments and staff association representatives in the MoA. According to the interviews with the AGRITEX senior management it was noted that the director is however accountable for HIV/AIDS programmes at the departmental level. The duties and responsibilities are however delegated to various focal persons at the head office, provincial and level. One limitation of this structure that was observed from interviews was that of too much bureaucracy in enabling the focal person who are at the bottom of the structure to acquire some resources and make some decisions. This results in loss of time following the hierarchy for decisions to be effected.

As far as the leadership commitment is concerned, it was noted that the AGRITEX management staff shows some commitment towards addressing the issues of HIV/AIDS. This is demonstrated by them being at the forefront in supporting some research initiatives related to organisational HIV mainstreaming and attending training workshops on HIV/AIDS. Further more from the interviews with the HIV/AIDS focal persons it was also highlighted that the management is very supportive in allocating time for the focal persons to attend to HIV/AIDS related activities and at times they accompany them to some big events on HIV/AIDS.

However from the interviews it was noted that the AGRITEX leadership is not clear on the differences between HIV/AIDS internal mainstreaming and external mainstreaming. This means that the concept of HIV/AIDS mainstreaming is not yet fully understood at the management level of which this may affect some efforts in responding to HIV/AIDS.

4.2 Technical capacity

Technical capacity as shown in section 2.2.1 of this document includes organisation's polices and actions; responsibilities, procedures and systems; and staff capacity and expertise. The research findings for these sub components are presented below.

4.2.1 Organisational staff policies

The department of AGRITEX does not have a specific work place policy on HIV/AIDS. From the interviews conducted with the AGRITEX senior management, the department uses the *Public Service Commission (PSC)*⁴ *HIV/AIDS Policy* and the *Zimbabwe Agricultural Sector*

⁴ The Public Service Commission was established by an Act of Parliament (Public Service Act 1995) in accordance with Sections 73, 74 and 75 of the Constitution of Zimbabwe to appoint and promote persons to the Public Service; to inquire into and deal with complaints from members and to exercise disciplinary powers over members of the service.

Strategy on HIV/AIDS (2006-2010) as a guideline to deal with HIV/AIDS related issues within the department and in extension programmes.

The *Public Service Commission HIV/AIDS Policy* provides extensive practical guidelines for all the government ministries and their respective departments in dealing with HIV/AIDS issues at workplace and programmes. The policy also calls for the public sector employers to effectively plan, monitor, evaluate and assess the impact of HIV and AIDS programmes and regular reviews of the policy. It is also in line with *Zimbabwean National Policy on HIV/AIDS* and *International Labour Organization (ILO) Code of Practice on HIV/AIDS and the World of Work*. The areas covered and highlighted in the *Public Service Commission HIV/AIDS Policy* document according to Public Service Commission (2007) include:

- Prevention of new HIV infections and sexually transmitted infections (STIs) amongst the civil servants;
- the need to educate all members in order to improve their understanding of HIV and AIDS issues and the likely impact on their lives, families, the Public Service and the nation;
- Protection of civil service members against stigma and discrimination by management, colleagues and clients on the basis of HIV status;
- gender equality by mainstreaming gender into all HIV and AIDS programmes, procedures and practices;
- provision of adequate care and support to HIV infected and affected members and their families;
- involving people living with HIV and AIDS;
- Measurement and evaluation procedures to monitor performance of HIV/AIDS programmes.

The *Zimbabwe Agricultural Sector Strategy on HIV/AIDS (2006-2010)* is a working document for all the departments under the MoA on how to respond to the impacts of HIV/AIDS issues both at work place and in the extension programs. The purpose of the strategy is to ensure a consistent and equitable approach to the prevention and mitigation of HIV/AIDS amongst MoA employees, farmers and their families (Government of Zimbabwe, 2006). The ultimate goal is to prevent the further spread of HIV and improve the livelihoods and quality of life amongst the farming communities, households and individuals living with and or affected by HIV/AIDS. The strategy is in compliance with the *Zimbabwean National Policy on HIV/AIDS*, labour laws and the *Zimbabwean National HIV/AIDS Strategic Plan (2006 -2010)*. Specific roles of each of the key stakeholders in the agricultural sector were also elaborated on the strategy. The MoA appointed an HIV/AIDS Coordinating Unit to coordinate and ensure that the strategy is successfully implemented within the ministry. The unit is headed by the National Coordinator who works in liaison with HIV/AIDS coordinating committee and HIV/AIDS focal persons drawn from all the MoA departments including the department of AGRITEX. The department of AGRITEX's main task in the implementation of the strategy is to ensure that HIV/ AIDS related issues are mainstreamed both internally and externally.

As a result of the availability of the *PSC HIV/AIDS policy* and the *Zimbabwe Agricultural Sector Strategy on HIV/AIDS*, the AGRITEX senior management felt there was no reason for drafting a new workplace on HIV/AIDS particularly meant for AGRITEX as it will be a repetition of the two. More so, AGRITEX as a government department does not have the mandate to draft and implement any policy that does not emanate either from the MoA head office or PSC. Any action has to be approved by the ministry before it is implemented.

- **Principles of the HIV/AIDS workplace policy**

- a) **Recognition of HIV/AIDS as a workplace issue**

From the interviews with the senior personnel, HIV/AIDS is recognised as a workplace issue within AGRITEX as evidenced by the appointment of people to deal with the issues pertaining to the subjects. Results from the questionnaire (see Annex 2 question 12) also revealed that 31 out of the 40 respondents feel that AGRITEX should be involved in dealing with HIV/AIDS issues affecting its staff. This means that besides the management, the staff within the organisation are feeling the need for the recognition of HIV/AIDS as a workplace issue.

b) Non-discrimination of workers

From the interviews with the head of the human resources section, the staff at AGRITEX are not discriminated against. This was evidenced by the fact that more than nine people have openly declared their negative status. If there was discrimination, it was not possible for all those people to come out open. Some of the points related to this issue are covered in detail in section 4.5 about organisational culture.

c) Gender equality

Gender issues are considered within the AGRITEX department; this was evidenced by the findings from the human resources manager that:

- Women are given their benefits such as a 90-day maternal leave that is followed by breastfeeding hours everyday for two months after the maternal leave
- Recruitment ensures that women are given priority. However, the human resource manager felt that very few women apply for agricultural jobs so it is somehow difficult to achieve an equal number of women and men employees.
- There is also a gender focal to deal with all gender-related issues within the department.
- Women are also involved in dealing with HIV/AIDS issues within the organisation as evidenced by 3 out of the 5 focal persons interviewed being women

d) Confidentiality

From the interviews with the human resource personnel, it was noted that staff members are not forced to disclose their HIV status. The focal persons also highlighted that all the staff members who had come out open were not forced to do so. One of the focal persons stated that

“I have observed that most of the people who open up and declare their HIV positive status would have gone to the Voluntary Counselling and Testing centres. I believe they would have received enough counselling that makes them boldly talk about it. More so everyone knows about AIDS these days so there is no need for one to hide it. But no one is forced to say his or her status...”

From the above quotation, it is clear that the staff members are not compelled to disclose their status but the surrounding environment and possibly the good counselling makes them choose to do so. This was also shown from the questionnaire where 34 out of 40 respondents indicated that they would disclose their status to their fellow colleagues without fear.

The confidentiality by the focal persons was also noted when they denied to supply the names of those people living with HIV/AIDS despite the fact that they had openly declared their status. The researcher needed the names in to collect more information related to the benefits and services offered by the department towards people living with HIV/AIDS.

e) Continuation of employment relationship

From the interview with the human resource manager, it was noted that HIV infection is not a cause for termination of employment and staff members living with HIV-related illnesses are allowed to work as long as they are medically fit to execute their duties. It was however impossible to verify this information from the staff living with HIV/AIDS as it was not possible to interview them due to ethical reasons.

f) Prevention of HIV infection

The department of AGRITEX provides condoms for use by its staff as a way of reducing their susceptibility to HIV infection. The condoms are placed in restrooms for both female and male staff and replenished once they are finished. From the interviews with the focal persons, it was noted that the condoms are bought by the MoA and supplied to the departments through the HIV/AIDS focal persons. It was also noted that in most instances some AIDS based organisations such as SAfAIDS, National AIDS Council and UNAIDS donate the condoms to the AGRITEX department as well as other departments within the MoA.

From the questionnaire that was employed to the general staff, 36 out of 40 respondents cited that if the department supplies them with the condoms they are not afraid to take and use them. The other four respondents cited that they do not want the department to supply them with the condoms as it is a way of promoting promiscuity amongst the staff members.

Besides supplying the staff with condoms, the AGRITEX department has some handouts on HIV/AIDS prevention, care and treatment for use by the staff. The handouts are made by the HIV/AIDS National Coordinator and given to the HIV/AIDS focal persons AGRITEX department for distribution to the staff. However the majority of the handouts were also noted to be donated by other AIDS based organizations in the country.

g) Communication and leadership

From the interviews carried with the HIV/AIDS focal persons and the questionnaires with the general staff, it was noted that the most of the staff are not aware of the existence and moreover the contents of the PSC HIV/AIDS policy being used by the department. Only 2 out of the 40 respondents and both from the top management indicated that there were aware of the existence of the PSC HIV/AIDS policy but both did not have a copy of the policy. This means that the PSC HIV/AIDS policy that is used by the AGRITEX department has not been disseminated to all the staff members within the departments so that they will be aware of the contents on the policy document.

In relation to the Zimbabwe Agricultural Sector Strategy on HIV/AIDS, all the five HIV/AIDS focal persons that were interviewed were aware of it and had copies of it. More copies were also noted from other staff members' offices. However, the HIV/AIDS focal persons highlighted that they have only managed to distribute condoms and handouts on HIV/AIDS prevention methods; and also to refer the HIV positive staff to the health institutions. For example one of them said;

“We were given these AIDS strategy books by the ministry to give to the staff, but I don't think most of them (staff) have even read them. So far we haven't done anything related to what is written in the document except one sensitization workshop and distributing condoms. I don't have any idea when all what is written there will be implemented.”

From the above statement, it is clear that the strategy is there and most staff have copies of it but only few sections are being implemented. Further probing into this matter revealed that financial constraints and lack of experienced personnel was one of the factors that was hindering the implementation of the strategy.

h) Care and support to HIV infected and affected members

The years 2007 -2008 were marked with high food shortages in the country due to poor rainfall patterns exacerbated by the country's economic decline and spiralling global food prices. The interviews with the focal person and the management revealed that there are some staff members who have openly declared their HIV positive status. The focal persons

in collaboration with the National AIDS coordinator noted the need to assist the PLWHA within the department access some basic food commodities. The department therefore wrote a letter in June 2008 to the Zimbabwean Grain Marketing Board⁵ (GMB) to request for regular supply of maize, beans and other commodities that will be available. The PLWHA however pay for the food as the department does not have money to pay for it. Interviews with the focal persons revealed that the PLWHA appreciates the effort especially considering how scarce the commodities are. More over the GMB food prices are lower compared to other retailers hence staff can make some savings. The focal person have made plans to continue with this idea on monthly basis until the food commodities are readily available on the market.

As for treatment of opportunistic infections, the AGRITEX department does not supply antiretroviral (ARVs) drugs to the PLWHA within the department. The HIV/AIDS focal persons with the help of the HIV/AIDS National Coordinator refer the PLWHA in need of ARVs to the ARVs and health service providers. The HIV/AIDS focal persons have the database of most of the institutions in the country which provides ARVs, Voluntary Counselling and Testing (VCT) and other health services for free or at a lesser costs. This was done to ensure that the HIV positive staff gets the necessary treatment from the health service at a lesser price. From the interviews with the management it was noted that the reasons for not supplying staff with ARVs was mainly because of the high expenses and the need for continuous supply once started. Thus it was beyond the financial capabilities of the AGRITEX department to embark on supplying the staff with ARVs.

4.2.2 Responsibilities, procedures and systems

The department of AGRITEX appointed HIV/AIDS focal persons from the head office down to the provincial and district level to deal with HIV/AIDS related issues within the department. From the interviews with the HIV/AIDS focal persons and the senior management it was noted that the HIV/AIDS focal persons have a clear terms of reference and HIV/AIDS consists of 25 -30% of their Key Results Areas. The role of the focal persons is to coordinate all HIV/AIDS activities within the department in liaison with the National AIDS Coordinator from the MoA head office. Some of the tasks include acquisition of condoms, distribution of AIDS literature, provision of information on HIV/AIDS treatment and organizing HIV/AIDS trainings workshops for the department.

The reporting channels for the focal person were clear. In every district in the province there is an HIV/AIDS focal person who reports to one provincial HIV/AIDS focal person based at the eight AGRITEX provincial offices. All the eight provincial HIV/AIDS focal persons report to the two HIV/AIDS focal persons based at the departments head office. The two HIV/AIDS focal persons based at the head office both report to the HIV/AIDS National Coordinator based at the Ministry of Agriculture head office.

However one limitation that was identified related to the job descriptions is that the HIV/AIDS focal persons feel overburdened as HIV/AIDS issues are added to other existing duties. As a result the focal persons have to balance the time for undertaking HIV/AIDS related activities effectively without neglecting other duties and *vice versa*.

From the interviews with the HIV/AIDS focal persons and senior management, it was observed that all the focal persons within AGRITEX were occupying positions such as extension officers, clerical and administration posts. None of the interviewed focal person

⁵ The GMB is a government institution whose main function is to ensure food security and the orderly marketing of agricultural products, mainly grains, oilseeds, edible beans and coffee, within Zimbabwe. The GMB buys various crops from farmers and sells them into the domestic agro-processing industry in addition to exporting these products to regional and international markets. When food products are in short supply, the GMB imports these products from both regional and international markets.

was at middle or senior management level. From the interviews with key personnel it was noted that the HIV/AIDS focal persons were nominated on the basis of their interest in the subject and maturity. Further investigations also revealed that other focal persons were nominated merely because they had no pressure on their key results areas. As a result of the background in which they were nominated, all the HIV/AIDS focal persons interviewed stated that they had no prior training on HIV/AIDS subject.

4.2.3 Staff capacity and expertise

According to the interviews with the HIV/AIDS focal persons, for the past three years, the department has only organized one training workshop on HIV/AIDS awareness. The workshop was held in 2007 and it was meant for all the staff members within the department. The facilitator of the workshop was a guest speaker from National AIDS Council. The main topics covered during the workshop included; basic facts about HIV/AIDS and HIV transmission and prevention methods. When the focal persons were asked by the researcher about the role that was played by the rest of the staff during the designing and implementation of the training workshop, it was noted that the HIV/AIDS focal persons did not involve the rest of the staff during the designing of the workshop they only informed them about the dates, venue and the agenda of the workshop. The focal person were not aware of the importance of involving the rest of the staff other than informing the director and the human resource manager about the workshop. The workshop evaluation and attendance records were not available thus it was not possible for the researcher to get the exact number of the people who attended and how they evaluated it.

The HIV/AIDS focal persons also stated that there were other training workshops on HIV/AIDS that were organized by the MoA in collaboration with other stakeholders for the staff under the ministry. However, very few staff members from the department of AGRITEX attended such trainings because most of the trainings were targeting the senior management, focal persons and field officers. The trainings were advocating for senior management to take an interest and demonstrate leadership and commitment to mainstream HIV/AIDS. Whilst the focal persons and the field staff were being trained on how to mainstream HIV/AIDS issues internally and externally.

These findings are also in agreement with the ones from a questionnaire that was employed were 24 out of 40 respondents indicated that they once attended HIV/AIDS training workshops. 18 out of the 24 respondents indicated that the training workshop was organized by the AGRITEX department, whilst the remaining 6 indicated that they attended training workshops organized by the AGRITEX department and by other organisations like the MoA head office and the National AIDS Council (NAC). In this case, most of the staff who indicated that they never attended the HIV/AIDS sensitization workshop were mainly administration staff. This means that the technical staff had received more trainings than the support or administration staff.

Only the two HIV/AIDS focal persons based at the head office received some training courses on several HIV/AIDS subjects. The training was organized by the ministerial head office in collaboration with other stakeholders. The trainings courses covered several topics and these include; basic information about HIV/AIDS; counselling skills on HIV/AIDS; nutritional care for people living with HIV/AIDS and training of the trainers. However from the interviews with the focal persons based at the provincial level it was noted that they have not yet received such training as their counterparts at the AGRITEX head office and the same applied to all other regional staff. The reasons for the regional staff for not having received trainings was attributed to limited financial resources and skilled personnel to conduct such trainings.

Despite staff having received little or no HIV/AIDS training from the department, the level of HIV/AIDS awareness on the ways HIV is transmitted and protection methods of the AGRITEX staff based at the head office is very high. This is evidenced by the results from the questionnaire that was employed to the staff (*see Annex 2 question 4 – 6*). From the question about the ways HIV is transmitted all the 40 respondents indicated blood transfusion and unprotected penetrative sex which are the most common ways the HIV is transmitted. All the respondents also indicated that HIV can be prevented by using condoms and abstaining from sexual intercourse and being faithful to their partners.

4.3 Human resource planning

The AGRITEX human resource department does not have a specific plan or systems that project the impacts of HIV/AIDS within its work force in future. The information about how HIV/AIDS is impacting different staff members and about critical posts that are vulnerable to HIV/AIDS is not available. Interviews with the human resource departments revealed that the main reasons hindering them not to make projections were:

- Lack of expertise and skills within the unit to make the HIV/AIDS projections;
- The human resource personnel also thought it was the responsibility of the AIDS focal person to look at HIV/AIDS issues within the department. Related to this, the human resource personnel felt that if they deal with HIV/AIDS issues they may interfere with the work of HIV/AIDS focal person. This indicates that the human resource staff does not feel the need to deal with HIV/AIDS as it is not part of their job descriptions.

More over the management highlighted that there is high staff turnover due to poor remuneration. The management felt that this would hamper the future efforts of mainstreaming HIV/AIDS and more so the poor remuneration was forcing the staff to engage in cross border trading during their spare time to increase their incomes. This was likely to increase the staff's susceptibility to HIV infection.

Staff susceptibility to HIV infection however is considered when making staff transfers. The department ensures that married couples are not separated due to official duties if there is a need to transfer one married staff member they make sure that he travels together with his/her family.

4.4 Budgeting and financial planning

From the research, it was noted that there is a directive from the PSC that government departments including the department of AGRITEX are supposed to have a budget line for HIV/AIDS issues on their annual budgets. This was done to ensure the commitment of government departments in contributing towards fulfilling some ratifications and convention declarations that were signed by the Zimbabwean government in relation to HIV/AIDS.

However, from the interviews with the head of finance within the department of AGRITEX, it was noted that there is no budget line for HIV/AIDS issues within the department. The main reason for not having a budget line was attributed to lack of communication between the HIV/AIDS focal person and the finance unit. The finance unit felt it was the responsibility of the focal person to come up with plans and activities related to HIV/AIDS internal mainstreaming as they are the ones coordinating such activities within the department. When such a plan is drawn it is thus possible for the finance unit to budget for HIV/AIDS internal mainstreaming activities.

On the other hand, from the interview with the HIV/AIDS National Coordinator for the Ministry of Agriculture, it was noted that HIV/AIDS issues have a separate budget line that caters for all the departments under the Ministry of Agriculture. The AGRITEX HIV/AIDS focal persons were responsible of requesting and accessing the funds through the approval of the

HIV/AIDS National Coordinator at the ministry to cover for all the programs within the department. From these findings, it means that the HIV/AIDS issues are budgeted for at the ministerial level only and not at the departmental level this might be one of the reasons why the AGRITEX finance department does not have a budget line on HIV/AIDS.

Besides AGRITEX having a budget for HIV/AIDS at the ministerial level, from the research it was noted that the money that is availed by the Ministry of Finance to the entire ministry is far less than what the MoA would have budgeted for. For example for the year 2008, the money that was allocated for HIV/AIDS for the whole MoA was only 50 billion Zimbabwean dollars (equivalent to only \$ 300 USD as of February 28 2008) which is just a tenth of what the MoA had budgeted for. This means that the money available for use by the departments within the MoA including the department of AGRITEX would be too little to cover for all the HIV/AIDS related activities planned by the departments. Furthermore, from the interviews with the AGRITEX HIV/AIDS focal persons, it was noted that the process of assessing the funds from the ministry is lengthy and time consuming, and in most instances the funds are eroded by the hyper inflation prevailing in the country before they are assessed by the AGRITEX HIV/AIDS focal persons.

4.5 Organisational Culture

From the interviews with the focal persons it was noted that the staff show empathy towards other staff members who are living with HIV/AIDS. This was based from the fact that several staff members had openly declared their HIV positive status and moreover the management and the focal persons have never received any complaints from the staff about being stigmatized on the basis of their HIV positive status. The focal persons also highlighted that several staff members have lost at least a relative due to HIV/AIDS related deaths and thus do not stigmatize other people as everyone is equally affected in one way or another. The culture of AGRITEX that is high in solidarity and sociability pertaining to HIV/AIDS ensures that the staff members work with each other irregardless of his or her HIV status. This was also evidenced from the questionnaire results were 38 out of 40 respondents indicated positively when asked if they would accept and work together with their colleagues who choose to disclose their HIV- positive status. (*See Annex 2 question 16*).

From the questionnaire, it was also interesting to note that all the 40 respondents indicated positively when asked about their willingness to change their practices that may increase their chances of getting infected with HIV (*See Annex 2 question 18*). The reasons for willingness to change the practices were mainly about personal and social issues. However this means that efforts to mainstream HIV/AIDS within the department can be fruitful given that the staff are willing to change their practices to reduce their risks of getting infected with HIV.

From the interviews with the management and the focal persons, it was noted that one constraining factor that may limit the AGRITEX department from effectively mainstreaming HIV/AIDS was the fact that the department operates under the same code of conduct and principles and also share the same task environment with other departments under the MoA. If mainstreaming of HIV/AIDS was to be done within AGRITEX it should also be carried out within other sister units so that AGRITEX staff may not find themselves out of step with staff from other MoA departments.

CHAPTER FIVE: DISCUSSION AND RECOMMENDATIONS

This section presents the analysis of the research findings that have been presented in the previous chapter. Recommendations are also presented after the analysing. The analysis is also related to other findings from the work that was conducted by other researchers.

5.1 Organisational governance

The presence of a committed leadership serves to motivate and convince other staff members within the organisation to consider the process of HIV/AIDS mainstreaming seriously. As shown in the previous chapter, the leadership within the department of AGRITEX demonstrates some commitment towards addressing the issues of HIV/AIDS through supporting the focal person and being involved in other mainstreaming activities. This is crucial for the success of the internal mainstreaming process. It is however crucial that such level of commitment and decisions be put into practical action because commitment alone without action may not mean a lot.

The process of HIV/AIDS mainstreaming requires an organisation to be clear on the differences between the internal mainstreaming and external mainstreaming components. However it was noted that the management is not clear on what is HIV/AIDS mainstreaming including its internal and external components. This means that the concept of HIV/AIDS mainstreaming is not yet fully understood at the management level of which this may affect some efforts in responding to HIV/AIDS.

5.2 Technical capacity

a. Policies and actions

As shown in section 4.1, the department of AGRITEX does not have a specific HIV/AIDS workplace policy but uses the Public Service HIV/AIDS workplace policy that was designed for use for all the government departments in the country. This would be a good strategy for AGRITEX if it is adhering to the contents stipulated in the *Public Service Commission HIV/AIDS policy*. Using existing resources from other stakeholders is recommended as stated by UNAIDS, the World Bank & UNDP (2002, p.36) that 'quite often experienced institutions and resources exist in other organization and can be called upon. This will avoid duplication and will add to cost- and time- effectiveness'. Hence there was no need for AGRITEX to start afresh and develop a new workplace policy on HIV/AIDS as there is already one that is meant for government departments that can be called upon.

However, for AGRITEX to rely on the workplace policy that was developed by the Public Service Commission creates so many challenges. The *Public Service Commission HIV/AIDS policy* was drafted for use by all the government employees. In Zimbabwe there are so many ministries with several departments and many employees. As shown in the chapter two, a research on how HIV/AIDS affects the organisation precedes the development of a workplace policy. It is on this research that the organisation will find it fit to draft a new workplace policy or revise an existing one to incorporate HIV/AIDS issues. The impact of HIV/AIDS on organizations is complex and contextual. As discussed by Barnett and Whiteside (2006), some workplaces are likely to have features which make it more or less likely that workers will contract HIV, while certain institutional characteristics may make some better able to cope with the effects of AIDS-related attrition than others. While the effects on staff may be similar, the impact on organizations will vary – as will responses. The government departments are thus affected in different ways by the pandemic and responses should suit their own circumstances. Therefore it is not ideal to generalize the HIV/AIDS issues across all the government departments.

More so, according to ILO (2001, p.3) on the *ILO Code of Practice on HIV/AIDS and the World of Work*, 'workplace policies must be agreed between the management and workers representatives to avoid so misunderstandings'. This might have been impossible during the development of the *Public Service Commission HIV/AIDS policy* considering the vast numbers of government employees. As a result the policy may not have captured some of the needs of the staff in some departments including AGRITEX. Thus the HIV/AIDS workplace policy that AGRITEX is currently using may not be an indication and a reflection of its staff's needs thus posing a high possibility of misunderstandings between the management and the staff.

Most of the AGRITEX staff do not know the existence of the PSC HIV/AIDS policy that is being used by the department. The research showed that only the few staff members at the top are aware about the policy. It is recommended that AGRITEX should issue the final policy and find ways of ensuring that the staff and managers are aware of the contents e.g. giving all the staff members a leaflet summarizing the main points of the policy (Holden 2003). Furthermore, due to the confusion and stress associated with HIV/AIDS, a company policy that addresses HIV/AIDS is useful only if it is widely disseminated to employees and actually put into practice. Posting a written policy on a bulletin board is not enough (Rau 2002).

If AGRITEX employees are unaware of the main points in the policy document, it may also mean that they are unaware of their rights and responsibilities related to HIV/AIDS issues. The department of AGRITEX will thus not feel obliged to adhere to the workplace policy as a result the policy may just be there on paper only without being implemented. Some Non Governmental Organisations (NGOs) identified similar findings that while they had policies in place to support People Living with HIV/AIDS within their organizations, the benefits had not been taken up because of low awareness of the policy (UK Consortium & International Development 2003). Therefore the dissemination of the policy within AGRITEX must occur at all levels and explanations given in cases that need some clarifications. A process for introducing the HIV/AIDS policy is therefore a prerequisite. Rau (2002, p.40) suggests that 'one person or a small team from senior management or the human resources department can introduce the policy and its components to staff members during regular meetings or specially organized gatherings'. By so doing all the staff will understand the contents of the policy and the department will also be able to notice the benefits of the policy

- **Prevention of new HIV and STIs infections**

It is worthy to note that AGRITEX department provides condoms for its staff and most of the staff members have positive attitude towards using them. This is one of the strengths in the AGRITEX department's efforts on HIV/AIDS internal mainstreaming. As according to UNFPA, WHO, PATH (2005), condoms play a special role in combating the spread of HIV/AIDS because they are presently the only devices that protect against sexually transmitted HIV. More over, they also encourage safer sexual behaviour amongst sexual active persons. As a result, the AGRITEX department's effort of supplying condoms to its staff can go a long way in reducing its staff susceptibility to HIV infection. What is however crucial is for the condom supply and distribution to be linked with staff education training to ensure that the staff have the knowledge of proper use, motivation to use them consistently and to help clarify some prejudices and misconception about use of condoms. Some authors emphasize the need to promote female condoms as well so as to empower women to build a positive self image and confidence and to increase their protective options. This is crucial as women need dual protection against HIV infection as well as pregnancy.

- **Gender mainstreaming**

AGRITEX makes effort to ensure that women are not discriminated and harassed at work. The reason behind maybe why such issues are considered is that Zimbabwe in 1991 ratified the Convention on the Elimination of All Forms of Discrimination against Women. Since then all forms of abuse and discrimination of women were seriously discouraged. AGRITEX being a government department is supposed to lead by example and help curb the effects of HIV/AIDS. This is also stated by Rau (2002, p.37) that 'proactive efforts by companies and workers' organizations to prevent gender discrimination and sexual coercion and abuse greatly aid prevention efforts'. This is because discrimination against and exploitation of women promotes the spread of HIV/AIDS. Also, women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than are men, due to biological, socio-cultural and economic factors.

- **Care and support to HIV infected and affected members**

The results revealed that there are some staff members within the AGRITEX department who have openly declared their HIV positive status and the department is assisting them to acquire some basic food commodities. Helping the staff to secure food commodities ensure that the staff members living with HIV/AIDS have better nutrition. According to Barnett and Whiteside (2006, p.238) 'During symptomatic HIV, and subsequently during AIDS, people's energy requirements increase by approximately 20- 30% if adult body weight is to be maintained'. Good nutrition therefore ensures that the staff members living with HIV/AIDS have food to meet their body's nutritional requirements. Further more, good nutrition has been shown to help boost immunity system rendering the AIDS patients less prone to opportunistic infections. In this regard, the department of AGRITEX is contributes towards ensuring that the staff members living with HIV/AIDS have good health to continue performing their duties.

Experience has shown that no one sector, institution or individual can address all the aspects of the epidemic. HIV/AIDS mainstreaming uses a rational approach, which prioritises activities based on comparative advantage and human and technical capacity to implement (UNAIDS & GTZ 2002, p.9). Moreover, according to UNAIDS, the World Bank and UNDP (2006, p.12) 'not all organizations are expected to take on the same tasks and responsibilities. Rather, mainstreaming means integrating HIV and AIDS into functions relevant to the core mandate of each sector and entity'. Institutions can thus share much needed resources for the provision of the work place programmes. Using this rationale, AGRITEX department refers the staff members that need ARVs and counselling to the health institutions providing such services. This ensures that the staff members get good services as such organisations have experience and qualified personnel to deal with voluntary counselling and provision of ARVs that AGRITEX department may not possess. Further more, UNAIDS & IOE (2002, p. 17) state that 'such linkages have the advantage of reaching beyond the workers to cover their families particularly their children'.

However the only challenge that might be seen by AGRITEX in entering partnership agreement with other institutions that have specialised knowledge and expertise is that this may undermine the departmental ownership of the mainstreaming efforts. Thus such partnership must not compromise with the decision making and control AGRITEX has on its mainstreaming efforts.

b. Responsibilities, procedures and systems

As shown in the research findings, the department appointed some focal persons to coordinate HIV/AIDS issues. The focal persons have clear job description and terms of reference on how to deal with HIV/AIDS. This makes it easier for the HIV/AIDS focal persons to accept the responsibility of handling HIV/AIDS issues within the organisation as it is part of their key result areas and performance evaluation.

The results also revealed that the focal persons within AGRITEX occupy less influential position. Having focal persons occupying less influential positions within the department makes it difficult for them to influence decision making in relation to HIV/AIDS issues. The focal persons within AGRITEX should be thus situated in strategic positions that will make it easier for them to influence decision making related to HIV/AIDS issues. Without being in those positions, Eley et al (2005) state that focal persons are likely to become frustrated, demotivated and unable to facilitate change, whilst their presence acts as an excuse for others to ignore the issues. Another option is to provide them with enough time, resources and management support to fulfil their duties.

Having HIV/AIDS focal person without HIV/AIDS mainstreaming training background is a limitation for AGRITEX as Cohen (2000) states that 'attempts to mainstream are less than fully successful because those designing programmes and projects often do not have the capacity to mainstream HIV/AIDS issues'. Similar findings were obtained by James (2005) on his study about the CABUNGO⁶ mainstreaming initiative in Malawi, where he discovered that mainstreaming was being hindered by the lack of appropriate skills and knowledge on HIV/AIDS by staff. It was thus crucial for AGRITEX to nominate HIV/AIDS focal persons with knowledge and skills on HIV/AIDS mainstreaming. Otherwise it has to embark on extensive tailor made training programs to enhance skills and knowledge of the HIV/AIDS focal persons on performing the new duties on HIV/AIDS related issues.

c. Staff capacity and expertise

The department of AGRITEX has only managed to conduct one training workshop for its staff. According to ILO (2001), 'effective education provides workers with the capacity to protect themselves against HIV infection; help reduce HIV-related anxiety and stigmatization; and significantly contribute towards attitudinal and behavioural change'. All these topics can not be covered in just one session as in the case of AGRITEX. This is also emphasized by Holden (2003) who suggests that 'to be effective, awareness-raising sessions need to be repeated, both to allow new staff to take part, and to give existing staff the opportunity to attend refresher sessions, or more advanced sessions'.

The research findings also indicated that the department of AGRITEX conducted one HIV/AIDS awareness workshops for its staff at head office and the bottom level staff might have been excluded from attending the workshops. This can be attributed to limited financial resources available to cater for HIV/AIDS related issues within the department. As it has been shown in section 4.4, the amount of money available within the department for HIV/AIDS issues is too and as a result, the department might have prioritized to start its training programs with the middle and top level staff at head office. However, there is need for AGRITEX to increase the frequency of the training sessions offered to the staff so as to include a wide range of topics and to include all other staff members that have been previously left out. Focusing on the selected staff and at the head office only will not help the entire AGRITEX department. As (Pharoah 2005) states that everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees—including middle and senior management—and should be available at all sites.

The focal persons did not include staff's opinion during the designing of the workshop that was conducted. There is a high possibility that the training that was conducted did not attend to the staff's need. As pointed out in chapter two, there is a need to conduct knowledge, attitudes and practices (KAP) surveys prior to conducting a training workshop. This is crucial in providing the important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. Lack of the KAP

⁶ CABUNGO is a Malawian NGO which provides organisation development consultancy services to civil society organisations.

survey may also be one of the reasons why the responsible personnel are failing to monitor and evaluate the effectiveness of the trainings as there is no basis for that.

AGRITEX can adopt successful experiences of other organisations. For example Oxfam Malawi conducted a needs assessment by getting the participants to complete an anonymous questionnaire before their workshop. This gave the facilitators an idea of the participants' existing knowledge, and enabled them to identify the topics that the participants most wanted to address (Holden, 2003). Effort has to be made by the AGRITEX department to analyse the knowledge gaps existing amongst the staff so that the training is redirected into addressing such gaps. This also calls for an impact assessment so as to evaluate whether the training benefits the staff and also to help the staff practice the new skills they would have acquired from the trainings. Furthermore, the department can involve the staff living with HIV/AIDS who have openly announced their HIV positive status in the training programs. As highlighted in the chapter 2 of this document, involving people living with HIV/AIDS (PLWHA) in HIV/AIDS response activities can improve service delivery at the same time empowering them by ending their isolation, curb the effects of stigmatisation and discrimination, and add a powerful voice to prevention activities.

On the other hand, the results indicated high levels of awareness amongst the staff members despite having received little or no training. From these research findings the high level of awareness amongst the employees cannot be attributed to the efforts made by the department as it has only conducted one training workshop. Zimbabwe being one of the high HIV/AIDS prevalent countries has seen a huge influx of AIDS based organisations. Therefore, the massive public campaigns by such AIDS based organisations in the country in form of television and radio programs and adverts, bill boards and pamphlet distribution could have improved the awareness level amongst the AGRITEX staff.

It is however beneficial for the department to have staff that is aware of the basic facts about HIV/AIDS. This means that the department can cut on training costs as training can be now directed to cover other areas that are not familiar with the staff. On the other hand, Eelsey & Kutengule (2003) discovered that 'when the staff are uncomfortable and in denial there are unlikely to be prepared to look at HIV/AIDS in relation to their work'. High awareness level amongst the staff therefore benefits the department of AGRITEX as the stigma, prejudices and myths surrounding the HIV/AIDS issues tend to be rectified. This enables the staff to conduct their work in the context of HIV/AIDS comfortably. However research has shown that everyone has some information about HIV/AIDS, but very few have some information to overcome the irrational fears associated with HIV/AIDS and its transmission (Kidd, Clay & Chiiya, 2006). More so, the correct information that people may have learnt can contradict with their own beliefs and life experiences. Therefore high level of awareness amongst AGRITEX staff does not guarantee that the staff members believe and practice what they had learnt.

5.3 Human resource planning

AGRITEX does not have a specific plan or systems that project the impacts of HIV/AIDS within its work force now and in future. Lack of expertise and clarity on the person responsible to do that were highlighted as some of the major hindering factors. However one reason might be lack of an impact assessment study on the impacts of HIV/AIDS within the organisational staff so as to make future projections. The department therefore is likely to turn a blind eye on having a human resource plan for its workforce as it is unaware of the severity of the impacts.

Lack of future projections for staff in the context of HIV/AIDS renders the AGRITEX department more vulnerable and its resilience to the impacts of AIDS is compromised. The department can face shortfalls in skilled staff if more staff get infected or affected by

HIV/AIDS. This can be aggravated by the high staff turnovers highlighted by the management. This calls for the AGRITEX department to ensure that a human resources plan is developed otherwise the resilience of the organisation to the impacts of AIDS is compromised.

The high staff turnover within the AGRITEX as highlighted in the results is one of the challenges that is likely to derail some department's efforts of HIV/AIDS internal mainstreaming. This is due to the fact that, some activities can likely to cease if those driving their implementation leave the organisation. Taking as well into consideration the diminishing human resources and financial implication associated with attrition and the potential long-term effects of HIV/AIDS on the size and quality of the available recruitment pool, replacement of the staff may become a major challenge. AGRITEX department can adopt some strategies as suggested by Flint-Taylor and Burch (2001) such as the use of team work and multi-skilling. Teams are seen as being more reliable than individuals, as the impact of an individual leaving the organisation, is far less when they are part of a team, than when they are working in isolation. Multi-skilling of employees can also be a solution where job requirements overlap just enough to allow team members to stand in for each other for short periods, or to help with certain aspects of another's work.

The poor remuneration for the AGRITEX staff is attributed to the current economic hardships facing the country. AGRITEX alone cannot solve this issue as it does not only affect its staff only but the whole public service staff. Considering that majority of the workers in the country are civil servants and the linkages between poverty and HIV/AIDS. Strong lobby and advocacy with the policy makers is needed to justify the need for high remuneration for the public service workers so as to ensure uninterrupted services.

It is good to note that the department of AGRITEX considers susceptibility when transferring its staff members. Rau (2002) noted that 'when away from spouses and home social environments, people sometimes engage in different and risky behaviours. Men are more likely than women to have multiple sex partners and visit commercial sex workers'. As a result of this, the staff susceptibility to contracting HIV is very high when they are living separate. This might not be the case in AGRITEX since efforts are being made to ensure that the couples are not separated.

5.4 Budgeting and financial planning

Having the HIV/AIDS budget based at ministry head office poses so many challenges for the department of AGRITEX because, it does not create that sense of ownership by the whole department as they have to get the approval of the ministry first to access it. This might limit the initiatives at the departmental level and more so, the general staff indicated that they do not contribute anything during the HIV/AIDS related budgeting process. There is high possibility of missing some of the interests of the staff pertaining to the subject on budgets. Once such interests are not captured in the budgets it will become difficult to implement corresponding activities. The same point is emphasized by Holden (2003), who states that initiatives which aim to support staff will be effective if the staff have helped shape their design and delivery.

As shown above, even if the MoA makes an annual budget for HIV/AIDS issues for its departments, the money allocated for HIV/AIDS is still too little. Most government departments in the Zimbabwe have not been spared by the prevailing effects of the economic and political crisis that is compounded by an inflation rate of 11.6 million percent (as of August 2008 and currently the highest ever in the world). In such a hyper-inflationary situation, the government departments have no option but to deal with what is available. As shown in chapter three, having less financial resources should not be an excuse of not

mainstreaming HIV/AIDS issues by the organizations. As UNAIDS, the World Bank & UNDP (2006) states that:

'Financial constraints are often mentioned as soon as innovative action is suggested. This can immediately foreclose opportunities for action and change. At times, the issue is not so much that there are no funds available, but which actions are prioritized and how existing funds are allocated or reallocated. It is also worth remembering that HIV and AIDS actions do not always require additional resources, as they need to become part and parcel of routine functions and activities.'

The AGRITEX department therefore has to embark on activities that require little or no costs to ensure that it continues with HIV/AIDS response irregardless of the financial constraints that it is currently facing. This will be a sure sign of its commitment towards addressing HIV/AIDS issues despite such challenges.

The lengthy and time consuming procedures to procure the HIV/AIDS funds can be attributed to the bureaucratic nature of the government institutions structures where each action has to be approved by several officers before it is implemented. These procedures are time consuming and thus results into the required money being eroded by inflation before it is used. As Stephenson (1985) in Rollinson (2005) stated out that 'the structure of an organization gives it a strong element of stability that establishes regular patterns of behaviour that go unquestioned in the minds of organizational members'. Such patterns eventually become "the way that things should be done irregardless of other negative effects brought by such practices. Effort has to be taken therefore by AGRITEX to lobby and advocate the top management at the MoA to decentralize some of the activities. These can include issues surrounding finances and HIV/AIDS related issues especially considering the hyper inflationary conditions prevailing in the country and the urgency for responding to HIV/AIDS.

5.5 Organisational Culture

The AGRITEX culture that is rich in solidarity and sociability eliminates some forms of discrimination that may hamper the department's efforts on HIV/AIDS mainstreaming. These low levels of stigma within AGRITEX can be attributed to the massive awareness campaigns that are taken by public health institutions in the country. Also due to the high prevalence rate in the country, most people now believe that "everyone is sailing in boat" as a result almost everyone is affected by the pandemic thus there is no reason for pointing fingers or stigmatizing fellow colleagues.

.As shown on section 2.3 HIV/AIDS stigma hinders efforts aimed at promoting HIV/AIDS prevention, care and treatment, and mitigation and can also easily lead to disruptions in the workplace. The dominant culture and norms currently prevailing amongst AGRITEX personnel creates a conducive environment that ensures that AGRITEX's mainstreaming efforts are successful.

However the external working culture was seen as a threat on successful attainment of internal mainstreaming goals as the AGRITEX staff feel they should not be out of step with the staff from other departments. This calls for collaboration between the AGRITEX and other departments within the MoA, such that they do not view each other as competitors but instead allies in the fight against the epidemic.

CHAPTER SIX: CONCLUSION

This research analysed the competences of the department of AGRITEX on HIV/AIDS internal mainstreaming in terms of its organisational governance, technical, human resource, financial and cultural capacities. From the research, it has been shown that the strengths of the of the department of AGRITEX lies on having committed leadership. This will ensure that HIV/AIDS internal mainstreaming process is given a priority. This is further strengthened by the presence of some guiding policies on HIV/AIDS and having staff that is highly aware of the basic information about HIV/AIDS within the department. However the department still needs to improve on the number of the HIV/AIDS training sessions for its staff and to ensure that the staff at all level is made aware of the HIV/AIDS policy contents. More so the leadership has to exercise some caution when seeking partnership with other stakeholders with specialised knowledge and expertise that AGRITEX lacks. Such partnership must not undermine the AGRITEX's departmental ownership, decision making and control of its mainstreaming efforts.

As far as the human resource is concerned, this is the capacity area that poses so many challenges to AGRITEX. Currently there are no plans or future projections of the impacts of HIV/AIDS on the staff. Considering the severity of the impacts of AIDS and projections done by other researchers, the AGRITEX human resource unit needs to make future projections and plans for the staff otherwise the resilience of the department to the impacts of AIDS will be compromised. As such, the assurance of continued effective service provision by the department is under threat as organisation's staff members play a crucial role in service delivery.

The challenges on AGRITEX's financial capacities have been shown to be beyond the departments capabilities as there are also influenced by the prevailing economic decline exacerbated by hyper inflation in the country. It is worthy noting that the AGRITEX department is embarking on activities that do not require a lot of costs. This is a true sign of dedication and commitment towards addressing HIV/AIDS issues.

In terms of culture, it has been shown that the department of AGRITEX has a good organisational culture that does not stigmatize PLWHA. Such a culture needs to be promoted and encouraged as it helps in realizing some of the organisational efforts on HIV/AIDS mainstreaming. High awareness level amongst the staff therefore benefits the department of AGRITEX as the stigma, prejudices and myths surrounding the HIV/AIDS issues tend to be rectified.

While this study only considered one organisation, the number of lessons identified from it can also be adopted and contribute to an effective response to the impacts of AIDS by other organisations apart from AGRITEX.

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ANNEX A

Major Research topics and related questions that served as a reference during the interviews

a) Assessing the departmental technical & material capacities in relation to HIV/AIDS

- Is there an HIV/AIDS workplace policy and is it being implemented? If yes, what issues are covered by the work place policy? If not why and what measures are put in place to address this?
- Has the organisation conducted an impact assessment and future projections of HIV/AIDS on staff and functioning of the organisation? If not, why?
- Are there any systems in place to deal with HIV/AIDS discrimination and sexual harassment at work? If not why?
- Does the organisation recruit staff irrespective of their HIV status? If not why?
- Are there people assigned to coordinate HIV/AIDS issues and on what basis?
- Does the organisation adjust the responsibilities among staff to anticipate the loss of staff capacities as a result of HIV/AIDS? If not why?
- Does the organisation provide female and male condoms to reduce staff's susceptibility to HIV? If not why?
- What mechanisms are put in place to monitor and evaluate internal HIV/AIDS mainstreaming activities within the department?
- Does the organisation provide ARVs for the HIV- positive staff? If not why?

b) Assessing the departmental financial capacity

- Is there a budget for dealing with HIV/AIDS issues within the department?
- Who are involved in preparation of the budget for dealing with HIV/AIDS issues within the department?
- Does the budget cover all planned HIV/AIDS issues/ activities within the department?
- If the budget is inadequate, are there any other sources for income the department can use to cover for all planned activities

c) Assessing the departmental Human resources capacity

1. Knowledge & expertise

- Does the department have staff trained or has expertise on HIV/AIDS internal mainstreaming? If not why and what measures are put in place to address this?
- Are the departmental staff members trained about HIV prevention and coping with AIDS? If not why and what measures are put in place to address this?
- Does the organisation regularly organize training sessions to update the staff knowledge on HIV/AIDS issues? If not why?
- Does the staff feel comfortable of addressing HIV/AIDS issues at work? If not why?

2. Freedom of staff to do work in a context of HIV/AIDS

- Do the management and staff openly discuss HIV/AIDS issues affecting them at work? If not, why?
- Does the management allow male and female staff to take days off to deal with HIV/AIDS related issues (sickness/ death of close member etc)

3. Beliefs and attitude of staff in relation to HIV/AIDS issues?

- Are male and female staff members willing to talk openly about HIV/AIDS, sexuality and use of condoms while at work? If not, why?
- Do male and female staff members equally believe that the department should be involved in dealing with HIV/AIDS within the department? If not why?
- Are the staff members willing to disclose their HIV status with their colleagues? If not what are the factors that hinder them from doing so?
- Do staff members blame/criticize the people who are HIV positive? Do staff members show empathy towards colleagues (men or woman) who are infected by HIV?

ANNEX B

Questionnaire

This questionnaire is to be filled by AGRITEX staff to assess their skills, knowledge and attitude in dealing with HIV/AIDS issues within their organisation. Please note that the questionnaire is strictly confidential and there is no need to include your name. Please read carefully through the questions before putting down your response in writing.

Part A: Respondent Information (Please circle one applicable)

1. **Sex** a) Male b) Female

2. **Position**

a) Head of unit

b) Field/ Extension staff

c) Administration staff

Other _____

3. **Section**

a) Crop production

b) Animal production

Other _____

Part B: HIV/AIDS Knowledge, Capacity and Expertise

4. **In general, how can HIV be transmitted?** (*Circle as many as you like.*)

a) Toilets

b) Shaking hands

c) Blood transfusions

d) In the womb

e) Breast feeding

f) Kissing

g) Unprotected penetrative sex

h) Mosquitoes

5. **In general, how can HIV infection be prevented?** (*Circle as many as you like.*)

a) Using condom

b) Being faithful and sticking to one partner

c) Abstaining from sexual intercourse

d) By not shaking hands with the infected persons

6. **If someone is infected with HIV, which of these statements is true?** (*Circle as many as you like.*)

a) He or she has AIDS.

b) He or she may not have AIDS yet, but will almost certainly develop AIDS.

c) He or she could stay healthy for a long time.

d) He or she can pass HIV to other people only when he or she is sick.

e) He or she could pass HIV to other people.

7. **Have you for the past five years attended training sessions on HIV/AIDS awareness conducted?** (*Please circle one applicable*)

a) Yes

b) No

If Yes, indicate where was it conducted from? (*Please circle one applicable*)

a) It was conducted by the AGRITEX department

b) It was conducted by the Ministry of Agriculture

c) It was conducted by other departments under the Ministry of Agriculture

d) Others

(specify) _____

8. How can you rate your skills in dealing with HIV/AIDS issues within the organization?

- a) Highly skilled
 - b) Averagely skilled
 - c) Not skilled
 - d) Others (Please specify)
-
-

9. If you are skilled in dealing with HIV/AIDS issues within the organization, how often do you put your skills into practice within the organization?

- a) Quite often
 - a) On rare occasions
 - b) Not at all
 - c) Other (Please specify)
-
-

10. Do you feel confident and capable of addressing HIV/AIDS related issues at work? (Please circle one applicable)

- a) Yes
 - b) No
- If Not, why?
-

11. Which of the following statement(s) is true or false about the workplace policy on HIV? (Please circle one applicable)

- a) In this department there is a workplace policy on HIV/AIDS. True/ False
- b) I know some of the contents of the workplace policy. True/ False
- c) I have a copy of the work place policy on HIV/AIDS. True/ False
- d) I don't know anything about workplace policy on HIV/AIDS. True/ False

Part C: Beliefs and attitudes of staff in a context of HIV/AIDS

12. Do you think AGRITEX should be involved in dealing with HIV/AIDS issues affecting its staff?

- a) Yes
- b) No

Briefly explain your response to the above question

13. In general, do you think that people who have sexually transmitted infections have been promiscuous?

- a) Yes
- b) No

14. If the organization provides condoms in the bathrooms for use by its staff,

- a) You feel shy to take some
 - b) You can take some
 - c) You don't want the organization to supply the condoms
 - d) Others (specify)_____
-

15. Are you willing to openly discuss about HIV/AIDS related issues with your workmates?

- a) Yes
- b) No
- c) Not so sure

Briefly explain your response to the above question

16. Will you accept and work together with your colleagues who choose to disclose their HIV- positive status?

- a) Yes
- b) No
- c) Not so sure

Briefly explain your response to the above question

17. How can you describe your commitment in addressing HIV/AIDS issues within the organization? (Tick one applicable)

- a) Very committed
 - b) Committed
 - c) Not committed
 - Other (specify)
-
-

18. Are you willing to change some practices that may place you or close relative into a risk of getting infected with HIV?

- a) Yes
- b) No
- c) Not so sure

Briefly explain your response to the above question

19. Will you want to improve your skills and knowledge about HIV/AIDS issues?

- a) Yes
- b) No
- c) Not so sure

Briefly explain your response to the above question

Thank You ☺ !!!!!!!