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**Information Management and Dissemination of  
HIV/AIDS Information by NGOs in Zimbabwe: An  
Exploratory Study**

By

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**A Minor Dissertation Submitted in Partial Fulfilment of the Requirements  
for the Award of the Degree of**

**MASTERS OF LIBRARY AND INFORMATION SCIENCE**

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## **DEDICATION**

Being deeply loved by someone gives you strength,  
while loving someone deeply gives you courage

For my wife, Lyness and our daughter, Blossom Tanaka, and my mother.

University of Cape Town

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I am very grateful and thankful to my wife, Lee and our daughter Blossom Tanaka and my mother.

I wish also to thank all my friends and other people who were there during the ups and downs of my academic life.

## DECLARATION

This work [*Information Management and Dissemination of HIV/AIDS Information by NGOs in Zimbabwe: An Exploratory Study*] has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature:

Date: 29-03-05

Signed by candidate

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## **ABSTRACT**

The HIV/AIDS epidemic has become a serious health, social and economic problem in Zimbabwe. Almost 30 percent of the population had been infected by AIDS (Acquired Immune Deficiency Syndrome) by 2004. The epidemic has also affected almost the entire population in one way or another - domestically, socially and economically. Zimbabwe faces a long-term development disaster because of the effects of the disease across the societal spectrum. AIDS is threatening every fibre of the nation from food supply to economic productivity, and not least human resource development. Many households have lost their principal source of income to the disease and have become impoverished. The national budget is increasingly under pressure as scarce resources are channelled to fight the HIV/AIDS pandemic. Despite a multitude of interventions aimed at preventing the scourge of the epidemic on the health system, the economy and human development, HIV/AIDS still presents a problem of enormous magnitude in Zimbabwe. It is argued that a major limitation of the various interventions to fight the pandemic has been the failure to extensively and effectively harness knowledge and disseminate information relating to all aspects of HIV/AIDS in Zimbabwe. The NGO sector, because of its grassroots involvement with the disease, is particularly well placed to fulfil such a role.

The main aim of this study was to explore information and knowledge management and dissemination by HIV/AIDS NGOS in Zimbabwe. A further objective was to identify in the literature strategies that have been used, vis-a-vis modern information and knowledge management practice, in cognate sectors of development in Zimbabwe and other countries. It is argued that by applying appropriate information and knowledge management practices valuable knowledge and information that relate to how communities experience the problems and the impact associated with HIV/AIDS can be gathered and disseminated. Information and knowledge management is recommended by the United Nations' UNAIDS as the best way to harness both tacit and explicit information related to all aspects of the epidemic.

A survey was conducted amongst 64 HIV/AIDS NGOs based in Harare, Zimbabwe. Data was collected using questionnaires, key informant interviews, and observation methods, and this was further supported by data collected from documentary and electronic sources.

The main outcome of the study indicates that information and knowledge management is generally not well practised in the HIV/AIDS NGO sector in Zimbabwe. This is despite the fact

that 75% of the NGOs had information services in place. Far too few qualified staff have been appointed to manage information services and this lack of professional skills has had a negative impact on HIV/AIDS information dissemination. It is argued that in a society such as in Zimbabwe, effective information dissemination measures are needed to assist social, economic and scientific interventions. It was further established that a sound information and knowledge management policy, and information technology developments were needed to address the information service challenges. The other main outcome showed that NGOs were not networking effectively among themselves, with government and other role players such as the private sector, educational institutions and churches, etc. Lastly, there was a strong indication that information technology, i.e., computers and accessories, the Internet, Intranets, databases and audio-visuals, etc., were not fully utilised, this is despite the fact that in other countries they have been very effective to assist in the creation, generation, gathering and diffusion of information.

Based on the research outcomes, the researcher thus proposes that information and knowledge management practices should be set in place in the HIV/AIDS sector of Zimbabwe. NGOs should ensure that information services are run and manned by skilled and trained information officers. It is also suggested that government should be encouraged to become more involved and complement the work done by NGOs by reviewing the 1985 NLDS Act and other policy instruments. The study further recommends that, HIV/AIDS NGOs should work towards networking and providing a single shared dissemination source to the public, such as a national database, which would be hosted via a web-based Internet portal. This would also enable NGOs to explore further networking efforts such as communities of practice (expert forums), a national HIV/AIDS bibliography and electronic publishing.

## LIST OF ACRONYMS AND ABBREVIATIONS

64k, 128K	Speed (64k, 128k) dual channel digital connection to the Internet
ABSA	Amalgamated Banks of South Africa
AFRICARE	A non-profit organisation specialising in aid to Africa
AIDS	Acquired Immune-Deficiency Syndrome
ASDL	Asymmetric Digital Subscriber Line used to transfer online data and information
AUSAID	Australia Government's overseas aid program
AV	Audio Visual
BA	Bachelor of Arts degree
CBO	Community Based Organisation
CCZ	Consumer Council of Zimbabwe
CD-ROMs	Compact Disc Read-Only Memory(s)
CDS-ISIS	A library-based software that provides facilities for storing documents electronically and for advanced information retrieval
CIDA	Canadian International Development Agency
CSO	Central Statistical Office, Zimbabwe
DANIDA	Danish International Development Agency
DFID	Department for International Development, United Kingdom
Diploma LIS	Diploma Library and Information Science
EU	European Union
GDP	Gross Domestic Product
GNP	Gross National Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
HIVOS	Humanistisch Instituut voor Ontwikkelingssamenwerking,
HND LIS	Higher National Diploma Library and Information Science/Studies
ICTs	Information and Communication Technologies
IEC	Information, Education and Communication
ISDN	Integrated Services Digital Network
IT	Information Technology
MHCW	Ministry of Health and Child Welfare
MISEREOR	MISEREOR is an international organisation run by the Catholic Church in Germany
NAC	National AIDS Council
NACP	National AIDS Coordinating Programme

NANGO	National Association of Non-Governmental Organisations
NGO(S)	Non-Governmental Organisation(s)
NLDS	National Library and Documentation Services
NORAD	Norwegian Agency for Development Cooperation
PLWA	People Living With AIDS
POSA	Public Order and Security Act
PSI	Population Services International
SAfAIDS	Southern Africa HIV/AIDS Information Dissemination Services
SANASO	Southern African Network of AIDS Service Organisations
SAPES Trust	Southern Africa Political Economic Series
SAR	South African Rand
SAT	Southern African AIDS Trust
SCF (UK)	Save the Child Fund (United Kingdom)
SADC	Southern African Development Community
SIDA	Swedish International Development Agency
STDs	Sexually Transmitted Diseases
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations International Children's Fund
US\$	United States dollar
USAID	United States Agency for International Development
WHO	World Health Organisation
Z\$	Zimbabwe dollar
ZACH	Zimbabwe Association of Churches
ZAN	Zimbabwe AIDS Network
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZERO	Regional Environment Organisation
ZINATHA	Zimbabwe National Traditional Healers' Association
ZNNP+	Zimbabwe National Network for People Living Positively with HIV/AIDS

# CHAPTER 1

## INTRODUCTION

### 1.1 Introduction

This chapter serves to introduce the major issues that this study will address and also provide a skeletal overview of the thesis. The research problem under consideration is that information can be used to fight HIV/AIDS in Zimbabwe, a country that has been overwhelmed by deaths and the spread of the deadly HIV/AIDS disease. The high ratio of every 1 to 5 people living with the disease among the 11 634 663 population is a cause for concern to the social and economic development of the country (Zimbabwe, Central Statistical Office, 2003). Many institutions such as government, community-based and other private organisations are reacting to this catastrophic health and socio-economic problem to ensure that, although they cannot prevent many lives from being lost, more could be saved from the scourge of the disease. The premise under discussion is that by sharing knowledge and information relating to HIV/AIDS the disease could be contained and even abated.

The study explores the role that one sector, non-governmental organisations (NGOs) play in the dissemination of information at local and national level.

### 1.2 The Impact of the HIV/AIDS epidemic in Zimbabwe

The pandemic of Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome (HIV/AIDS) poses a huge problem and challenge to all aspects of human life in Zimbabwe. The Zimbabwean government is battling with scarce resources to prevent AIDS from totally depleting the social, political and economic fabric of the nation. The first victim of HIV/AIDS was diagnosed with the disease in 1985 (Zimbabwe, 1999:3) and estimates from the National AIDS Coordination Programme of the Ministry of Health and Child Welfare show that in 1998 around 2 000 people were dying of AIDS every week (Zimbabwe, Department of Health & Child Welfare, 1998). In 2002, the count from the national census conducted by the Central Statistical Office recorded a total population of 11 634 663m, but the 1992 Census report had indicated that Zimbabwe had an annual population growth rate of 3.1 percent (Zimbabwe, CSO, 1998) and it was thus projected that by 2002 the population should have grown to 14 000 000m people (Zimbabwe, CSO, 2003). The fact that the population did not increase to around 14 million people is generally attributed to the scourge of the HIV/AIDS pandemic in Zimbabwe, although we should also consider emigration and other factors. Thus it is estimated that the diseases associated with HIV/AIDS are

having a significant impact and diminishing the population growth of Zimbabwe considerably (Zimbabwe, 1999a:7). The National HIV/AIDS Strategic Framework, 2000-2004 for Zimbabwe highlights the following specific demographic impact that AIDS is having on the country's population:

- upward growth of deaths related to HIV and AIDS,
- negative reversal of infant and child mortality rates,
- a slow down in population growth,
- reduced life expectancies.

The high incidence of AIDS-related deaths and rising levels of poverty in Zimbabwe have prompted all sectors in the country to play a more proactive role in alleviating the suffering that HIV/AIDS brings to families and the havoc it creates to the economy at large. The government and non-governmental organisations, private companies and institutions are all devising ways to combat AIDS among all spheres of the population. Government, while it seems to be faltering to provide essential equipment and resources in the clinics and hospitals, can at least be applauded for developing an HIV/AIDS policy, *the National Policy on HIV/AIDS for the Republic of Zimbabwe*, which was gazetted in December 1999. The national HIV/AIDS policy has to a large extent been welcomed by organisations working in the HIV/AIDS sector as it guides their initiatives in the fight against the AIDS pandemic within Zimbabwe.

The most well known practice the national HIV/AIDS policy promotes is that which is referred to as the IEC method (Information, Education and Communication) and it is widely used by agents that are dealing with the disease at all levels in Zimbabwe (Zimbabwe, Ministry of Health & Child Welfare, 1998). It focuses on changing sexual behaviour patterns among the population by uprooting cultural and religious myths about sex (Civic and Wilson, 1996). More than any other disease, AIDS has to do with complex behavioural and other determinants. A strategic approach therefore is to plan and analyse the effects of societal and national factors such as urbanisation, education and the economic situation on individuals in relation to the AIDS pandemic. By identifying these factors, planners will be able to focus on those strategies that have the potential to alter the prevailing situation (UNAIDS, 1998:4).

Therefore, in order to identify these factors, the documentation of knowledge and information should be seen as an essential starting point. By doing this, the methods employed in the IEC strategies that deal with HIV/AIDS awareness campaigns in the NGO sector will be strengthened. They will become more visible and accessible if such information is captured in databases, gateways and various information sources, i.e., publications, videos, tapes, etc. This approach

has the potential to produce meaningful results, as it will bring sectors like research and development institutions, universities and interested partners together through information networking.

A variety of interventions are presently being implemented in Zimbabwe. They are often projected to the public by using mass media, and are targeted at changing human sexual behaviours to help those who are at particular risk such as the youth, prostitutes and sexually active adults. Such initiatives include the design and provision of training in communication skills by utilising pathfinders or community peer-group leaders, and various other research initiatives (WHO, 2000:2). The fundamental factor, however, is to ensure that information from these different approaches is amalgamated and captured. A large amount of information is generated in the form of grey literature and tacit knowledge and these valuable resources will remain elusive unless information management capacities are well structured. It is therefore important that HIV/AIDS-related information be effectively captured, documented and disseminated throughout the country to help fight against the further emaciation of the population.

There is a need to provide clear guidelines to the NGO sector, who have shown great commitment in the fight against AIDS, on how best they can use information to help the country fight HIV/AIDS. Currently, except for alleviation provided by anti-viral drugs, there is no known cure for AIDS. Thus information on HIV/AIDS, its socio-economic impact, its health-related issues, and research conducted has to be organised by means of well-developed information and knowledge management techniques. Along this line of thought UNAIDS is promoting the use of best practice in the field and encouraging the capture of such information in its growing database (cf. [www.unaids.org](http://www.unaids.org)) and the active dissemination of such information. It is thus argued that information management and dissemination can assist IEC strategies to provide a long-term solution to the AIDS problem in Zimbabwe. Leadership and decision-makers, local scientists and academics will be able to obtain factual information from a host of sources. A co-ordinated and systematic information network can be created and the public given wide access to information, and this can be formalised as part of a global response to HIV/AIDS (UNAIDS, 1999:6).

Public awareness is a well-known method that most NGOs, government agencies and community health workers use as a vehicle to deliver information to the public. Such public awareness campaigns have the potential to make many Zimbabweans very aware of the HIV/AIDS pandemic. World AIDS day commemoration and encouraging the population to undergo blood testing are good methods that can be used to remind communities of the circumstances and problems arising from the HIV/AIDS epidemic.

The death toll from the epidemic, however, continues unabated despite all prevention activities that have been undertaken and the rate of new cases that have developed HIV/AIDS has remained high. Research from a variety of perspectives that are directed at finding solutions therefore needs to be undertaken. It is for this reason that this research project was undertaken to establish how information and knowledge management and dissemination could be improved in the NGO sector to enable the more effective capturing and dissemination of HIV/AIDS related knowledge and information. This would be in line with the WHO's HIV/AIDS best practice preventative methodologies. It is argued that all efforts undertaken by the various role players and NGOs in particular in the fight against the epidemic should be based on relevant facts, data and information that have been verified and assessed.

Information availability ensures that all sectors dealing with the epidemic are aware of what other role players are doing. An information network operating amongst the general public will greatly help with the fight against the epidemic (UNAIDS, 1999:6). The whole process should be based on the key role that knowledge workers could play, and on the creation of knowledge-intensive organisations and societies (Walsham, 2001:599).

### **1.3 Research problem**

HIV/AIDS infection statistics for Zimbabwe are escalating unabatedly and it is clear that the pandemic is further depleting an already embargoed economy. The country's state-controlled hospitals are already suffering from under-funding from government (Zimbabwe, 1999a). The greatest concern is in Harare, the capital city of Zimbabwe and the most densely AIDS populated area in the country. The number of reported AIDS deaths is on the rise and the loss of friends or family members due to HIV/AIDS is now a common phenomenon throughout Zimbabwe.

The greatest challenge is to save the country's population and improve the health situation of children and the younger generation. A further problem is that many of the skilled and professional people are dying from AIDS. Therefore a national strategy should urgently be put in place to abate the disease and information dissemination applied as an important intervention strategy.

NGOs were identified as being prime movers and agents in HIV/AIDS mitigation intervention programmes and ideally situated to gather, organise and disseminate information on the topic. They undertake community work through counselling, care giving and by providing material support. Some of the NGOs are focused on HIV/AIDS research and empowering victims by means of education and information. Very little, however, is known about their capacity to manage information and fulfil this task. It is the premise of this study that if the NGOs' information

dissemination capacity is investigated, problem areas could be identified and rectified. This could result in better research and education, and thereby AIDS-related deaths could be reduced.

A factor that should encourage NGOs to work together is that many are members of national associations like the National Aids Council (NAC), NANGO (National Association of Non-Governmental Organisations) and the Zimbabwe Aids Network. These platforms can be used to transform all NGOs into effective information networks. Another rationale is that some NGOs work closely with international bodies such as the United Nations, as well as with churches, city/town health services, trade unions, student bodies, Zimbabwe National Traditional Healers' Association (ZINATHA) and academic institutions. These links could also be used for the production of research reports, papers and other vital information that could be repackaged appropriately to suit different levels of audiences and increase public information consumption.

The establishment of AIDS information networks could also influence policy-making. NGOs have previously played a part in other sectors to influence policies that have yielded better education, environment awareness, rural development and housing and infrastructure development. Information networks could help participants to develop and plan their documentation and communication work. It would also encourage members to integrate best practice in information and knowledge management and communication work into their community-based activities to ensure that their documentation and communication efforts are of a high standard and not carried out in isolation. In this way maximum benefit could be derived for their organisations and their HIV/AIDS mitigation efforts (WHO, 2000:10).

#### **1.4 Statement of the problem**

HIV/AIDS intervention methods have been used in many African countries such as, Rwanda, Uganda, Kenya and Tanzania (World Bank, 2000). Some of these strategies have worked, but some did not achieve the desired results or reduce the prevalence of HIV/AIDS. It is argued that if for example the experiences that evolved from the successful Ugandan fight against Aids had been documented, a wealth of useful information could have been produced that could have assisted intervention programmes elsewhere in Africa. Information creation and dissemination within organisations has unfortunately not been regarded as a major strategy to fight the disease or to create more awareness and attract research support to fight HIV/AIDS. This void served as an important motivation for this research project.

Zimbabwe has a literacy rate of 87% (UNICEF, 1999). It is puzzling then to note that while many people can read they are still contracting HIV/AIDS faster than people in less literate countries. There is therefore a problem with the filtration of information into communities, families and

agencies that support human interactions. Normally people can respond to information and be influenced by the media they have access to. In the case of Zimbabwe, the government through its control of the media plays a particularly important role in informing people on policies and other national issues. Unfortunately, because the media is polarised by politics, people may or may not trust information disseminated this way. This may be the reason why information churned out by government newspapers is not influencing people to fight HIV/AIDS. Obviously there are many answers to this, but it is argued that information creation and dissemination by developmental organisations like NGOs may bring some change. People have generally supported their role in bringing about social and economic development across the country.

Peer education, drama and counselling methods have in the past been used to successfully reach the people in need of information. In Zimbabwe many people do not have access to these services. The best way to enhance the general public's access to information would be to adopt a comprehensive AIDS information policy that will ensure that information from the people and about the people is generated and disseminated. For example, the use of better information and knowledge management in the NGO sector could result in the accumulation of extensive information sources that policy makers, the general public and researchers can use to reduce or eradicate HIV/AIDS in Zimbabwe.

For this to happen, research should be conducted to evaluate the information management and dissemination capacity of NGOs. NGO researchers, social workers, economists, journalists, industrialists, academics and government experts would gain from such a strategy. The major winner in the approach would be the population affected by HIV/AIDS.

### **1.5 Objectives of the study**

The study attempts to explore the nature and processes of information and knowledge management within the HIV/AIDS NGO sector in Zimbabwe. The Harare region, which comprises the city itself and the two adjacent towns of Chitungwiza and Norton, was chosen as the study area. The region has the highest population density and highest HIV prevalence in Zimbabwe. Harare is the biggest city and capital of Zimbabwe and according to the HIV/AIDS directory, the largest number of NGOs working with the HIV/AIDS problem are concentrated here and running national HIV/AIDS alleviation programmes from here.

The objectives of the study therefore are:

- to identify the main NGOs running HIV/AIDS mitigation programmes in Zimbabwe;

- to explore whether the NGOs active in the HIV/AIDS sector in Zimbabwe are engaged in information and knowledge management and dissemination work;
- to identify ways that may encourage information sharing and networking among NGOs, the public, research institutions, government and donor agencies;
- to investigate the use of IT (Information Technology) for the sharing of information among NGO staff, government officials, HIV/AIDS researchers and the public;
- to identify the best methods, tools and skills that should be used to improve HIV/AIDS information management and dissemination.

### **1.6 Research questions**

Out of the above objectives, the following research questions were developed to form the basis of the study:

1. Who are the NGOs that are involved in mitigation of the HIV/AIDS pandemic in Zimbabwe?
2. Are the NGOs effective in gathering and disseminating HIV/AIDS information in Zimbabwe?
3. Do NGOs working in the HIV/AIDS arena share and exchange information? Are they networking? If this is happening, how is it happening and if not, why?
4. What are the tools and skills that are required by HIV/AIDS NGOs to achieve positive results with regard to information seeking and dissemination?
5. Who are the chief players in the management of information in the HIV/AIDS NGO sector?
6. What is the level of information technology application at the HIV/AIDS NGO resource centres in Zimbabwe?
7. What is the link between the NGOs' information, education and communication (IEC) functions, HIV/AIDS information dissemination, and national HIV/AIDS policy? In what way is the information and knowledge management of HIV/AIDS NGOs aligned to the national information policy as embodied in the National Library and Documentation Service Act of 1985?

### **1.7 Significance of the study**

- The study could improve information and knowledge management of HIV/AIDS in the NGO sector and thus contribute towards alleviating the HIV/AIDS pandemic.
- The study could enable the strengthening of co-operation and networking among NGOs and government to unify the agenda to combat the AIDS pandemic.

- It could engender a strong support for the use of IT (information technology) and ICTs (Information and Communication Technologies) in the NGOs and this could result in the establishment of improved information repositories and dissemination.
- A pool of information could be made available to all researchers.
- This study could encourage policy makers, research bodies and organisations dealing with information, education and training to appreciate the role of information science in relation to the economic and social affairs of the country.

### **1.8 The structure of the dissertation**

This section provides an outline of the study linking each chapter to the objectives that have already been mentioned. In Chapter 1 the background, motivation and objectives of the study are given. In Chapter 2 an analysis of Zimbabwe is provided as well as the evolution and role of NGOs in relation to national issues and specifically the HIV/AIDS issues. In this chapter, the socio-economic situation in the country is described and assessed in order to give the reader a clear understanding and contextual background of the impact of AIDS.

Chapter 3 provides a review of the literature pertaining to HIV/AIDS information dissemination and communication strategies for sustainable development, as well as the role information and knowledge management can play to generate and disseminate HIV/AIDS knowledge and information in Zimbabwe.

Chapter 4 provides a description of the research methodology used. In this chapter the data collection techniques together with the research design that was used are outlined. In Chapter 5 the data are analysed and the results are presented. Chapter 4 concludes the study with a discussion of the main results and recommendations.

## **CHAPTER 2**

### **ZIMBABWE, CONTEXTUAL BACKGROUND**

#### **2.1 Introduction**

This chapter presents a contextual background to Zimbabwe with reference to geographic and economic aspects, as well as human and welfare perspectives. The reason for this chapter is to provide the framework within which the HIV/AIDS pandemic has occurred. It further provides a brief account of the capital city, Harare as well as a short history of Non-Governmental Organisations (NGOs) in Zimbabwe as these agencies have been identified as important information disseminators of HIV/AIDS information in an attempt to mitigate the epidemic in Zimbabwe.

#### **2.2 Zimbabwe: a country profile**

Zimbabwe is located in Southern Africa. It borders Zambia to the north, Mozambique to the east, Botswana to the west and South Africa to the south. The country is situated between two great rivers, the Zambezi in the north and the Limpopo in the south. Zimbabwe is a landlocked country with a total surface area of 390 757 square kilometres divided into 10 administrative provinces. There are four rural land use areas, and five ecological regions; large-scale commercial farms, small-scale commercial farms, resettlement and communal areas (Zimbabwe, CSO, 1998).

The following are the administrative regions: Harare and Bulawayo urban centres, Manicaland, Mashonaland Central, Mashonaland East, Mashonaland West, Masvingo, Matebeleland North, Matebeleland South and Midlands provinces. The country is governed by an executive president and 120-member parliament, currently composed of two political parties, the Zimbabwe African National Union-Patriotic Front and Movement for Democratic Change.

Harare is the largest urban centre followed by Bulawayo, Kwe-Kwe, Gweru and Mutare. Other small town centres are either mining or agricultural-based towns. These include Masvingo, Beit Bridge, Zvishavane, Mashava, Bindura, Mangura, Shurugwi, Karoi, Chinhoyi, Kwe-Kwe, Hwange, Triangle, Hippo Valley, Chiredzi, Kadoma, Chegutu, Marondera, Nyanga and Gwanda. In the country areas there are also large settlements known as growth points and rural district centres. Most of these centres face the problem of HIV/AIDS, which is exacerbated by poor health services, prostitution and poverty, and also information deficiency.

The Shona-speaking population is the largest group and constitutes approximately 75% of the population. It is further divided into regional groupings, viz.: Karanga, Zezuru, Korekore, Manyika, Ndau and Kalanga. The Ndebele-speaking population constitutes approximately 16% of the population and is the second largest group and mostly found in the western side of the country in the areas surrounding Bulawayo. There are other minor language groups such as the Tonga, Sena, Hlengwe, Venda and Sotho. There is also a small population of Europeans and Asians. English is the official language while Shona and Ndebele are also used in government and business cycles (Campbell, 2003).

The latest population census, which was recorded in 2002, indicates a total population of 11 634 663 people (Zimbabwe, CSO, 2003). The 1992 Census report showed that at that stage Zimbabwe had an annual population growth rate of 3.1 percent (Zimbabwe, CSO, 1998) and it was thus projected that by 2002 the population should have grown to 14 000 000 people (Zimbabwe, CSO, 2003). The fact that the population did not increase to around 14 million people is generally attributed to the scourge of the HIV/AIDS pandemic in Zimbabwe, although we should also consider emigration and other factors. In Table 2.1 below, the Zimbabwe population distribution for 2002 is presented.

Province	Sex					Households	
	Females	Males	Total	%	Ratio	Number	%
Bulawayo	323390	353397	676787	5.82	91.51	165383	6.23
Manicaland	745929	820960	1 566 899	13.47	90.86	360732	13.6
Mash. Central	489870	508395	998265	8.58	96.36	217762	8.21
Mash. East	545015	580340	1 125355	9.67	93.91	265053	9.99
Mat. North	338349	580340	1 222583	10.51	99.03	276466	10.42
Mat. South	310273	344606	654879	5.63	90.04	144341	5.44
Midlands	704231	762100	1 444331	12.6	92.41	310423	11.7
Masvingo	616243	702462	1 318705	11.33	87.73	2864487	10.8
Harare	949824	953686	1 903510	16.36	99.60	491332	18.52

*Source: Preliminary Census Results 2003, Central Statistical Office of Zimbabwe*

**Table 2.1:** Total population by sex, number of households and household sizes by province

After a prolonged liberation struggle Zimbabwe obtained independence from the British in April 1980. The first ten years after liberation were geared towards transition, reconstruction and promoting economic development. The government implemented economic programmes that were targeted specifically towards the equitable redistribution of social and public services.

### **2.2.1 The City of Harare**

Harare is the capital and biggest city in Zimbabwe and according to the 2002 census results it had a total population of 1.9m at the time of the survey (Zimbabwe, CSO, 2002). The city's location within the country gives it a special significance to HIV/AIDS prevalence and prevention. Many people from other centres visit the city regularly for social and economic purposes. From this interaction one cannot rule out sexual activities, which then promotes the spread of the virus to all corners of the country.

The city has beautiful features. It has a well-developed central business district, modern infrastructure and well-planned residential areas that are zoned according to the social and economic status of the people who live in them. Harare is no different from any other large city in Africa and it has numerous human related problems such as poor health service delivery due to lack of funding from local government. As a rapidly growing city it is experiencing serious problems among its cosmopolitan population, much of which is caused by urban poverty, unemployment, and diseases such as HIV/AIDS.

Harare is geographically divided into four zones, the heavy and light industrial areas, residential and the central business district areas. The residential areas are divided into three categories, high-density areas, middle-density and low-density areas. The low-density areas are commonly known as the northern suburbs. These contain magnificently spacious homes supposedly owned by the richer citizens. The area includes Alexandra Park, Avondale, Belgravia, Belvedere, Borrowdale, Glen Forrest, Greendale, Highlands, Kamfinsa, Mandara, Marlborough, Mount Pleasant and Vainona.

The middle-density areas includes: Ashdon Park, Bluff Hill, Chadcombe, Eastlea, Greencroft, Hatfield, Hillside, Houghton Park, Mabelreign, Marimba Park, Msasa Park, Prospect, Ruwa, Southerton and Waterfalls, and the Avenues area close to the Central Business District (CBD). These are fairly spacious and upmarket residential areas presumably well favoured by the young and middle-income generation. The third category is composed of the high density (low-income) suburbs namely, Budiriro, Dzivarasekwa, Glen Norah, Hattcliffe, Highfields, Kambuzuma, Kuwadzana, Mabvuku, Mbare, Mufakose, Tafara and Warren Park.

### **2.3 Economic overview of Zimbabwe**

In the period 1980 to 1990, as the country emerged from the war of independence from Britain and with generous assistance provided by donors, the government was able to embark on extensive national expansion programmes, particularly of its social and public services. The government's expenditure on services provided by the ministries of social, health and child

health, education and culture, and public construction and national housing rose from 25.7% in 1980/81 to 34.9% in 1990/91 (Zimbabwe, CSO, 1998). Schools, colleges, clinics and hospitals were built so as to allow all people to have equal opportunity to access basic commodities such as health services and education. This in turn fostered economic development and the prospering gross domestic product (GNP) at the time further helped the government to achieve its reconstruction programme objectives. There was such a dramatic improvement in the health and education delivery in the 1980s that some development analysts suggested that Zimbabwe had evolved as a model for Africa (Meldrum & Thodhlana, 1996).

The agricultural sector forms the backbone of the economy. The agriculture practised in Zimbabwe is rainfall dependent and frequent fluctuations caused by drought and flood spells are experienced. The tourism industry has also emerged as a high foreign currency-earning sector. The Victoria Falls and Great Zimbabwe ruins are the major attractions. It further has a strong mining industry and a growing general industry and manufacturing sector (Campbell, 2003).

The country produces maize, millet, sorghum, groundnuts, cotton, sugar cane, coffee, tea, wheat and tobacco. The latter crop is the major foreign currency earner on the country's export list. There are also large herds of cattle that generate beef exports to the European Union and the Southern African Development Community (SADC) region.

The mining sector is extensive, with over 200 large mines exploiting large deposits of coal, chrome, gold, copper, iron, tin, lithium, vanadium, platinum, asbestos, zinc, nickel and other minor metals. The country has rich and diversified natural resources and produces more than 40 types of metals and minerals. About 40% of the country's foreign exchange is earned from the export of these metals and minerals. The world's third largest source of platinum metals and significant reserves of nickel are found in an area known as the Great Dyke (Campbell, 2003). The future of the mining industry is assured given the extensive reserves of chrysolite, asbestos, chrome, iron ore, lithium ore and coal. In recent years diamonds have become the most popular targeted mineral, following a mineralogical survey that revealed several potential diamond areas in the southern parts of the country. In the late 1990s, extensive platinum deposits were also discovered in the country (Campbell, 2003; Zimbabwe, 1991; World Bank, 1995).

Zimbabwe has a modern infrastructure that supports its industry. This includes a network of paved roads, railway links, an electricity grid and many industries manufacturing a wide range of mining inputs. To encourage the development of the mining industry, government offers free geological, metallurgical and advisory services to those mines that do not have their own expertise (Campbell, 2003).

During the 1980s, the economy continued to grow and this was mainly due to regional and international trade that accounted for 47% of the GDP in 1987 (imports constituted 20% and exports 27%). In 1988 the GDP rose by 50% with imports accounting for 20.4% and exports 29.6%. The manufacturing sector contributed 40%, mining 30% and agriculture 29%, the bulk of which was beef exports to the European Union (ABSA, 2003).

### **2.3.1 Economic decline, 1997-2002**

At the end of the 20th century, however, a steady decline of the economy set in and this had a negative effect on the per capita income with the result that the existence of poverty increased dramatically and extensive additional demands were made on the government's already beleaguered fiscal reserves. The health and education sectors were the two worst hit sectors and this caused major problems as they form the broad base for the prevention and alleviation of HIV/AIDS (World Bank, 1999; ABSA, 2003).

Many severe drought years resulted in below-average harvests, and although the fiscus was not directly affected, the economy did not grow as expected. The government was forced to borrow external funds in order to import grain for the domestic market. This led to the signing of an economic structural adjustment plan (ESAP) with the World Bank and International Monetary Fund in 1997. The situation was then further exacerbated by excessive rains in 1999 (ABSA, 2003; Zimbabwe, CSO, 2003).

The further rapid decline in the economy at the end of the 20th century has generally been attributed to the following factors:

- The unbudgeted Z\$5.2 billion pay-out to 'war veterans' who had participated in the liberation struggle.
- the ad-hoc and abrupt 'land grab' which was later backed by the Compulsory Land Acquisition Act of 2002, which led to the erosion of viable commercial farming.
- Zimbabwe's participation in civil wars, e.g., the involvement in Mozambique's internal war, 1984 to 1994.
- intervention in the Democratic Republic of Congo conflict, 1998 to 2000, which led to escalating defence budgets.
- massive corruption of high magnitude by civil servants and politicians who connived to misappropriate funds and assets at national state companies.
- poor fiscal control and massive over-expenditure by the government (ABSA, 2003).

The setting in of these forces resulted in a steep decline in output, which has plummeted the economy to its worst levels in its history (ABSA, 2003). The collapse of the agricultural sector is

increasingly making more people jobless and producing negative factors in the economy and influencing poverty across the population. The deterioration has also heavily affected the manufacturing industries and commercial services that depend on the agriculture sector. There has been a serious backlash on the national fiscal situation, and the whole economy is now in disarray. Inflation has sky rocketed to unprecedented heights and the country's economic problem has further deteriorated and is now multi-faceted (ABSA, 2003).

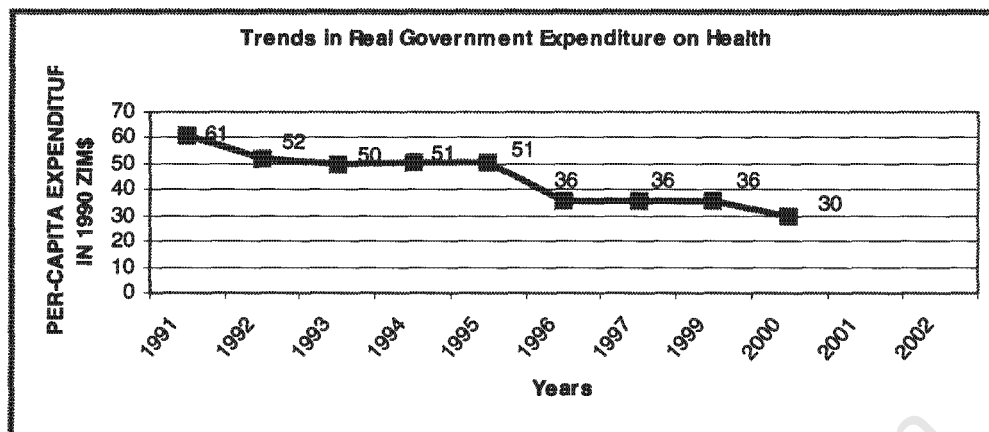
Together with all these factors has been the negative impact AIDS has had on the economy and lives of the people of Zimbabwe. The government has been forced to acknowledge that the economy is in intensive care and hundreds of people are dying every week. This has had huge consequences for government policies and planning, economic and human development, and household livelihoods, as these are inextricably interwoven with each other (Zimbabwe, 1999b:1).

The initial positive transformation and improved living standards that was achieved for all soon after gaining independence from Britain in 1980 (Davies and Rattso, 2000:16) has noticeably been eroded by poor macroeconomics, and the strain of health demands on a shrinking national budget (ABSA, 2003; Dhliwayo, 2001). The prevailing economic conditions have therefore seen the erosion of the concept of primary health care and education for all. They also have caused international funding efforts to shift which in turn has led to a bottleneck of financial support for local economic programmes. In 1997 the Ministry of Health and Child Welfare of Zimbabwe (Zimbabwe. MHCW, 1997:1) commented as follows on the deterioration of healthcare,

*"A combination of financial austerity, inflation, an expanding population, and the high incidence of HIV/AIDS illness compound this. These factors threaten the country's ability to sustain the current level and quality of health care and to achieve the international goal of Health For All By The Year 2000".*

## **2.4 Health sector funding**

According to Zimbabwe, MHCW (1998:22), health expenditures rose by 94% in real terms and 48% in real per-capita terms between 1980 and 1988. However, since the 1990s, the real per-capita expenditure set aside for health provision has been decreasing steadily. Real per-capita healthcare expenditure declined from \$61 in 1991 to \$51 in 1995, and further consistently declined to \$30 by the year 2000.



*Source: CSO, Zimbabwe, 2002*

**Figure 2.1:** Trends in real government expenditure on health

This per-capita decline in healthcare spending occurred against a backdrop of sharply rising health care demand largely because of HIV/AIDS in the 1990s. While Zimbabwe had been able to manage its health and social welfare sectors in the early 1990s, the adult HIV prevalence that had reached 34% in the year 2001 (USAID, 2002) is expected to continue to rise and will further erode public health expenditure provided by the government and cause ever greater deterioration in health care provision.

Many government health institution and facility standards are declining largely due to the unavailability of sustainable funding. The brain drain is also on the increase in Zimbabwe. Highly skilled health workers are flocking to developed countries and to South Africa and Botswana to find better opportunities and livelihoods. While HIV/AIDS is taking its steady toll, the government is further battling with the numerous problems it is facing due to the economic and other societal problems outlined above. In Figure 2.1 above a graphic analysis is provided that shows the steady decline in health expenditure by the government of Zimbabwe.

## 2.5 HIV/AIDS in Zimbabwe

The first AIDS casualty in Zimbabwe tested positive in 1985 (Zimbabwe, 1999b:3). The response to the disease at that time was passive, but today the nation is only too aware of the pandemic. The number of people suffering from HIV/AIDS and the incidence of deaths and orphans resulting from HIV/AIDS has increased over the years. The adult HIV prevalence has increased from 25% in 1995 to 34% in 2001. Zimbabwe is among the countries hardest hit by HIV/AIDS in sub-Saharan Africa. It is further estimated that over 2 million adults were living with HIV/AIDS in Zimbabwe by the end of 2001, with women comprising 60% of the reported cases (USAID, 2002). The government of Zimbabwe admits that all sectors of the population including the educated and

undereducated, urban and rural people, children, youth and adults are contracting HIV/AIDS. Health workers have estimated that in 1999, 50-70% of bed occupancy in many government hospitals had been for HIV/AIDS patients (Zimbabwe, 1999b).

*The USAID Congressional Budget Justification for Zimbabwe*, which was released in 2002, highlighted the following factors related to the HIV/AIDS epidemic in the country:

- the health sector due to its falling budget is currently unable to respond adequately to the HIV/AIDS crisis;
- to become more effective, the Ministry of Health must eliminate duplication of services and use all opportunities to educate people about HIV transmission;
- although general awareness of HIV/AIDS is fairly universal, sustained changes in sexual behaviour have not been achieved;
- HIV/AIDS remains highly stigmatised;
- people are generally unwilling to acknowledge that death was caused by AIDS; and
- due to gender inequality, Zimbabwean women are especially vulnerable to HIV infection.

The deteriorating health situation due to HIV/AIDS is complicated. It is not easy to arrest the crisis by trying to effect behaviour change in Zimbabwe by merely introducing persuasive media campaigns. There are a number of factors that limit and prevent change from taking place. These factors include cultural beliefs based on sexual dominance by men, economic hardships and lack of qualitative information and knowledge relating to HIV/AIDS. The Zimbabwe National HIV/AIDS policy [1999] document states that, "although significant knowledge about HIV/AIDS has accrued over the past several years of experience with the epidemic, numerous questions still remain unanswered" (Zimbabwe, 1999b). Research is therefore needed to provide sound, scientific and reliable HIV/AIDS information.

### **2.5.1 Impact of HIV/AIDS on individual households**

HIV/AIDS has managed more than any other disease to disrupt the social fabric of the community. This is because the disease is fatal and mainly affects breadwinners who have young children and elderly parents to support. Often AIDS can also strike more than one member in a household or family. HIV/AIDS places enormous stress on infected individuals and their families who are confronted with the demands of caring for the seriously ill as well as with the trauma of death. In addition, they also face the economic burdens of health care and funeral costs, as well as the loss of income when the breadwinner becomes ill (Bollinger, et al., 1999).

There is also a stigma associated with HIV/AIDS. Because of this, many people fear to be victims of prejudice at work, in the community and at home, and they further also invariably lack the

support systems that are available for most other fatal diseases. The death of an adult can have a dramatic impact on the family structure and function. Children, the elderly or single parents may be left to run households, with severe implications for those concerned. Women and female-headed households are particularly vulnerable to the impact of HIV/AIDS (UNESCO, 1999).

Cultural, social and economic pressures make women more likely to contract the HIV infection than men. Susceptibility is increased by factors ranging from rape, economic dependence on men, and pressure on teenage girls to have relationships with older men. At the same time, women and girls tend to bear the main burden of caring for sick family members, and often have less care and support when they themselves are infected. This has become a burden for many families as this brings about huge indirect costs and direct medical costs (Feldman, Manchester & Maposhere, 2002).

The impact on households is further often complicated by the loss of the principal breadwinner's income. This increases the medical expenses for households, loss of assistance with family chores, funeral and mourning costs. Family budgets are cut and many children are forced to drop out of school due to fee problems. A further problem is the large number of orphans that are left behind when their parents die and that leads to families headed by grandparents or other older children in the family (UNESCO, 1999; World Bank, 1999). Bollinger, et al. (1999) reveal that in 1995 a large percentage of Zimbabwean families lived below the national total consumption poverty line of Z\$2132.23 with a bedridden AIDS patient adding another burden of US\$23-34 health expenditure per patient per month.

### **2.5.2 Impact of HIV/AIDS on education**

One of the major determinants of a nation's well being is the educational status of its population. The Zimbabwe government invested substantial resources in the education sector between 1980 and 1990. The education sector thus grew rapidly after independence and achieved impressive progress in educational development. Primary school infrastructure and enrolment led to an even higher growth rate of secondary and tertiary education (Zimbabwe, 1998).

However, ever since the late 1990s, the government's national expenditure on education has steadily been declining in real terms. The total spending on education in Zimbabwe has declined from 6.29% of GDP in 1986-87 to 4.82% in 1999. Allocations to education as a percentage of total recurrent expenditure fell from 39% in 1999 to 21% in 2000. Per capita spending for education also declined in real terms from Z\$37.83 in 1990 to Z\$30.44 in 2000 (Dhliwayo, 2001).

The HIV/AIDS pandemic has caused further negative impacts on education in Zimbabwe. At the moment, the number of school drop-outs has increased and access to education has been curtailed due to HIV/AIDS-related demands; i.e. coping with personal illness, caring for family members, trauma related to illness and death in the family, reduced family income and income generating needs. Of particular concern are high percentages of orphans and the unemployed youth who have limited social protection (UNICEF, 2003).

AIDS has thus affected the economic, social, welfare and education sectors in three ways: the supply of experienced workers is reduced by AIDS-related illness and death; increased absenteeism; and the diversion of funds by the government and donors towards the health sector to alleviate the pandemic. The education sector is particularly at risk as students, pupils and their teachers are affected (Bollinger, et al., 1999).

### **2.5.3 Impact of HIV/AIDS on the economic sector**

The rising prevalence of HIV/AIDS in the working sector is causing many businesses to shrink. The UNAIDS (1998:3) alleges that businesses are increasingly concerned about the impact of the disease on their organisations. Many companies and firms experience a high proportion of absenteeism, huge costs of unexpected medical cover, loss of production, and loss of skilled manpower due to AIDS.

A typical example of the effect of AIDS, is what has happened to the National Railways of Zimbabwe, the largest transport company in the country with a staff complement of 17, 000 workers. In 1997 an internal assessment of the impact of AIDS on its operations was conducted and according to Bollinger, et al. (1999:10), the impact study estimated the company's AIDS costs at Z\$39million, which was equivalent to the company's profits at the time. Absenteeism costs increased this figure to a further Z\$80million. The company is reported to be spending close to Z\$1.5million per year on direct costs towards managing HIV/AIDS prevention programmes. This is a clear indication of the severity of HIV/AIDS and its impact on the economic sector. Bollinger, et al (1998:8) further argue that for some small firms the loss of one or more key employees could be catastrophic and result in collapse and closure. Firms in some key labour intensive sectors, such as farming, manufacturing and mining again find the cost of staff sickness and deaths to be huge as they employ many people. In poorly managed situations the HIV-related costs to both companies and the state can be exorbitant.

Thus, the nature of the problems arising from the epidemic in the Zimbabwean economic sector is very serious. Overall, the insurance industry is the hardest hit by numerous claims of immature individual cover. Some of these companies now require an individual to undergo HIV/AIDS tests

before issuing insurance policies. Ironically, many people in Zimbabwe do not want to know their HIV/AIDS status (Roche, 1996).

## 2.6 The role of NGOs and HIV/AIDS in Zimbabwe

### 2.6.1 General background

A non-governmental organisation (NGO) is defined as a non-profit making organisation or institution that is not directly controlled on a day-to-day basis by a government. While government may fund part or all of its running costs, it may still be classified as an NGO if the organisation decides and performs its overall duties without direct reference to any government department on a regular basis (Eade & Pierce, 2000).

Moyo, Makumbe & Raftopolulos (2000) refer to NGOs as a rather wide range of non-state actors or organisations that are generally run as not-for-profit organisations. These organisations generally have specific developmental objectives and demonstrate commitment to providing social services, drought relief and relief in the AIDS and environment sectors of developing countries.

Labov (2002:101) asserts that,

*"NGOs comprise sub-sets of civic society, the association activity outside the orbits of government or the for-profit sector. Other civil society organisations are trade unions, religious institutions, professional associations and academic bodies".*

NGOs are increasingly participating in mainstream problems associated with welfare services normally provided by governments (UNAIDS, 1999). In Zimbabwe, the role and development of NGOs is closely associated with changes in the social, economic and political conditions of society. These bodies are involved in a number of social alleviation and welfare initiatives, such as HIV/AIDS mitigation (Moyo, Makumbe & Raftopolulos, 2000). The non-governmental organisations working on the HIV/AIDS problem in Zimbabwean communities have become very visible due to the escalation of AIDS and the needs of those affected. These organisations are listed in a directory titled the *Zimbabwe HIV/AIDS Directory* that was published by the Zimbabwe AIDS Network in 2001. The directory provides vital information on HIV/AIDS alleviation programmes and includes an overview of who is doing what and where (ZAN, 2001).

### **2.6.2 NGOs and the HIV/AIDS epidemic in Zimbabwe**

NGOs have always been essential players in the health sector of Zimbabwe and this can largely be attributed to the settler state's marginalisation of the majority black population before independence. It has further been observed that over the years NGOs have been playing a major role with regard to problems emerging from the impact caused by the HIV/AIDS epidemic (UNAIDS, 1999). The work of these agencies is scattered all over the country, as AIDS knows no boundaries.

The *Zimbabwe HIV/AIDS directory* (1999), lists over 150 member organisations mitigating HIV/AIDS across the country and sixty-six of these are based and are working in the Harare region. This is a clear indication of the severity of the HIV/AIDS problem and the involvement of NGOs in alleviation programmes. Moyo, Makumbe & Raftopolulos (2000:1) argue that governments, donors, and the public have increasingly accepted NGOs as useful agents for complementing or taking responsibility for the social and developmental work of struggling governments.

In 1999, the Zimbabwe government formulated the *2000-2004 National HIV/AIDS Policy and Strategic Framework* to serve as a working document for the National AIDS Council for its national response to HIV/AIDS (Zimbabwe, 1999b). In May 2000, the National Aids Council (NAC) was constituted. NAC is supported by a 3% salary levy imposed on all PAYE workers in Zimbabwe and is collected by the Zimbabwe Revenue Authority. NAC's council is composed of representatives from government, NGOs, religious groups, the private sector, and the media. The NAC is tasked with the implementation of the National Strategic Framework of HIV/AIDS, which focuses on prevention as well as care and support of people affected and living with HIV/AIDS in Zimbabwe.

NAC was thus formed by government to co-ordinate the HIV/AIDS sector. Its major focus is to achieve:

- behaviour change resulting from increased accessibility to mitigation services, especially voluntary counselling and testing (VCT);
- behaviour change resulting from communications interventions; and
- enhanced capacity of public institutions, non-governmental organisations (NGOs) and community based groups that are solely committed to effective programmes for caring for those affected by the epidemic disease (e.g. orphans) (USAID, 2002).

The role played by the Zimbabwean AIDS NGOs provides hope for the younger generation in the country as the country continues to lose its breadwinners and the potential tools for generating wealth for the nation.

## **2.7 HIV/AIDS information dissemination in Zimbabwe**

The dissemination of HIV/AIDS information takes place in various forms, but the most visible is that which is conveyed through the mass media, campaigns and oral communication. Benefo and Takyi (2002:77) argue that,

*“most African countries have focused on arresting the spread of HIV virus by changing the sexual behaviour of their citizens. Many control programs that have been proposed and currently used in developing countries rely on the mass media to disseminate information about the disease, reduce misinformation and induce behavioural changes that would protect against infection”.*

Benefo and Takyi (2002) further state that with regard to the role of the mass media in HIV/AIDS campaigns, it is not very clear what the effect of such intervention is as such campaigns do not reveal exactly what items of knowledge have had an effect on behavioural responses. Thus it is difficult to judge the effectiveness of the impact. They also allege that the available literature on the subject has generally failed to monitor the role of communication channels other than the mass communication system, a limitation that makes estimates of the media's impact somewhat unreliable. In the case of Zimbabwe, there is no evidence from the literature that any assessment regarding this issue has ever been carried-out.

Ainsworth and Teokul (2000) cited in Benefo and Takyi (2002) disagree with the role played by the mass media. They argue that the mass media is politically motivated and this can confine the impact of interventions on activities that have mass appeal. In the context of Zimbabwe, this factor can be supported because the mass media is politically polarised. The main broadcasting media and newspapers are state-controlled and toe the line with government. The independent press has been vigorous in its fight against AIDS and is thought to be very objective, but it finds itself having to fight the recently imposed media gag, the Access to Information and Public Press Act of 2002. There are no independent radio and television stations in the country and that means that all messages that are presented are fine-tuned to mask government failures in areas of national concern.

The electronic media is composed of two television stations, one news agency and the Internet. One of the television stations is limited to broadcasting within a radius of 100 kilometres of the two major cities, Harare and Bulawayo. The Zimbabwe Information and News Agency (ZIANA) is a state body, which covers all information from grassroots to the urban centres and works hand in hand with the Zimbabwe Broadcasting Corporation. The Internet service can generally only be accessed at some schools, universities, colleges, companies and organisations, while the general public access it for a fee from Internet Cafes that are sprouting in major cities and towns. Very few people have access at home as telecommunications services are expensive in Zimbabwe, and the use of the Internet is thus generally limited to academic and business activities.<sup>1</sup>

The press media include the *Herald*, the *Chronicle*, the *Sunday Times*, the *Sunday Mail* and several community-based newspapers under the Zimbabwe Newspaper group, which is owned by the state. The private media is also visible and includes the *Financial Gazette*, the *Standard*, the *Business Tribune*, the *Mirror* and others. Besides, these mainstream newspapers there are other titles that are published in local languages and a few magazines/newsletters promoted by the religious fraternity.

The NGOs are also major players in the dissemination of information, as alleged by Goodridge & Lamptey (1999). They predominantly offer community based interpersonal interventions which have been found to be very effective in the battle against AIDS in developing countries. This method has been found to work particularly well in African countries where community relations are still enshrined in cultural and family ties.

### **2.7.1 National library and documentation services**

The government of Zimbabwe promulgated the National Library and Documentation Service Act in 1985, with the idea to provide a framework and guidelines for a network of public, special, academic and national libraries in the country. The establishment of public and national libraries was supposed to facilitate the dissemination of public information throughout the country,<sup>2</sup> but for various reasons, the government has been unable to implement all the proposals outlined in the Act. The provision of public information in Zimbabwe is therefore very limited.

The Zimbabwe public library system is the oldest library service in the country. The Queen Victoria Public Library, now the Harare City Public Libraries, was started in 1896. Before 1980,

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<sup>1</sup> Most organisations that were visited during the study have dial-up Internet links. The two public library systems in Harare, the Harare City Public Libraries and City of Harare Public Libraries do not have access to the Internet.

<sup>2</sup> National Library and Documentation Service Act 1985 of Zimbabwe.

the colonial government promoted the establishment of local government supported public libraries in the urban centres. Local governments received a government grant to establish and operate library services in their communities. In Harare, there are two such public library services, namely the Harare City Public Libraries and the City of Harare Public Libraries.

The Harare City Public libraries service has nine branches all located in the former white racial restricted residential areas. Subscriptions, donations and a supplementary budget from the City of Harare Municipality support the library service. In the past years the library system has experienced funding problems and this has already affected its stock expansion. This is however not deterring the steady stream of adults, school children and tertiary education students who are subscribers to the service. The City of Harare Public Libraries is run by the City of Harare municipal council and has ten branches in some of the major residential areas in the low-income bracket. It offers a subscription service for borrowing books but people can read for free in the libraries. The city council, however, has due to inadequate funding not been able to establish branch libraries in all its constituencies as envisaged under the Local and Urban Council Act of 1978.<sup>3</sup>

The academic library system within the tertiary colleges and universities is fairly well run with fewer funding problems. It is to these library constituencies that HIV/AIDS literature needs to be directed since their memberships are the young men and women who will be the future contributors to the economy and the more educated future parents and guardians. At the same time academic libraries promote the regeneration of information as they support research work. Special libraries are not common in Zimbabwe except in those companies and institutions that are research based (Made, 2000).

## **2.8 Summary**

It is within this context that HIV/AIDS is causing untold suffering to the people and depleting the economy of Zimbabwe. Zimbabwe's development rests on its human resources, but the rate at which people are dying is devastating the country. After independence the country made great strides in developing and improving the education, health, agriculture and other economic sectors, but with the onset of HIV/AIDS and of course other economic factors, this achievement is rapidly being reversed.

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<sup>3</sup> Zimbabwe. *Local and Urban Council Act of 1978*. Harare: Government Printers.

## **CHAPTER 3**

# **INFORMATION AND KNOWLEDGE MANAGEMENT AND HIV/AIDS MITIGATION**

### **3.1 Introduction**

This chapter examines a number of ways in which NGOs could manage and disseminate HIV/AIDS information to help with the alleviation of HIV/AIDS in Zimbabwe. It looks at ways of creating, harnessing and networking useful information by means of ICTs. The promotion of information and knowledge management in the fight against AIDS is strongly recommended by UNAIDS and other leading institutions dealing with HIV/AIDS projects, e.g., Population International Services. These call for the strategic use of information, education and communication efforts as a way of mitigating HIV/AIDS.

Zimbabwe is being ravaged by HIV/AIDS and drastic measures need to be introduced to reverse the devastating effects caused by the epidemic (Bollinger et al., 1999; USAID, 1999; Zimbabwe. CSO, 1999; Davies & Rattso, 2000). It has been argued that well structured information and knowledge management is one of the best ways that can be used to identify impacts and societal experiences resulting from HIV/AIDS.

### **3.2 Definitions of key terms**

#### **3.2.1 Data, knowledge and information**

The three terms, namely data, knowledge and information, are core concepts in the discipline of information science and more specifically in the area of information and knowledge management, which has specific relevance for this study. Meadow & Yuan (1997:701) state that data is usually a set of symbols with little or no meaning to a recipient, while information is a set of symbols that does have meaning or significance for the recipient. Knowledge in turn is the accumulation and integration of information received and processed by a recipient. Groff & Jones (2003:3) also define knowledge as information combined with understanding and capability. They state that it is contained in the minds of people and that it "*provides a level of predictability that usually stems from the recognition of patterns*". Knowledge has the further attribute that it guides action, whereas information and data can merely inform or even confuse. Knowledge is critical for development, because everything we do depends on knowledge (World Bank, 1998:16).

### **3.2.1.1 Tacit and explicit knowledge**

Knowledge is a private, personal commodity in that other individuals or an organisation cannot possess it and according to Lehaney et al. (2004:46),

*“knowledge is connected and is a bond between the social and professional links of practitioners in particular areas that enable them to share experiences and understanding. These bonds are not fostered by organisations but exist despite them, although organisations can support them”.*

Knowledge which is abstract and which resides largely in people’s heads is generally referred to as tacit knowledge. It relates specifically to humans’ awareness of their well-being, environment and everything that forms life for them. Such tacit knowledge is essentially personal, experimental, context specific, hard to formalise, and because it generally resides in the heads of individuals it is difficult to communicate to others.

Explicit knowledge is knowledge that has been codified and recorded and is accessed through written documents, electronic formats or some other form of media. It is easy to access by other individuals as it is generally available for example at libraries or on the Internet, or by means of some other public domain. Explicit knowledge can thus be equated to information since it is no longer ‘private knowledge’. Information can thus also be seen to have been derived from articulated knowledge.

Malhotra (2003:3) argues that the knowledge assets of a nation are invested in peoples’ culture, organisations, and institutions. Knowledge assets are thus embedded in individuals, groups, or socio-physical systems and can only become meaningful and utilised and transformed as information if identified and codified. Gaines (2004:321) thus asserts that knowledge needs to be communicated, whether it is at the individual or organisational level as the collective sharing of knowledge and networking of information is the most suitable environment for knowledge recycling and information generation.

According to Takeuchi & Nonaka (2004:66), organisations cannot create knowledge by themselves, they can only encourage staff to contribute their tacit knowledge through organisational work functions. Organisations can create information through knowledge conversion processes which Takeuchi & Nonaka (2004:66) refer to as the externalisation mode. In this process ‘appropriate metaphor or analogy’ can be used to help individuals to articulate hidden tacit knowledge that is otherwise hard to communicate. In this way people are prompted to combine ‘context sensing, personal memory and cognitive processes’ to generate new information. NGOs as organisations should thus mobilise their workers to contribute their tacit

knowledge so that it can be transferred to the explicit domain and accumulated and organised at organisational level.

### **3.2.2 Information and knowledge management, and the relationships between them**

According to Meadow & Yuan (1997), World Bank (1998), Abell & Oxbrow (2001), Mchombu (2002), Groff & Jones (2003), the differences and similarities between information management and knowledge management are not always that clear.

Guenther & Braun (2001:17) argue that knowledge management is the function by which organisations create, capture and re-use knowledge to achieve organisational objectives. Knowledge management is closely related to the knowledge creation process, a cyclic set of actions, viz; knowledge is created within the minds of people; it may then be externalised and captured, i.e., as a report, book or a file on a computer system; knowledge may then be classified and indexed, thus it can be categorised for identification purposes; it can then be retrieved and used to in turn generate new knowledge.

Information management has been viewed as the set of tasks that are aimed at promoting organisational information effectiveness by identifying, collecting, storing and disseminating useful information in the organisation. This is made possible by developing an information policy in the organisation that is linked to the overall organisational objectives. One of the core components of an information policy may be to advocate for the implementation of an integrated information management system to ensure the smooth functioning of information services in the organisation. It is generally agreed that it is easier to harness information if appropriate new technologies are used that relate to the functional requirements of the users throughout the organisation (Rowley, 1996:4).

For the purposes of this dissemination and because it is generally accepted that only by managing both explicit information and tacit knowledge on HIV/AIDS, the pandemic can be arrested, information management and knowledge management will be dealt with as interrelated procedures and referred to in a unitary way as information and knowledge management.

Organisational knowledge consists of the following five types of knowledge as identified by Van der Spek & Spijkervet (1996:102): a) knowing why information is needed [know why], b) knowing how information must be processed [know how], c) knowing what information is needed [know what], d) knowing where information can be used to achieve a specific purpose [know where],

and e) knowing when what information is needed [know when]. The management of these processes can be seen to form the basis of information and knowledge management.

Bostock & Baron (2001:511) explain that in developing countries there are huge obstacles to knowledge generation and dissemination. Access to information is erratic, and dissemination of information, particularly with regard to research output, is inadequate or exists in a vacuum. Indigenous research from developing countries rarely enters mainstream information sources. This situation perpetuates development problems, and the HIV/AIDS field is a specific case of such instance. Onimode, et al. (2004:41) allege that the problem of creating and disseminating information in Africa is related to the fact that even after many decades of independence, the continent still continues to look for a satisfactory development paradigm that will rid it of poverty, disease and ignorance (i.e. people not being informed or empowered with information).

Kaniki & Mphahlele (2002:2) have argued that knowledge contained in and provided by local community-based or indigenous organisations should be gathered, documented and disseminated in the same coherent and systematic way as is done by the international research community. The NGOs who work closely with communities on social development programmes should thus tap all forms of knowledge and information that may exist and repackage it for national and global dissemination.

Practices and procedures that have been developed in information and knowledge management can therefore help information professionals to improve the creation and dissemination of HIV/AIDS information in Zimbabwe. Maasdorp (2002:258) states that all activities and measures aimed at enhancing the creating, codifying, diffusing, storing, measuring, interpreting, protecting or applying of knowledge and information may be the only way that Africa is freed from the encumbrance of underdevelopment

### **3.3 The role of professional information workers**

Debons et al. (2000:459) state that knowledge counselling is defined as a professional service aimed at helping individuals to deal with information and knowledge resources that are essential to their work-related tasks and objectives. The authors further state that knowledge counselling relates amongst others to the following important functions:

- the identification of the user's information and knowledge need(s) (the diagnostic function).
- the identification and acquisition of information sources, and organisation of the information or knowledge products using classification systems and databases (i.e. so users can identify and access information efficiently and speedily).

It is generally accepted that only skilled and trained professionals can effectively engage with the major activities of acquiring, selecting, and organising information for use by those that have a need for it (Holsapple & Joshi, 2003:104). Such skilled information workers would also know how to externalise and generate information from all possible sources.

Knowledge or information acquisition relates to the process of identifying appropriate information/knowledge from both internal and external sources. This activity would include locating, accessing, evaluating and filtering knowledge and information from outside sources and then capturing the knowledge or information that is relevant to the organisation. Capturing information or knowledge that is useful and valid involves selecting, refining, interpreting, packaging, assembling, and transforming it into representations that can be understood and processed, i.e., transferring organised knowledge. This process also involves communication channel identification and selection (Holsapple & Joshi, 2003:106).

Bennet & Neilson (2004:523) argue that it is important to clearly define the roles, responsibilities and skills required of information workers and also to indicate how they should contribute to the overall mission of the organisation. From the above it is clear that there should be debate on the role that information workers should play to enable HIV/AIDS NGOs to effectively capture and disseminate appropriate information on the effects and impact of the AIDS epidemic.

Bennet & Neilson (2004:528) further state that the person/s involved with information and knowledge gathering and disseminating activities should have the cognitive capabilities and appropriate personal knowledge to effectively execute these tasks. This clearly suggests that professionally qualified information workers, such as librarians, information officers and documentalists, are the best suited for this work. Omekwu (2003:130) further argues that without librarians, documentalists, knowledge or information resource officers, the harnessing and dissemination of information in developing countries creates problems as only they have the appropriate skills to access and acquire documents, publications or information that will assist with the development process.

### **3.3.1 HIV/AIDS and the role of information/knowledge**

HIV/AIDS is clearly the most devastating of all the health problems that have scourged modern society. Out of over 40 million people living with HIV/AIDS today, 28 million live in sub-Saharan Africa. The rate of infection is rising rapidly in Southern Africa, with Botswana and Zimbabwe topping the list among the most infected countries in the region (UNAIDS, 1999, World Bank, 2003). This has alarming consequences for the region.

The situation is further exacerbated by low levels of information and knowledge generation and problems with information access and dissemination in Africa. With limited means of creating, gathering and dissemination health-related information the continent will remain dependent on developed countries and will never be able to find its own solutions to its own problems.

Even though the government of Zimbabwe was relatively proactive and one of the first African countries to commission a National AIDS policy and introduce an AIDS levy (Zimbabwe, 1999b) it still has no clear policy on collecting, sharing and disseminating HIV/AIDS information to enable effective HIV/AIDS management and mitigation. Therefore, *"the contradiction between the vital role of information in development and its lack of official recognition in Africa can hardly escape the attention of information specialists"* (Mchombu, 2003:111).

Labov (2002:100) argues that one of the most used methods that have emerged to control HIV/AIDS have been sexual preventative methods such as abstinence or the use of condoms. This however has not had significant results. It is also clear that the relationship between family planning measures and the decrease in new HIV/AIDS infections has not been verified (Forman, 2003; Gregson et al., 1998). More and more people are now arguing that a far more effective control method would be to create an informed citizenry and to provide access for all to reliable and appropriate HIV/AIDS information.

The World Bank (2000:185) argues that with the huge loss of human life to HIV/AIDS, all countries should implement programmes that work on the identification of problems and solutions to AIDS. There is a need to create health-related information and to promote the use of information for health and other socio-economic purposes as this would serve as a catalyst for change. Social, economic and human development research should further also be encouraged as this would assist the search for solutions to human and developmental problems. Zeffane (1995:30), argues that information-based organisations have a vital relationship with national development, and by implication they should thus also ensure that they create capacity to influence the creation, gathering and sharing of information in the environments that they work. Inadequate information, poor sources of information and access problems pose as great a threat to individuals as the disease itself. What is required is that knowledge or information should be distilled from reliable sources and then disseminated to the general public. Mchombu (2003:111) argues that this view needs to be widely accepted in Africa, and can be achieved if NGOs and government collaborate to generate high quality information.

### 3.3.2 Information management strategies used in other African countries

According to Mchombu (2003:111), effective information transfer and generation mechanism would ensure that information is made accessible to the people (public), as well as to researchers, government decision-makers, media, and other stakeholders in developing countries and particularly in Africa. It is important that the role and impact of information on society and on development is demonstrated to decision makers (including politicians). It should be clearly demonstrated that information is a vital resource that benefits economic and social development in any country.

Botswana, a Southern African country with one of the highest HIV/AIDS infection rates in the world, has responded to the epidemic by structuring the Botswana Response Information Management System (BRIMS). The BRIMS system collects and disseminates information on HIV/AIDS and sexual transmitted diseases (STDs) with the objective to "*ensure accountability and appropriate policy formulation, and to providing review and monitor programme improvement*". BRIMS is regarded as an ultimate solution to making information and knowledge the cornerstone of social and economic development in the HIV/AIDS sector in Botswana.<sup>4</sup>

The Kenya AIDS sector established the African Network for Health Knowledge Management and Communication in 2000 (AfriAfya).<sup>5</sup> It is a non-governmental initiative steered by Khan Health Services, AMREF, CARE Kenya, Christian Health Association of Kenya, HealthNet Kenya, Ministry of Health, Plan Kenya and World Vision Kenya. The project uses the Internet and ICTs to harness HIV/AIDS knowledge and to disseminate information. It is also used for communication purposes (Patel, 2004).

Uganda was one of the countries that faced the worst impact of HIV/AIDS in the 1990s but currently it would appear that it is winning the fight. This could be attributed to the fact that the HIV/AIDS campaigners in this country used information to fight HIV/AIDS in the communities. The Uganda AIDS Commission was created to coordinate the information and knowledge management efforts of HIV/AIDS agencies (Uganda AIDS Commission, 2003). Other countries, such as South Africa, whose HIV/AIDS information and dissemination strategy is to distribute HIV/AIDS information resources through resource centres, have adopted this approach. The Department of Health in South Africa compiles and publishes an annual HIV/AIDS bibliography called *HIV/AIDS Resources Libraries in South Africa*, as a means to encourage organisations to

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<sup>4</sup> Concept paper on the Botswana HIV/AIDS Response Information Management System, March, 2002.

<sup>5</sup> <http://www.afriafya.org>

report and document their experience with HIV/AIDS mitigation (South Africa, Department of Health, 2001:1-4).

It would thus appear that some African countries have taken the role of knowledge and information seriously in their mitigation efforts and have put in place effective information and knowledge management practices. But this *“requires vision, intelligence and influence, primarily by the health ministry, which must oversee and guide the working and development of the nation’s health actions on government’s behalf”* (WHO, 2000:119).

### **3.4 Information and knowledge creation capacity in the NGO sector**

It has been observed that NGOs, because they work at grassroots level and with local communities, are ideally placed and have the capacity to harness appropriate knowledge and information that relate to developmental matters. Thaw (2000:6) argues that there are two elements of capacity: resources (what we have) and capabilities (what we are able to do with what we have). She further states that resources can be physical or tangible and may include money, people, land buildings, equipment, materials etc., or they can be intangible, but still extremely important and would include experience, ideas, contacts, time, energy etc. Capabilities are about turning resources into something we can use, and they can be at a number of levels and relate to different issues or competencies.

The roles played by NGOs in developing countries vary from one country to another. In Zimbabwe, NGOs carry out various programmes in an attempt to improve sustainable development, reduce poverty and empower the general public with a variety of skills so that they can improve their earning capacity (Moyo, Makumbe & Rouptoplous, 2000:3). In the process NGOs generate a range of information and information sources. Of particular value is the substantial amount of indigenous knowledge and information that the NGOs generate or gather due to the nature of their work. Harnessing indigenous knowledge is regarded as an important method to utilise localised information in mainstream development programmes (Kaniki & Mphahlele 2002; Briggs & Sharp, 2004). It is particularly important in HIV/AIDS mitigation programmes to incorporate information from the grassroots to help unlock the problems associated with HIV/AIDS and culture.

Unfortunately, very little of the valuable knowledge and information generated and gathered by NGOs is ever disseminated to a wider audience. This is largely because effective information and knowledge management is generally not practised in this sector.

### **3.4.1 Grassroots information and indigenous knowledge**

Western-based formal knowledge remains just one knowledge system among many. In developing countries such as the sub-Saharan Africa region, it exists alongside with non-formal indigenous (local, traditional or ecological) knowledge systems. Western-based knowledge is viewed as 'formal knowledge' since it developed within predominantly formal education and research-based systems and is supported by written documents or other recorded information and it adheres to rules and regulations, and is codified. Local knowledge is regarded as 'informal' and sometimes incorrectly viewed as inferior due to the fact that local users often do not value it. It is embedded in local beliefs and social, cultural and religious norms (Kaniki & Mphahlele, 2002:4)

As the solution to HIV/AIDS continues to elude both the formal and non-formal systems, facts are also pointing out that people who are affected or infected by the AIDS disease are in a position to contribute a wealth of knowledge with regard to the problems and possible solutions relating to the disease. It is therefore important that everyone who is involved should participate and contribute towards solving and eradicating HIV/AIDS. In many countries, such as Zimbabwe, where NGOs are working with communities affected and infected by HIV/AIDS, there is a need to recognise what they are doing and at the same time ensure that their mitigation strategies are recorded and disseminated to all members of the society. They are in an ideal position to tap into the societal knowledge of the people and turn it into information.

In the past, many people, particularly in Africa, had prejudices, misconceptions, and myths about transmission and falsehood about HIV/AIDS and its cure (Muswazi, 2000:37). This is, however, changing as the research efforts by NGOs, governments and international bodies, and better access to HIV/AIDS testing, treatment and counselling, interventions and prevention methods are making more and more people aware of the true facts about HIV/AIDS. Although attitudes are slowly changing, cultural factors still impact on people's perceptions of the disease and this is particularly true for African countries, where culture has a very strong influence.

Kaniki and Mphahlele (2002:2) argue that any society or community has its own unique way of evolving and this involves traditional beliefs and practices. The fact that NGOs deal directly with grassroot problems is important as they have access to the people who live with the problem, own and understand it and thus also to the indigenous knowledge on the topic. They can facilitate the transfer of this knowledge to the modern science environment where it can be used to assist development and manage change.

Indigenous knowledge relates to the cumulative knowledge, know-how and practices that are held and developed by peoples who are known to have long histories of close interaction with their natural environment and have become part of a complex heritage that includes language. These sets of understandings, interpretations and meanings are part of a complex culture that encompasses language, wellbeing and ways of using resources at community level (Kaniki & Mphahlele, 2002: 4). Indigenous knowledge has further been defined by Thakadu as “*a cumulative body of knowledge generated and evolved over time, representing generations of creative thought and action within individual societies in an ecosystem of continuous residence, in an effort to cope with an ever-changing socio-economic environment*” (Thakadu, 1998 in Kaniki & Mphahlele, (2002:4).

Indigenous knowledge is a powerful source of primary information in Africa. Indigenous as other knowledge can be processed and transferred from its tacit form and made explicit and NGO field officers are particularly well placed to assist with this task. It is recognised that “*indigenous knowledge is essential to development, therefore it must be gathered, organised, disseminated in the same systematic way as Western knowledge*” (Agrawal, 1995:3).

The United Nations Bangkok Conference of 2004 adopted a resolution that called on NGOs and governments to create and gather local HIV/AIDS information and enable it to be accessed by all interested parties. It further suggested that an effort should be made to encourage the public to contribute their indigenous knowledge from their experiences living with AIDS or having been affected by the AIDS epidemic (UNAIDS, 2004).

A particularly valuable instance of indigenous knowledge relating to HIV/AIDS is that which emanates from traditional healers. Chipfakacha (1997:417) argue that in African countries, like Zimbabwe, people in urban areas, even the disadvantaged, generally have access to a formal health-care delivery system, but those in rural areas rely very heavily on traditional healers as they are usually well distributed throughout the country. Traditional healers, by virtue of being at the frontline of the struggle to prevent and cure disease, have acquired considerable knowledge about the community, the people who live in it and the diseases afflicting them. They have a deep understanding of the culture in which they operate.

In Zimbabwe, the traditional health system has been integrated into the formal primary health care system. The Zimbabwe Traditional Healers Association (ZINATHA), a formally constituted body, coordinates the work of traditional healing and traditional healers. This organisation is also one of the NGOs involved in this study as it plays an important role in mitigating HIV/AIDS through traditional medicines, and ethically supported beliefs in Zimbabwe. The organisation

works with government health institutions and scientific bodies, such as the Medical Association of Zimbabwe and the Science and Industrial Research Council (SIRDC), a national scientific research centre based in Harare.

The N'gangas (traditional doctors) collect herbs from the country-side and produce what has been termed 'African traditional medicine'. These are classified according to ailments and are distinguished according to whether they cure or have preventative properties (Kaniki & Mphahlele, 2002:4). This valuable knowledge about the healing properties of herbs and ways of treating ailments associated with diseases, including HIV/AIDS, urgently needs to be captured and documented.

#### **3.4.2 Information emanating from religious organisations**

The role of faith-based organisations is increasingly noticeable in the fight against HIV/AIDS in many countries. In Zimbabwe, the Council of Churches coordinates a number of church-based HIV/AIDS initiatives. The churches are broadly represented in communities and therefore can deal with the problem just as the traditional systems. In America, where the church has a long history of health, human, and social service delivery, faith-based organisations play an important role in the country's HIV/AIDS response (AIDS Action, 2003).

In Kenya, 2003 marked a defining moment in the Kenyan AIDS campaign. Religious organisations mapped out a common strategy for combating AIDS. Nguru (2003:248) reports that the case of Uganda demonstrates that the war against HIV/AIDS can be won,

*“with HIV/AIDS on the doorstep of all humanity, the church must get involved. The church is being challenged today to offer greater hope than before. This war requires the engagement of religious organisations and churches.”*

The knowledge accumulated on this disease by these organisations is another invaluable source that needs to be tapped and incorporated in a national HIV/AIDS information system.

#### **3.4.3 HIV/AIDS conferences**

A great amount of information is created and disseminated to individuals, organisations, and the public at HIV/AIDS conferences. Over the past years a number of conferences have been organised in Africa and abroad. All of these have had one motive, to enable the exchange of information. It has been realised that they provide a useful opportunity to bring many experts and managers of HIV/AIDS projects under one roof and enable them to share experiences. Thus scientists, researchers, and representatives from NGOs, grassroots organisations and

governments all gather together to share information and data. Alefe (2003:142) argues that HIV/AIDS conferences and proceedings provide imaginative uses of connectivity in developing countries and the information generated at these gatherings should be widely disseminated and captured in a centralised HIV/AIDS database.

The UNAIDS, Global AIDS Fund and other major sponsors often provide funds for regional and international conferences, enabling many presenters to share ideas with participants. Through this platform a large amount of information is generated and distributed in the form of publications. One major such conference is the World HIV/AIDS conference, which is held annually and sponsored by UNAIDS (UNAIDS, 2003a). A vast amount of information which emanates from the conference proceedings is made available on the Web for use by all those persons working on different aspects of HIV/AIDS. NGOs should be made aware of this wealth of information that they can tap from various websites (Driscoll, 2001).

### **3.5 Information technology challenges for Zimbabwe**

In Zimbabwe, information and knowledge management is generally not practised in the NGO sectors. One reason is the lack of appropriate information technology and communication technologies in this sector. A further problem relates to the impediments posed by computing and telecommunications policies and other government regulations that do not favour information development in the country. The computing industry is however growing in Zimbabwe and may be able to provide better support for the business and welfare sectors which are increasingly finding computers more feasible to deploy and use.

According to the AISI National ICT Profiles Report,<sup>6</sup> Zimbabwe has now established a national and international Internet backbone with a link to the United States and points of presence in four major cities, including Harare. The Zimbabwe Post and Telecommunications Corporation (ZPTC) is the sole supplier of basic telecommunications services. Zimbabwe has a limited but slowly improving telephone network and since the emergence of Econet Cellular, a company which offers cellular telephone and satellite networking services, the services are further improving as a result of competition. The use and application of ICTs as a means to harnessing and disseminating information has become more feasible in Zimbabwe.

Driscoll (2001:4), argues that,

*“in view of the enormity of the pandemic and the urgent need to make the best of all resources and tools available, it is but natural that the new Information*

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<sup>6</sup> [http://www2.sn.apc.org/Africa/countdet.CFM/countries\\_ISO\\_Code=ZW](http://www2.sn.apc.org/Africa/countdet.CFM/countries_ISO_Code=ZW)

*and Communications Technologies (ICTs) are seen as one major, potential tool, among others, in the global mobilisation and response to the pandemic”.*

ICTs are widely used in the financial and business sector in Africa and are primarily used by the large contingent of international corporations in Mozambique, and in Zimbabwe, large chain stores, manufacturing and engineering firms, and international organisations use them (Villanculos & Moahi, 2003:22).

### **3.6 Summary**

From the above it would appear that information management and dissemination would present a viable strategy that should be used in the fight against HIV/AIDS in Zimbabwe. One way to release this strategy is to encourage NGOs to form a collaborative HIV/AIDS information and knowledge management and dissemination body. A starting point would be to examine the capacity in the field with regard to information workers, the tools used and the best approach that can be used to harness data, knowledge and information about HIV/AIDS. In Zimbabwe, there are three training institutions that are training information workers for the country. These are the National University of Science and Technology, which offers a Bachelor's degree in library studies and mass media studies, and the Harare and Bulawayo Polytechnics that offer national and higher diplomas and certificates in library studies. Media and communications programmes are now also being offered at other universities in the country, while many information professionals gain professional skills in other countries. Capacity can be attained if NGOs can be made to realise that information is one of the best weapons to fight the AIDS epidemic. Information professionals should therefore be deployed at all institutions and at various levels (Ocholla, 1995:12).

## CHAPTER 4

### RESEARCH METHODOLOGY

#### 4.1 Introduction

The chapter provides a description of how the research and data gathering were conducted. It includes an outline of the research design and methodology, and also the reasons why the methodology was considered suitable for gathering the data needed to answer the research questions.

#### 4.2 Research approach

According to Hult and Lennung (1980:248),

*“research simultaneously assists in practical problem-solving and expands scientific knowledge, as well as enhances the competencies of respective actors, being performed collaboratively in an immediate situation using data feedback in a cyclical process aiming at an increased understanding of change processes in social systems and undertaken within a mutually acceptable ethical framework”.*

This research project was conducted within the framework outlined by Hunt and Lennung (1980) above. It was further based on both qualitative and quantitative research methods (Babbie, 1994; Babbie & Mouton, 2001). The researcher used the two methods as he wished to draw on the positive aspects of both approaches as outlined by Cresswell (1994:1) below,

*“Qualitative research is designed to be consistent with assumptions of a qualitative paradigm and as an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting and a quantitative study, consistent with the quantitative paradigm, is an inquiry into a social or human problem, based on testing a theory composed of variables, measured with numbers and analysed with statistical procedures, in order to determine whether the predictive generalisation of the theory hold true”.*

Berg (1995:7) further argues that qualitative research seeks answers from questions by examining social settings and the problem situations that people are faced with in these social settings. The author also explains that qualitative research places emphasis on problems affecting human interaction or a humanistic problem in nature. The problems are looked at from the context of the environment. Van Maanen, Dabbs & Faulkner (1982:32) also argue that qualitative research is based on the notion of improving quality of service, or evaluation. Therefore questions are formulated to ask the what, how, when and where that relate to the problem.

Quantitative research refers to counts and measures of things. This research type places emphasis on the notion of quantity, and is based on the counts and measures of something. In quantitative research each detail is carefully recorded and the approach is far more rigorous compared to qualitative research (Berg, 1995:3; Van Maanen, Dabbs & Faulkner, 1982). It is generally therefore suggested that one should combine the two methods into one study as this increases the degree of clarity and lessens the degree of ambiguities (Cresswell, 1994:34).

### **4.3 Survey research methodology**

Research methodology can be viewed as an inquiry process that has clearly defined parameters. Its aim is to discover, create new knowledge, to build theory by testing, and to confirm, revise, and refute previously existing knowledge. The adoption of a sound research methodology was regarded to be very important for this study, and the aim was to achieve better results by ensuring that the research plans were systematic and scientifically acceptable (Hernon, 1991 in Gorman & Clayton, 1997:22; Katzenellenbogen, ed., 1997:3).

Babbie & Mouton (2001:74) argue that a research project should be carried out according to a carefully laid out research methodology. This implies the researcher has to build processes, tools and procedures, which he or she can use to gather evidence so as to be able to analyse a problem. In this study the researcher formulated a research design. This is a phrase often loosely used to explain the same procedures known as the research methodology, which determines the best way to carry out the research. Both research methodology and the research design are important elements of research studies as these help to guide the researcher in the way he/she will gather evidence for the inquiry. These also help the research process by ensuring that the research problems and research questions are evenly matched.

In this research project the methodology was guided by guidelines submitted by Marshall & Rossman in Gorman & Clayton (1997:97). They state that a further aspect that one should consider when selecting a methodological approach is which of the four social research

dimensions to follow namely, exploratory, explanatory, descriptive and predictive approaches. Both explorative and descriptive approaches were chosen for this study. The term exploratory means that a relatively unknown field will be explored, while descriptive is a detailed description given of a phenomenon under investigation (Miles & Huberman, 1994; de Vaus, 2002; Neuman, 2003). Essentially an explorative approach is suitable for groundbreaking research.

This study is exploratory in that it attempts to explore the capacity of HIV/AIDS information management and dissemination in the NGO sector in Zimbabwe. This topic has to the best knowledge of the researcher not been explored or investigated in the past. The research was informed by the practical document compiled by the UNAIDS which proposes that information can be used as a tool to fight the HIV/AIDS epidemic (UNAIDS, 2001b). NGOs working in Zimbabwe's HIV/AIDS sector are intricately involved with AIDS as a social problem and they thus have the potential to be used as agents of information dissemination and replication in the country.

The research takes on a descriptive nature, as it attempts to describe systematically the relationships between the NGOs, their aims and objectives, functions and services and HIV/AIDS information management and dissemination. The other aspects that will be focused on is the human resources capacity of NGOs in relation to HIV/AIDS information management. The attempt to describe events and situations is important to this type of survey within the context of Zimbabwe. It is a new area not yet evaluated or investigated and it is hoped further research can take place after the study has been concluded. The intention of this study was to support the efforts of the NGOs rather than to counter their initiatives. Information professionals have an inherent role to perform and to persuade potential users to make greater use of relevant information. According to Snowden (1998) as cited by Snyman (2001:276), *"we have to win the hearts and minds of individuals at all levels"*.

The assumption that is made is that you can empower people by encouraging them to use information as they are then made aware of the various consequences and choices and this should help them to adopt various counter measures in the fight against HIV/AIDS. It is not disputed that information about HIV/AIDS is being disseminated in Zimbabwe but the researcher contends that the approaches used to gather tacit information and disseminate explicit information are not sufficiently systematic and effective. This study was thus based on the premise that a professional approach should be adopted to spearhead the amalgamation of HIV/AIDS information sources and use them as an important weapon to fight the impact of the epidemic in Zimbabwe. NGOs work with both the affected and infected people and are also channelling a larger than normal proportion of aid to the affected areas as the government has to grapple with other socio-economic problems.

The approach adopted was therefore to understand the relationship between HIV/AIDS mitigation programmes and information management and dissemination capacity in Zimbabwe.

Neuwman (2000:250) describes survey research as a research method where a researcher draws a sample from many respondents and requires them to answer questions and where their responses are grouped and measured using variables in order to test a hypothesis or multiple hypotheses. According to Schnetler (1989:1), a survey study is an empirical and logical study that is conducted through a systematic and impartial collection of data from a sample of cases followed by statistical analysis of these findings. Surveys investigate aspects of reality in a logical, empirical and objective way. They should be conducted in a way that is free from personal bias of the researcher to ensure that the data that is gathered is reliable, credible and objective.

The survey research approach was considered to be appropriate for this study since it applies an exploratory and descriptive approach to the nature of the problem. The method was chosen as it provides a flexible approach. Most survey studies are used to gather data from a large population by means of a smaller sample within a short period of time. The other advantage of using a survey is that a researcher can use both empirical and non-empirical approaches. In this instance empirical means the use of primary data and non-empirical the use of data gathered from existing sources [text/numeric data] (Babbie & Mouton, 2001:78).

#### **4.3.1 Area under survey**

The survey study was conducted in Harare, the largest city and the country's capital city. The city's historical, economical, political and geographical details and characteristics were discussed in Chapter 2. The reason for selecting Harare as the study environment is because it is reported to have the highest rate of HIV/AIDS infection in the country. According to official statements and statistics from the Ministry of Health and Child Welfare of Zimbabwe, the major cause of HIV-transmission is prostitution, poverty, unemployment and lack of adequate health support structures (Zimbabwe, Ministry of Health and Child Welfare, 1998), and most of these factors are particularly prevalent in Harare.

Non-governmental organisations based in this city are the subjects under survey, as they are seen to be the driving force in the fight against the epidemic in Zimbabwe. The establishment of an HIV/AIDS directory of NGOs in Zimbabwe further points to that factor. The Zimbabwe AIDS Network, one of the leading NGOs is primarily responsible for publishing this directory with assistance from other role players in the sector. The listings in the directory indicate that Harare has the highest number of HIV/AIDS intervention organisations in Zimbabwe.

#### **4.3.2 Survey population**

The Zimbabwe HIV/AIDS directory provides details about location, contact details and programmes run by individual NGOs in Zimbabwe. It lists sixty-six organisations based in Harare and the study thus attempted to gather evidence from these NGOs. The list of HIV/AIDS non-governmental organisations was also updated by checking with the Kubatana Website ([www.kubatana.net](http://www.kubatana.net)). It lists civic organisations by programmes that they offer to the Zimbabwean community.

#### **4.4 Data requirements**

The objective of the study was to obtain information on all functions and services offered by the NGOs to the community, so that the levels of information management and dissemination could be gauged. It has been observed in developing countries that NGOs form the largest network for channelling information to communities and often play a complementary role to government (Sibanda, 1994:4). It is thus logical to assume that in Zimbabwe NGOs contribute to the documentation of events and problems affecting the country.

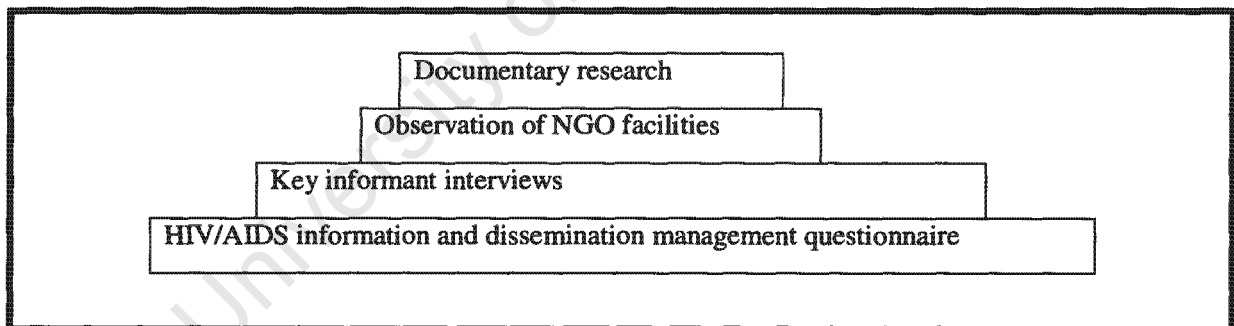
The data collection was thus guided by the research questions that underpinned the study (cf. 1.5) and which are outlined below:

1. Who are the NGOs that are involved in mitigation of the HIV/AIDS pandemic in Zimbabwe?
2. Are the NGOs effective in gathering and disseminating HIV/AIDS information in Zimbabwe?
3. Do NGOs working in the HIV/AIDS arena share and exchange information? Are they networking? If this is happening, how is it happening and if not, why?
4. What are the tools and skills that are required by HIV/AIDS NGOs to achieve positive results with regard to information seeking and dissemination?
5. Who are the chief players in the management of information in the HIV/AIDS NGO sector?
6. What is the level of information technology application at the HIV/AIDS NGO resource centres in Zimbabwe?
7. What is the link between the NGOs' information, education and communication (IEC) functions, HIV/AIDS information dissemination, and national HIV/AIDS policy? In what way is the information and knowledge management of HIV/AIDS NGOs aligned to the national information policy as embodied in the National Library and Documentation Service Act of 1985?

#### 4.4.1 Data collection

A triangulated approach was adopted to the data collection strategy. Triangulation implies the use of a multi-strategy approach whereby a number of methods are used in a complementary way. This multi-strategy method enabled the researcher to combine quantitative and qualitative research methods (Neuman, 2000; Babbie & Mouton, 2001, Cresswell, 1994). The advantage of this approach is that it compensates for weaknesses of each of the methods and increases the possibility that data gathered can be compared (Cresswell, 1994).

The researcher used four methods to gather both quantitative and qualitative evidence from the survey study. The methods that were used included administering a questionnaire, interviewing key informants, observation, and data extracted from documentary evidence. According to Gorman and Clayton (1997:96), a researcher must choose the most appropriate data collection techniques to ensure a match between the research problem and research question formulation. This is best achieved if more than one technique is used and if the researcher keeps in mind the sources of the desired information, the nature of data to be collected and purpose of the research. The methods used to gather data for this study are shown in a pyramid format in Figure 4.1.



**Figure 4.1:** Pyramid of methods used to collect data

A mind map was used during the course of the survey. It allowed the researcher to manage the study within the planned framework. The researcher spent a month in Harare collecting data from the NGOs. Contact details were obtained from the *Zimbabwe HIV/AIDS directory* and from the National AIDS Council. During the first step of the process, the researcher wrote letters to the organisations for introductory purposes. The introductory letter was delivered to the NGOs by hand, mail, e-mail or fax. The letter elucidated the study's intentions, gave the reasons why the NGO sector was chosen for the study and asked permission to involve them in the study. This approach was important as it created trust and a cordial relationship between the NGOs and the researcher.

This was followed up by telephoning or e-mailing the centres to obtain their feedback on the letter to get contact persons' names and make appointments for the interviews with the key informants. The questionnaires were then posted or faxed to the NGOs, but were also delivered to the centres during the personal visit, if they had not arrived by post or by fax. The key informant interviews and observation visits followed the mailed questionnaire stage. The researcher was thus engaged in a participatory process of information gathering and feedback. The management of the study was done in such a way that all possible data needed for analysis were collected within a specific time frame, i.e. a cross sectional time frame design was followed.

#### **4.4.1.1 Questionnaire method**

The main data-collection was done by means of questionnaires that the NGOs had to complete. According to Schnetler (1989:46) questionnaires are "designed to discover what respondents know about certain events, how they know about them and the source of the information". Following Fowler's advice, this information was obtained by administering the structured questionnaires (1993:82) to the information officers or person who most closely performed such a function in the sixty-six NGOs.

The questionnaire was divided into three sections and each section was aimed at specific aspects that related to information management within the HIV/AIDS organisations. The questionnaires contained mainly closed questions, geared to get a list of acceptable responses provided from the respondent. The questions were structured in such a way to purposely eliminate ambiguous responses as it has been noted that closed question types offer fewer problems if structured properly (Neuman, 2000). A further advantage of fixed responses is that they take less time to answer as the targeted audience finds it easier to choose from pre-defined answers. This approach also increases reliability since there are fewer variations of answers (Powell, 1991:88), and it is less laborious analysing the data.

A few open questions were also included. These were used where the researcher wanted to obtain opinions on issues that were aimed at addressing national issues within the HIV/AIDS information provision scenario. The merit of open questions was that they permitted the researcher to obtain answers that allowed the respondents to describe more closely their real views. Fowler (1993:82), further also alleges that participants like the opportunity to answer some questions in their own words.

The researcher's questions were generally grounded to the local situation, as it is his view that the application of best practice in the field is not well advanced in Zimbabwe if compared to developed countries, where many organisations take information to be an integral part of

organisational development. This was according to Babbie's (1994:141) suggestion that relevant questions are likely to be respected and more readily answered.

#### **4.4.1.2 Interviews with key informants**

Neuman (2000:374) asserts that "an informant or key actor in field research is a member with whom a field researcher develops a relationship and who tells about, or informs on, the field". The informant is totally familiar with the culture in the sector under study, has had experience with and engaged with the study sector, and has witnessed routines and events of relevant programmes.

Key informants were therefore chosen from the NGO fraternity using a judgemental sampling method. The criterion for choosing informants was influenced by recommendations from the Zimbabwe AIDS Network and the National AIDS Council (NAC). The key informants were all the fully qualified information professionals and a selection of the most informed managers who were attached to the leading NGOs that seemed to play an active role in the dissemination of grassroots and national HIV/AIDS information.

The key informants selected consisted of three directors, five documentalists and five public relations officers who worked for SANASO, NAC, the Ministry of Health (HIV/AIDS) unit, ZAN and SAfAIDS. Their input to the study brought additional insight into the study. These participants were enthusiastic about the study and its intentions. Their positive attitude and empathy towards the issues that the study focused on was an important factor.

From this targeted group of individuals, the researcher obtained important information with regard to the following:

- Types of information management initiatives- past and current; networking structures between organisations.
- The types of information resources used in the dissemination of information in NGOs and to the public.
- The information policies available.
- The type of relationships between NGOs and government, and among NGOs themselves.
- The phase and level of ICT applications in the NGO sector,.
- The standard of information management services suitable for the HIV/AIDS sector.

The researcher used a structured interview guide (cf. Appendix 4) to gather their insights to the above-mentioned aspects. The views of the key informants were captured on interview schedule

forms so as to make it easier for analysis purposes. The interviews were transcribed manually and they were conducted at the organisations where the key informants worked.

#### **4.4.1.3 Observation method**

Mouton et al. (1998:293) report that in qualitative research there are usually two types of observation, namely, simple observation where the researcher remains an outside observer and participant observer where the researcher investigates and also becomes a member of the group.

In this instance the researcher remained an outside observer and noted and examined information resources, information technology applications and space used for housing information resources.

The main purpose of the observational assessment method was to get a clear idea of the resource capacity of the information services at the NGOs. A careful identification and accurate description of technology systems was also carried-out. To ensure a uniform approach, an observation guide was used to record the relevant data (cf. Appendix 5).

#### **4.4.1.4 Documentary research method**

The researcher used documentary research to complement the other primary methods used to get information on HIV/AIDS information management and dissemination. Robson (1993:272) states that documentary research is the analysis of written documents or transmitted information in whatever format. Neuman (2000:34) talks about content analysis as a technique used for examining information, or content in written or symbolic material. It implies therefore that a researcher identifies a body of materials such as books, newspapers, films etc., to analyse.

Babbie & Mouton (2001:383) argue that content analysis methods may be applied to virtually any form of communication, in other words any type of information that has meaning to the one who intends to use it or needing it to support new knowledge. According to Sarantakos (1993:208), documentary research provides researchers with additional information that may be missed at the time of the primary data-gathering round. Neuman (2000), in turn, suggests that a researcher would discover features in the content of information that might otherwise go unnoticed.

The advantage of content analysis is that the method itself and the act of measurement do not necessarily affect the results. Thus it ensures objectivity of the study. But its disadvantage lies in the abundance of information that might not be useful to a study. Many themes can be discussed in content analysis, which can complicate, and confuse the issues (Babbie & Mouton, 2001:384).

Another major problem may be that some of the documents available to the researcher may be outdated or biased. One should be aware of these aspects and specifically try to identify and select only documents written or produced by reputable individuals or organisations. Lorentzen & Morris (2003:27) allege that there is little written information, particularly in southern Africa, on the manifestations of HIV/AIDS and its impact, and this fact highlights this approach's drawback.

Having considered these factors it was decided to select the documentary research method as one of the methods. This process included reading various documents produced by the NGOs themselves and by agencies such as the United Nations Joint Organisations. The researcher conducted extensive searches in various electronic databases and also searched the Internet.

#### **4.4.2 Conference attendance**

The researcher attended a National HIV/AIDS Stakeholders' Workshop at the Harare International Conference Centre in June 2003. The theme was "Children at the centre". The workshop was in response to the HIV/AIDS crisis, and was convened by the Zimbabwe Cabinet Social Services Action Committee, supported by UNICEF and USAID (through the Futures Group and Catholic Relief Services), the National AIDS Council, Zimbabwe Red Cross, Swedish International Development Agency (Sida), and the Family AIDS Caring Trust.

The workshop tried to address children's rights and to look at supporting structures such as the family, community, school and other support structures. The workshop also examined the government's welfare and social support systems, childcare and protection against all forms of violence and networking strategies that the stakeholders could employ to support children against the impact of HIV/AIDS.

The discussions were summarised by the researcher, and this further informed the study. Further valuable data was gathered during the course of deliberations and informal discussions with individuals during tea and lunch breaks. Thus, the conference was used to gain insight into the national HIV/AIDS policy, and to determine information circulation modalities from a governmental perspective.

#### **4.5 Related studies that influenced the data collection approaches**

The researcher obtained useful insight into information management practices and services from a number of studies that he discovered in related fields to his study. The literature review covered various areas of information management and dissemination, particularly case studies similar to

the Zimbabwe situation as reported in Botswana, Kenya, Uganda and South Africa, and also from other developing countries.

#### **4.6 Data analysis and presentation**

Miles & Huberman (1994) and Strauss & Corbin (1990) argue that data analysis is important and allows one to show results by means of tables and charts. An inductive data analysis approach was adopted by integrating the evidence collected in the study by means of the four data collecting techniques. The researcher however first analysed the data from the questionnaires, observation, interviews, and documentary sources separately, so as to establish differences and similarities that existed amongst the patterns that evolved from the data assembled.

The views and opinions, which were expressed by key informants in the interviews, were used to complement, validate or dispute some of the phenomenon expressed in documentary sources on the functions of information services, information networks, and information management in general in developing and developed countries.

The data gathered by means of the questionnaire method was captured and analysed in Microsoft Excel spreadsheets. MS Excel is a very flexible programme as it handles a range of data ranging from simple, to multiple and complex data. It further allowed the researcher to present the findings in the form of graphs, pie charts and histograms.

This aspect of the study is more fully reported in Chapter 5.

#### **4.7 Reliability and validity**

The fundamental objective of any study is to produce credible evidence, irrespective of whether qualitative or quantitative research approaches were adopted. The questionnaire and interview guide were tested to ensure that they would gather useful information from the respondents. Both the questionnaire and interview questions were pre-tested in a pilot study at the Ecumenical Documentation and Information Centre for Eastern and Southern Africa (EDICESA) and Southern Africa Research and Documentation Centre (SARDC) in Harare.

Two senior information professionals and two communications officers working within the HIV/AIDS sector appraised the survey questionnaire and interview schedules. This was done to make sure that the instruments were applicable and suitable to the study.

Research ethics were strongly adhered to. The researcher was committed to maintaining confidentiality because of the stigma surrounding HIV/AIDS issues. This was explained to all people from whom information was sourced during the survey.

#### **4.8 Limitations of the study**

The researcher wanted to undertake a national survey, but limited resources hampered this. A national survey would have required human, financial and material resources to spread the survey to all organisations mitigating HIV/AIDS in all sectors of the country.

It was difficult to gather publications, which cover HIV/AIDS topics on Zimbabwe, as there are no electronic databases or catalogues on HIV/AIDS information in the country. Some documentation, however, was found at individual organisations, but these were not inclusive or accumulative.

The researcher did not have sufficient time to conduct in-depth interviews with all representatives of NGOs who responded to the survey questionnaire. Therefore, the key informant technique was used. The researcher would have liked to have also interviewed HIV/AIDS role players and experts outside the NGO sector, such as doctors, nurses, other key figures and interested persons, researchers, educationists, media people, librarians and people living with HIV/AIDS (PLWA), but this was also not possible due to the factors highlighted above.

#### **4.9 Summary**

This chapter has presented the methodology that was used to explore the research questions of this study. An outline of the data gathered from the survey and data analysis of the findings will be given in Chapter 5.

## CHAPTER 5

### FINDINGS OF THE SURVEY

#### 5.1 Introduction

This chapter deals with the results of the survey. It presents the responses to the questions in the order that they were addressed in the questionnaire. The findings are explained by means of tables and graphs. Data gathered by means of the questionnaire was captured and manipulated on Microsoft Excel '97 spreadsheet software. Excel, although basically a spreadsheet program in the Microsoft suite, also deals with basic statistics and graphing (Kinkoph, 2000:8).

Sixty-four questionnaires out of 66 were answered and returned by the respondents, thus providing a very high response rate of 97%. What made the survey a success was that the researcher visited all the centres he investigated in person. Thirty-eight questionnaires (57%) were hand delivered over two days. Seventeen questionnaires (26%) were sent through e-mail and eleven questionnaires (17%) were delivered by fax. The researcher collected a total of 52 questionnaires (78%) from the centres by hand. Seven questionnaires were posted and five (19%) were forwarded through fax to Bindura University where they were collected. The response is shown below in Table 5.1.

Questionnaires that were hand delivered	38
Questionnaires that were e-mailed	17
Questionnaires that were faxed	11
<b>Total of questionnaires that were distributed</b>	<b>66</b>
Number of questionnaires that were responded to	64
<b>Response rate</b>	<b>97%</b>
Number of questionnaires that were not responded to and not returned	2
<b>Non-response</b>	<b>3%</b>

*Source: Survey data*

**Table 5.1:** Questionnaire distribution and response rate

The questionnaire was divided into three sections. The first section (Questions 1.1-1.13) contained 13 questions that dealt with general information about the organisation. The questions solicited information about the type of organisation, year of establishment, funding and staffing, and major activities of the organisations. The other questions were aimed at establishing the type

of links that existed between these organisations and other institutions in Zimbabwe and any other external linkages.

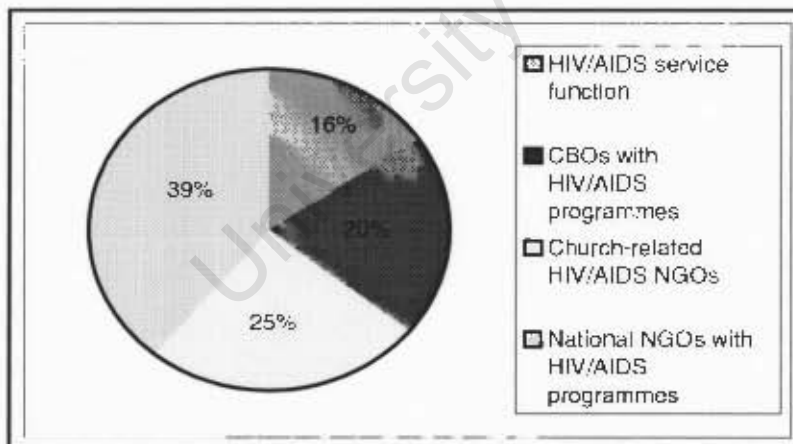
The second section (Questions 2.1-2.11) dealt with the issues related to the information and knowledge management capacity of the organisations. The 11 questions in this category were aimed at establishing whether organisations were information-creating agencies and also investigated the type of personnel dealing with information management.

The third section (Questions 3.1-3.7) consisted of 7 questions that dealt with issues around collection development, types of information sources, access services and types of tools associated with information dissemination.

## 5.2. HIV/AIDS NGO profile

### 5.2.1 Types of NGOs participating in HIV/AIDS mitigation in the Harare province

Question 1.1 asked the respondents to indicate the type of organisation they represented. The responses are shown in Figure 5.1 below.



*Source: Survey data*

**Figure 5.1:** Origins of NGOs mitigating HIV/AIDS in Harare

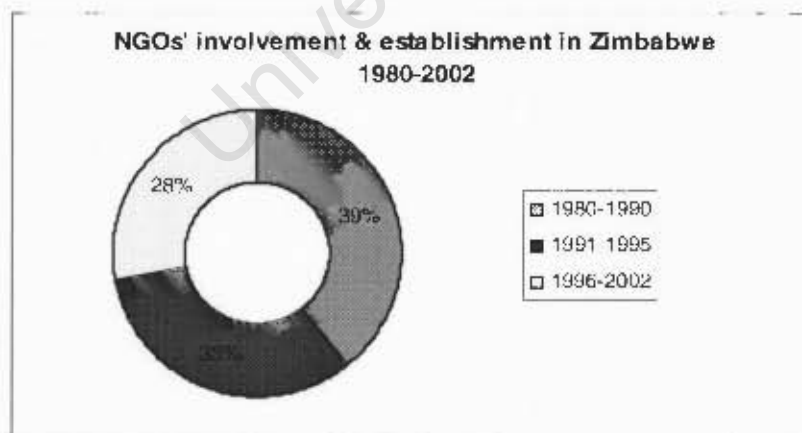
The results indicated that there are four distinct types of NGOs dealing with HIV/AIDS problems in Zimbabwe. The largest group (39%) are national NGOs that were not specifically established to deal with HIV/AIDS in the first place. They were initially established for other purposes but later also included HIV/AIDS mitigation programmes.

The second category, are church-based organisations (25%) which over the years had taken on the task to address the problem of HIV/AIDS. Church organisations face different challenges to other NGOs in that they are intimately involved with funerals, praying for the sick and caring for orphans and widows. The third category consisted of community-based organisations (CBOs). These operate directly within the communities affected and often within the community structures, with peer group volunteers supporting these structures and working as volunteers. This group comprised 20% of the organisations.

The final sector consisted of 16% of the organisations, and these were formed to specifically deliver HIV/AIDS mitigation. This group is basically the major player as far as facilitating and disseminating information is concerned and they have the appropriate resources and capacity for this task.

### 5.2.2 History of NGOs

Question 1.2 requested information about year of establishment, as this would indicate the relationship of their existence to developmental issues in Zimbabwe and to HIV/AIDS mitigation. It can be argued that NGOs play a significant role in developmental efforts of many developing countries. International aid has been increasingly channelled through non-governmental organisations (NGOs) and often the sector attracts highly trained technical experts to support programmes, e.g. in areas of primary health care in developing countries (Pfeiffer, 2003:725). Figure 5. 2 below illustrates the breakdown of the organisations' dates of establishment.



*Source: Survey data*

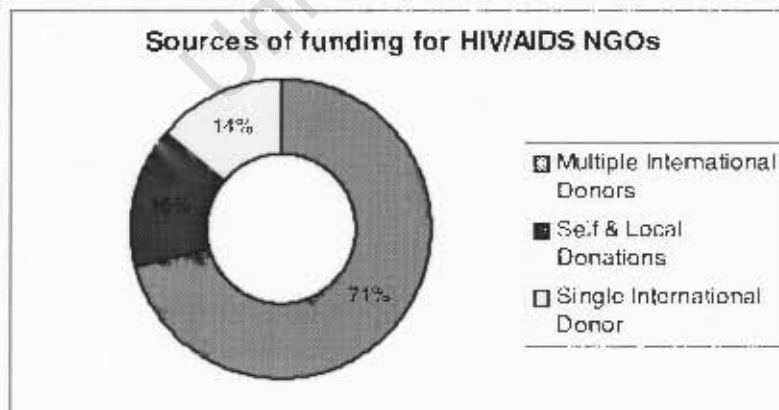
**Figure 5.2:** Three phases illustrating NGO sector participation in welfare services

Many NGOs were established during the first years after independence, between 1980 and 1990, and 35 organisations (39%) that are now dealing with HIV/AIDS related programmes were established during this period. Twenty-one NGOs (33%) were founded between 1991 and 1995. Eighteen other NGOs (28%) were established between 1996 and 2002. From information gathered from secondary sources, it is clear that most of the active organisations established in the later period were specifically created to deal with the effects of HIV/AIDS. During the late 1990s the effects of HIV/AIDS had become very evident in Zimbabwe and coupled with the impact of economic structural adjustment, the national health budget was soon depleted and unable to cope with the huge costs incurred by the health sector.

### 5.2.3 Funding patterns in the HIV/AIDS NGOs sector

Question 1.3 asked for information relating to their main sources of funding. The rationale for this question was to establish the nature of funding so that future development could be measured based on this information.

The response for this question is outlined in Figure 5.3 below. By far the largest portion of funding is received from international aid sources and many organisations get funding of this nature from more than one source. Seventy-one percent (71%) of the organisations revealed they receive multiple funding from international sources. Fifteen percent (15%) of the NGOs rely on local donations and self-funding activities, which is an indication that local initiatives are also taking root. Fourteen percent (14%) of the NGOs rely on single donor funding, most of which were international donors. This last category enjoyed substantive funding in foreign currency.



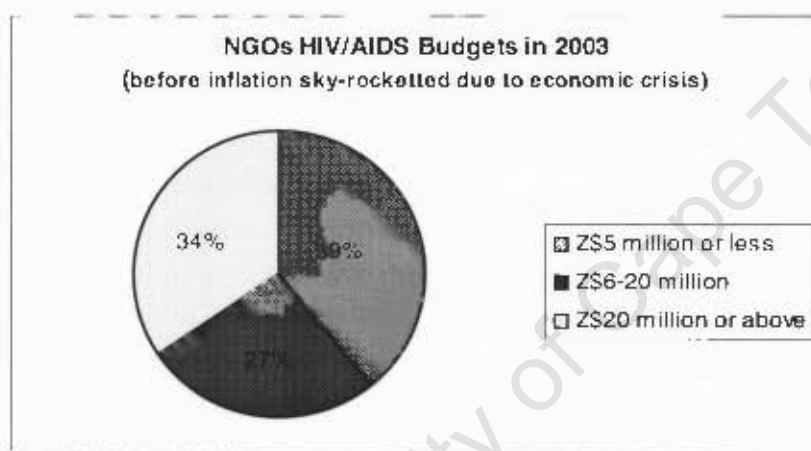
Source: Survey data

Figure 5.3: Sources of funding for the HIV/AIDS NGOs

#### 5.2.4 Budget information of HIV/AIDS programmes run by NGOs in Zimbabwe

Question 1.4 solicited information on organisational budgets for HIV/AIDS programmes.

The responses in Figure 5.4 indicated that varying amounts of money are being spent on HIV/AIDS programmes in Zimbabwe (cf. Figure 5.4 below). Twenty-two organisations (34%) had annual budgets of more than 20 million Zimbabwean dollars (Z\$).<sup>7</sup> In this category some organisations were receiving more than Z\$50 million per annum to run their programmes. Sixteen organisations (26%) were spending between Z\$6 to Z\$20million on their programmes, while the largest category (40%) relied on annual budgets below Z\$5m.



Source: Survey data

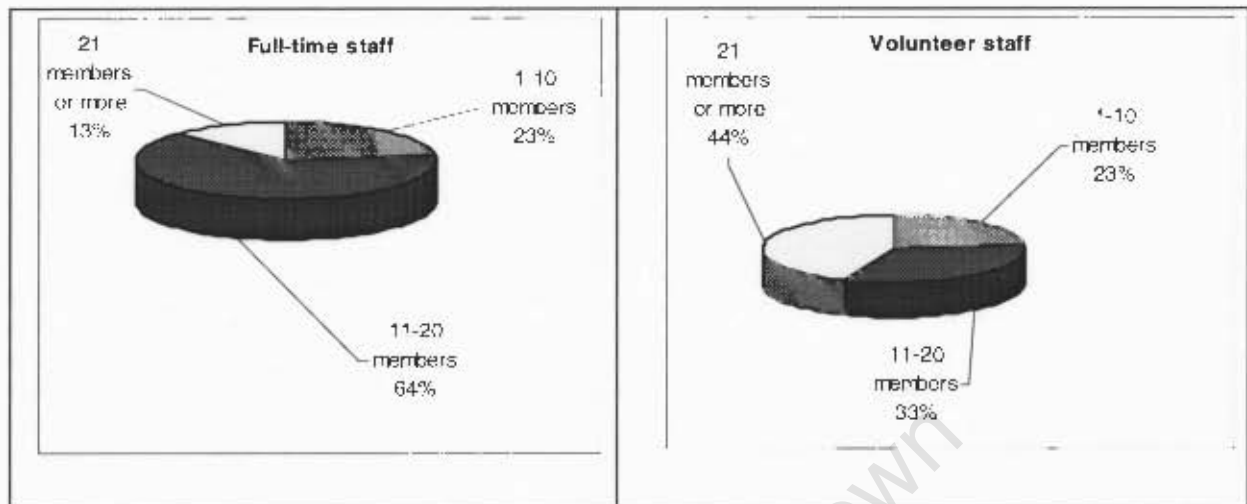
Figure 5.4: Annual expenditures of NGOs on HIV/AIDS programmes

#### 5.2.5 Staffing capacity at HIV/AIDS NGOs

Question 1.5 and 1.6 asked the respondents about the staffing capacity in their organisations. The respondents were asked to indicate the number of staff on their payroll as well as the number of volunteer staff that helped them.

The responses in Figure 5.5 illustrate the staffing situation in the NGOs. It shows that the majority of the organisations (64%) had a full-time staff complement of between 11-20 staff members. Twenty-three percent of the NGOs had more than 21 full-time staff, while thirteen percent of the NGOs had 1 to 10 full-time staff. It was clear that the outsourcing of labour was quite high in the HIV/AIDS sector, as the employment of volunteer staff was reported in almost of all the organisations.

<sup>7</sup> The prevailing SAR/ZW\$ exchange rate when data was collected in 2003 was R1 = \$100.00 Source: Reserve Bank of Zimbabwe, Quarterly Financial Statistics, 2003.



Source: Survey data

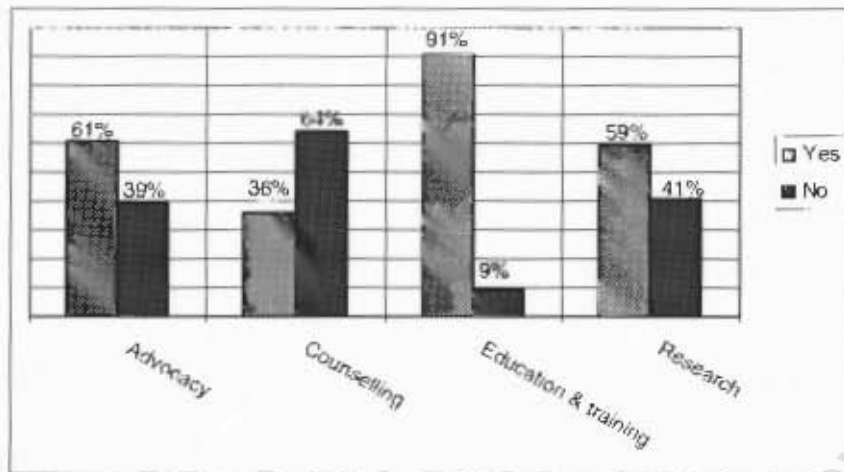
Figure 5.5: Staffing capacity in the NGOs (Full-time and Volunteer staff)

It was revealed that forty-four percent (44%) of the NGOs had more than 21 volunteers offering help to the organisations from time to time, and thirty-three percent (33%) of the organisations had between 11 to 20 people, while 23% of the NGOs had between 1 to 10 volunteers. This is depicted in Figure 5.5 where both full-time staff and volunteer staff compositions are indicated. It would thus appear that with their generally favourable staffing situation the sector should be in a position to utilise skills and knowledge of their staff to promote development and provide information to address the problem of HIV/AIDS in Zimbabwe.

### 5.2.6 HIV/AIDS mitigating functions offered by the NGOs

Question 1.7 asked the respondents which HIV/AIDS mitigating functions their organisations were offering to the public. The researcher provided a list of four functions that was based on key functions outlined in the Zimbabwe HIV/AIDS directory.

The four functions were advocacy, counselling, education and training, and research. These are by no means the only functional areas, but they were identified as the primary functions and were considered to be the most central to the overall objectives of the study as they were the most directly related to information and knowledge management processes.



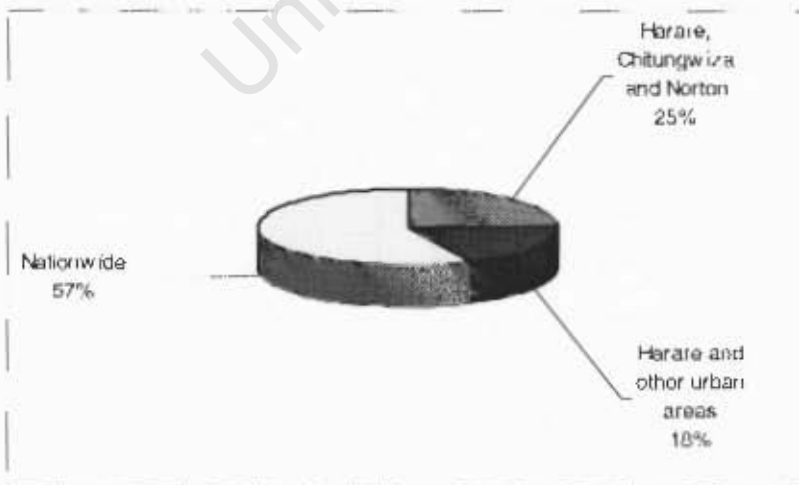
Source: Survey data

Figure 5.6: Functions used to deliver HIV/AIDS services by NGOs

From Figure 5.6 above it is clear that the function that was most heavily subscribed to by all the organisations was that of education and training (91%). The advocacy function (61%) and the research function (51%) followed this. Only 36% of the respondents indicated an involvement in counselling.

### 5.2.7 Geographical areas covered by HIV/AIDS NGOs

Question 1.8 asked the respondents which geographical areas their organisation's programmes targeted. Figure 5.7 outlines the responses.



Source: Survey data

Figure 5.7: Geographical areas covered by NGO's HIV/AIDS programmes

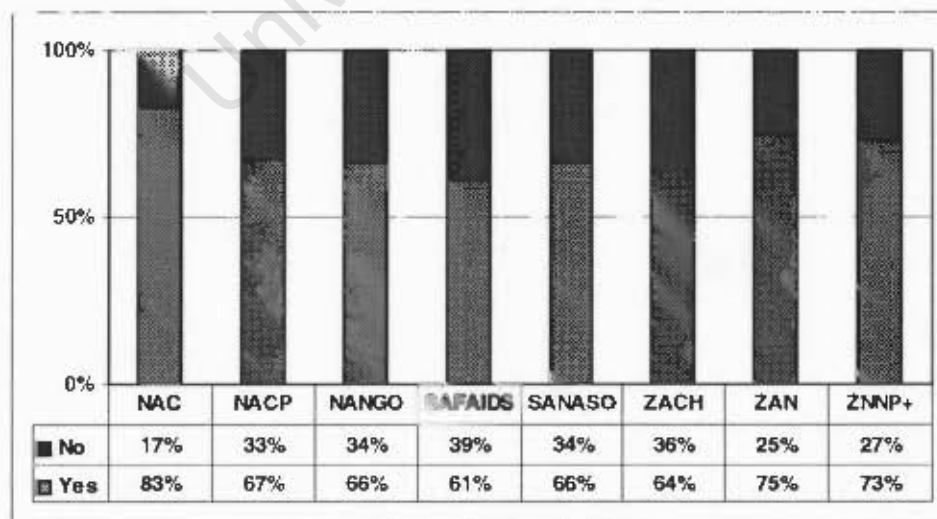
The majority (57%) of the organisations' programmes is aimed at mitigating HIV/AIDS issues at a national level, while 25% of the NGOs were targeting the Harare region and the adjacent dormitory towns of Chitungwiza and Norton, and 18% were targeting all urban areas in Zimbabwe.

The outcome suggests that while most organisations have their headquarters located in the capital city they offer services in other areas outside the Harare region.

### 5.2.8 The HIV/AIDS NGOs' network in Zimbabwe

Question 1.9 tried to establish the level of connectivity of the NGOs and the respondents were asked to indicate the organisations that they were affiliated to. The list included all the major organisations working in the HIV/AIDS domain in Zimbabwe.

Figure 5.8 below, indicates the NGOs affiliations to other organisations: 83% were affiliated to the National AIDS Council (NAC), 75% to the Zimbabwe AIDS Network (ZAN), and 73% were affiliated to the Zimbabwe National Network for People Living with HIV/AIDS (ZNNP+). Six-seven percent were affiliated to the National AIDS Control Programme (NACP), 66% to the National Association of Non-governmental Organisations (NANGO), 61% to the Southern Africa AIDS Information Service (SAFAIDS), 66% to the Southern African Network of AIDS Service Organisations (SANASO), and 64% to the Zimbabwe Association of Church-related Hospitals (ZACH). It is clear that the majority of the NGOs are affiliated to all the major organisations working in HIV/AIDS arena. A clear network is thus in place within the NGO community.

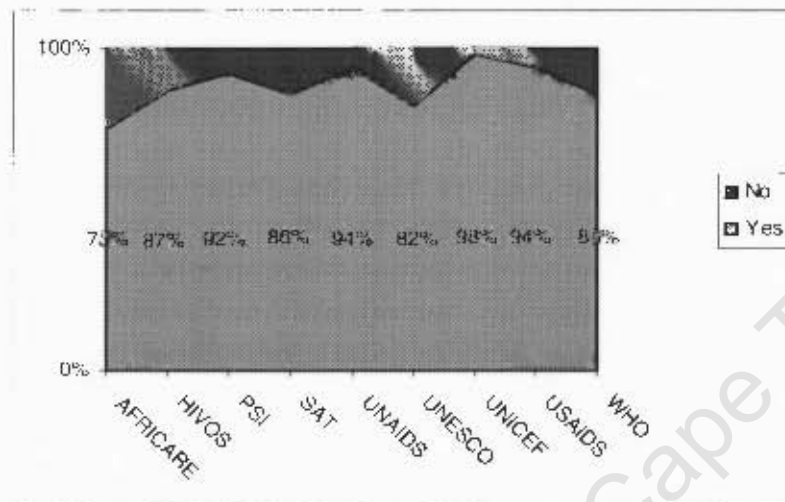


Source: Survey data

Figure 5.8: Networks and affiliations of HIV/AIDS NGOs

### 5.2.9 Support from International organisations

Question 1.10 asked respondents if their organisations were receiving any form of assistance from international organisations. They were asked to list at least five such organisations if their answer was "yes".



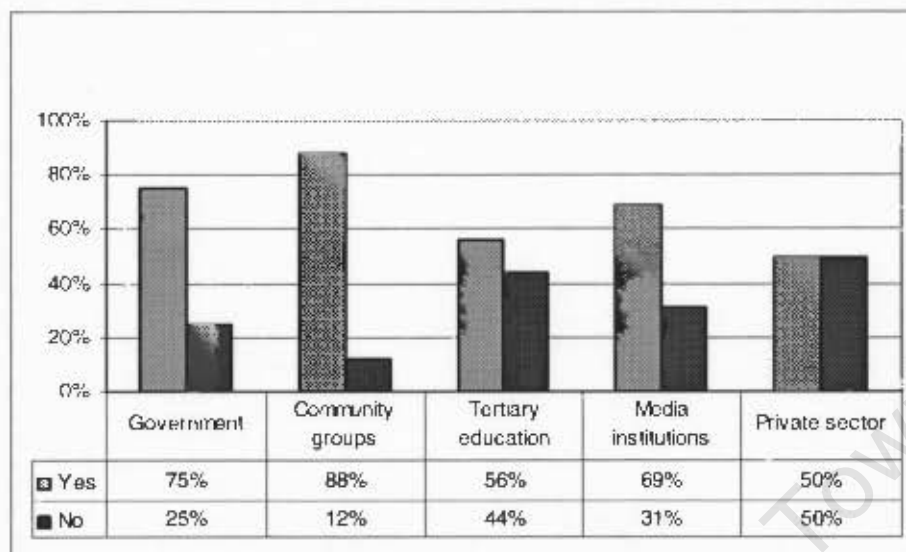
Source: Survey data

Figure 5.9: Assistance received from International organisations

The response for Question 1.9 indicates that a very high level of international support is received by non-governmental organisations in Zimbabwe. The researcher examined the organisations that emerged from the listing by respondents in order to determine how many NGOs were linked with individual international organisations. The following international organisations were identified and verified as major contributors (financial or material) towards the work of NGOs working in the HIV/AIDS sector: AFRICARE (75%), HIVOS (87%), Population Services International (92%), SAT (86%), UNAIDS (92%), UNESCO (82%), UNICEF (98%), USAIDS (94%) and WHO (86%). All of the international organisations listed above have offices in Harare, and despite the fact that their objectives are obviously very similar to the local NGOs, they still also supported the local HIV/AIDS NGO sector.

### 5.2.10 Partnerships with other local organisations

Question 1.11 asked respondents to name local Zimbabwean institutions, be they government, churches and community groups, universities and colleges, media houses and private companies, with which their organisations had partnerships. The response from this question is shown in Figure 5.10 below.



*Source: Survey data*

**Figure 5.10:** Partnership with local institutions and organisations

It can be seen that the majority of NGOs are networking with other institutions in the country as listed in Figure 5:10 above. Eighty-eight percent (88%) of the NGOs are networking with community groups such as churches, clubs and women's co-operatives, etc. Seventy-five percent (75%) had links with government departments, 69% had links with media organisations, 54% were linked with tertiary education institutions, and 50% networked with private sector organisations.

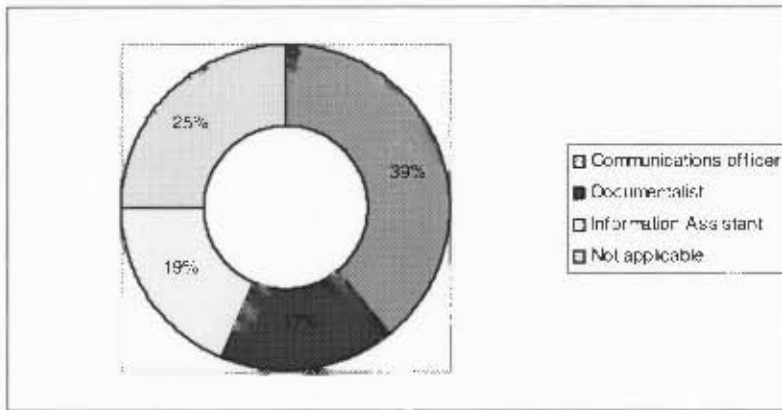
### 5.3 Information management and services capacity of the NGOs

#### 5.3.1 Number of information resource centres in the sector

Question 2.1 asked the respondents if their organisations had a documentation centre/information centre. A large majority of the NGOs (75%) had information resource centres while 16 (25%) of NGOs did not have facilities of this nature in place.

#### 5.3.2 Job titles of information services staff

Question 2.2 was a follow-up to Question 2.1. The respondents were asked to indicate what job title was used to describe the staff that managed information services at the centres. The response is shown in Figure 5.11



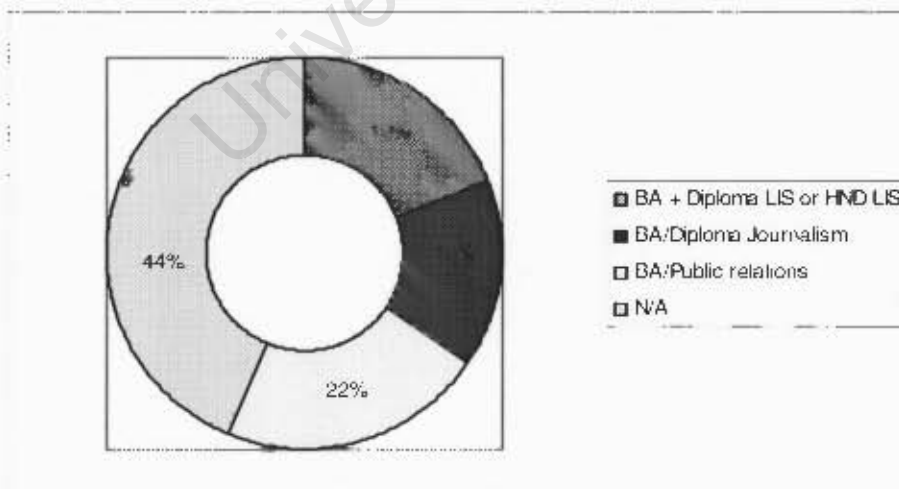
*Source: Survey data*

**Figure 5.11:** Job titles used for information professionals in the NGOs

The respondents indicated that 'communications officer' was the most frequently used term to describe those employees who managed information services in the sector (39%), while 19% used the term 'information assistant' and 17% used the term 'documentalist'. The 25% 'not applicable' response represent those NGOs that did not have an information centre.

### 5.3.3 Professional qualifications of information service staff

Question 2.3 asked respondents what professional qualifications the information centre managers hold. The response is shown in Figure 5.12.



*Source: Survey data*

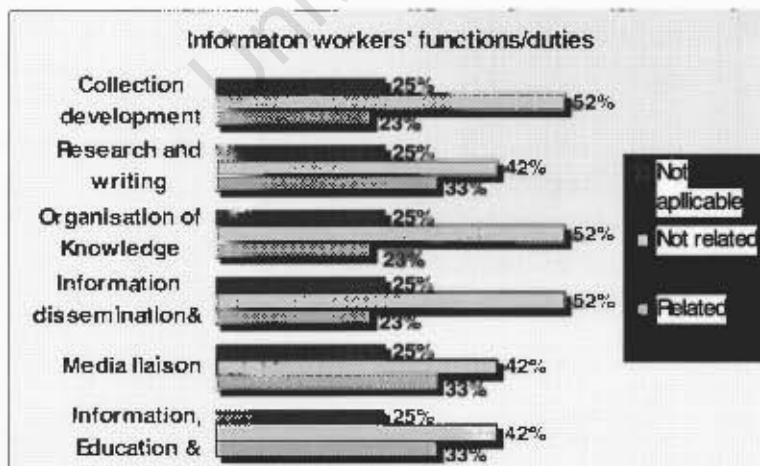
**Figure 5.12:** Professional qualifications held by information services staff

Figure 5.12 indicates that the information workers possessed the following qualifications: 22% possessed a bachelor's degree or national diploma in public relations, 19% held a bachelors degree/national diploma or higher national diploma in library and information science, and 16% a bachelor degree or national diploma in journalism. No other qualifications were identified. The 44% 'not applicable' response included the 25% that do not have information centres and the 19% who had information workers with no professional qualifications.

### 5.3.4 Functions performed by information services staff

Question 2.4 and 2.5 asked respondents to indicate the functions that were handled by the information staff to establish the various skill levels that are available. The duties outlined in Question 2.4 were based on the roles of the two types of information workers, i.e. documentalist/librarian and communications/public relations officer managing information services, and were derived from the pilot tests and information found in the literature. The responses to the 'open' Question 2.5, which asked respondents to list other activities performed by the information staff, provided further tasks that were performed by the information officers.

From these responses the researcher arrived at the following consolidated categorisation of functions for the two types of information workers. Documentalists or librarians were concerned with collection development, organisation of knowledge; and information disseminations and retrieval. Communication or public relations officers were concerned with information, education and communications activities; media liaison activities; and research and writing. Figure 5.13 shows the distribution of these functions.



Source: Survey data

Figure 5.13: Information workers functions

The responses showed that although all six functions mentioned above formed part of the information workers duties in their attempt to mitigate HIV/AIDS by promoting awareness of the problems in society the capacity of each function was very low (cf. Figure 5.13). This ranged between 23% for the documentalist/librarian functions (information dissemination and retrieval; organisation of knowledge; and collection development) and 33% for the communications/public relations' functions (IEC; media liaison; research and writing).

### **5.3.5 Information service budgets**

Question 2.7 asked respondents to indicate if their organisations allocated a specific budget for their information service.

The forty-eight NGOs (75%) that had information centres and staff engaged as information officer, documentalists or documentation assistant, all received a designated budget for their information work activities. The other 12 NGOs (25%) did not have a specific budget allocated for information services and thus also did not have information staff positions in the organisational structures.

### **5.3.6 Computer availability and Internet access**

Questions 2.8, 2.9 and 2.10 asked the participants whether their information centres had computers, the kind of PCs available and whether they had access to the Internet at their organisations.

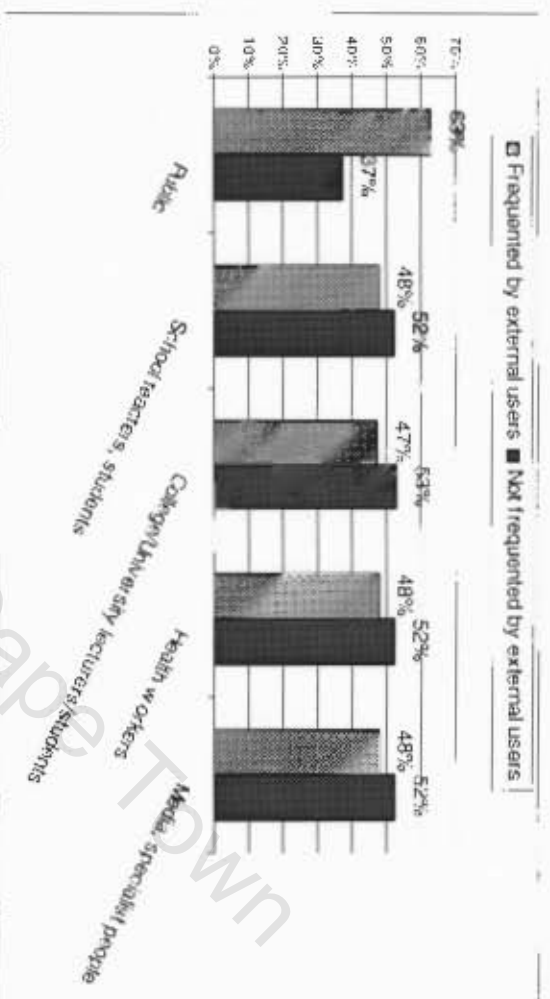
Although a large majority of the NGOs (88%) indicated that they had computers, only 25% of the organisations had access to the Internet. The latter category also had websites that were accessible on the Internet (cf. Questionnaire 1.1).

It was further established that a variety of computers were being used in any given NGO, and that both old and new generation equipment was used concurrently. During the site visits to the NGOs the researcher specifically checked on the NGOs' Internet capabilities and connectivity.

It emerged that of the 25% who had Internet access only seven of them had direct access (ISDN, 64K-connection speed), while nine NGOs used analogue systems (56K-speed connection) to access the Internet. This means that very few of the NGOs in Zimbabwe are connected to the Internet and none use fast connection facilities such the ISDNB (128K-speed connection) or the ASDL connection mode.

### 5.3.7 External information users

Question 2.11 asked respondents to indicate the categories of external users who visited the resource centre for information purposes. The response is illustrated in Figure 5.14 below.



Source: Survey data

Figure 5.14: External users of information resource centres

A wide variety of people used the information resource centres and these ranged from the general public to specific users such as lecturers, teachers, students, health and social workers, and media specialists. Government and corporate welfare officials also sourced information from the NGO's information centres.

It can be seen that a substantial number (63%) of the HIV/AIDS information centres were used by the general public, 48% were used by teachers and students from schools, 47% by college/university students and staff, 48% by health workers, and 48% by media and other specialist people.

### 5.3.8 Media collected and information tools available at the NGOs

The third section of the questionnaire posed questions that attempted to obtain information on the types of media that NGOs were gathering for collection development at their information centres. They were also asked to indicate the tools which were used by the NGOs to organise, transmit and enable mass access to the various sources of information that were available to their staff and clients.

### 5.3.9 Types of media sources available at the HIV/AIDS centres

Question 3.1 asked participants to indicate from a list of items the information source categories that formed part of the media collection held by the organisational documentation centres. The outcome is shown in the Table 5.2.

All the 48 NGOs with documentation centres had some kind of information resources, ranging from pamphlets and posters (100% availability), newspapers (100% availability), other materials, e.g.: photocopied articles (75% availability), books and reports (72% availability), audio-visual (68% availability), training manuals (56% availability), and electronic information sources (25% availability).

Type of media availability in the NGOS	Availability %
Pamphlets and posters	100%
Newspapers	100%
Other materials (e.g. photocopied articles)	75%
Books and reports	72%
Audio-visual (e.g. tapes, videos)	68%
Training manuals	56%
Electronic information sources (e.g. Internet)	25%

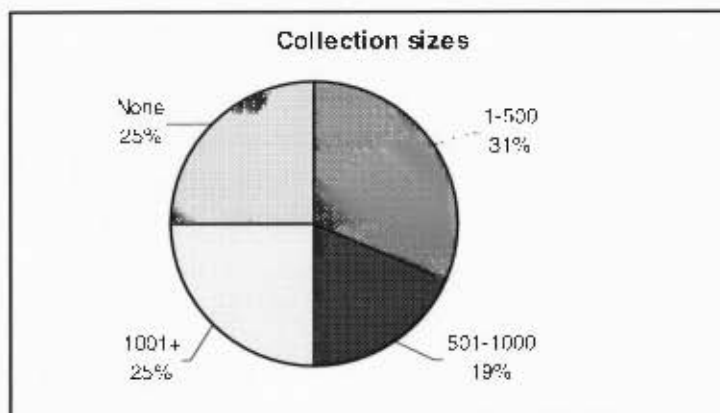
Source: Survey data

**Table 5.2:** Media availability at the HIV/AIDS NGOs

#### 5.3.10 Collection size, language, and acquisition method

Question 3.2 wanted to establish how large the collections were. It emerged that while some organisations had a considerable number of items in stock, others lacked sufficient information resources. Those (25%) who did not have documentation centres obviously had no stock as yet.

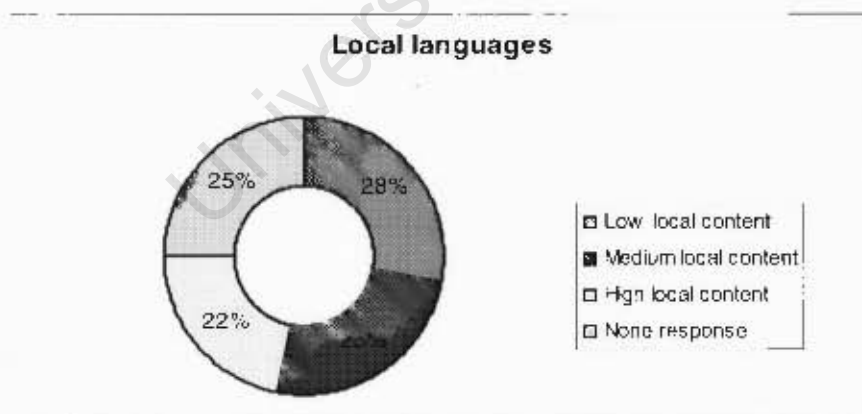
From Figure 5.15, it can be seen that 25% of the NGOs had no information collections. Thirty-one percent of the NGOs fell in the range of between 1 to 500 items, 25% had collections above 1000 items and 19% had collections that ranged between 501 and 1000 items.



*Source: Survey data*

**Figure 5.15:** Size of collections

Question 3.3 asked respondents to indicate to what extent their resource materials was written in one or other of the two main local languages (i.e. Shona or Ndebele). The reason for asking the question was to establish whether the NGOs were catering for the indigenous language needs of various groups that use the information service. As reported in Chapter 2, there are three official languages in Zimbabwe, Shona, Ndebele and English. Although the latter is the language of communication in the business environment, it is not the mother tongue of the majority the population. The outcome is presented in Figure 5.16 below:



*Source: Survey data*

**Figure 5.16:** Local language content

It is clear that the NGOs were almost equally divided. There were those to whom the question did not apply (25%) (i.e. those without information centres) and the 28% that had stock with a low

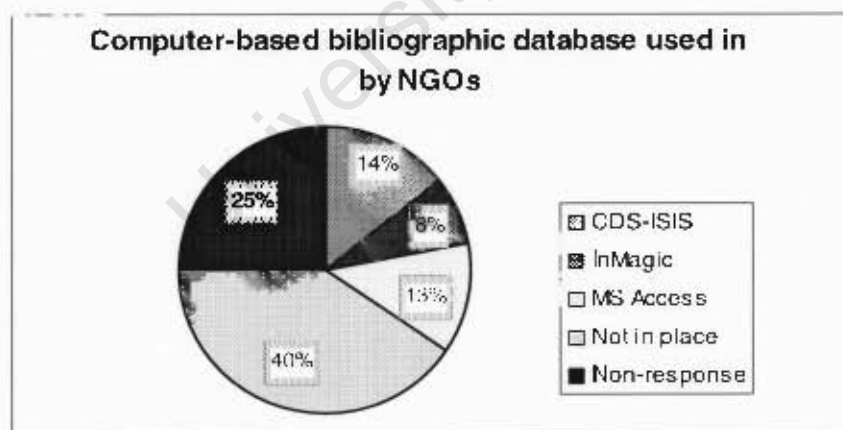
indigenous language content, the 25% that rated the indigenous content in their collection to be at a medium level, and the 22% with a high indigenous content.

Question 3.4 was a follow-up to Question 3.3 and asked respondents to indicate the methods they were using to acquire information items for the information centres (purchase, exchange and donation). The responses showed that all the HIV/AIDS NGOs, with documentation centres, used all methods concurrently.

### 5.3.11 Types of database systems

Question 3.5 asked respondents to indicate whether their information management services were organised and managed using computer-based systems.

The responses in Figure 3.17 showed that for 25% of the NGOs the question was not applicable (none response, as the centres did not have information centres) and that a further 40% had not yet set up bibliographic database systems. The other 22 NGOs (34%) were however using computer-based systems. Of these, 9 NGOs (14%) were using CDS-ISIS (a free bibliographic system offered by UNESCO to developing countries), 8 NGOs (13%) were using Microsoft Access, while 5 NGOs (8%) were using In-Magic, the most sophisticated of the three bibliographic software applications.

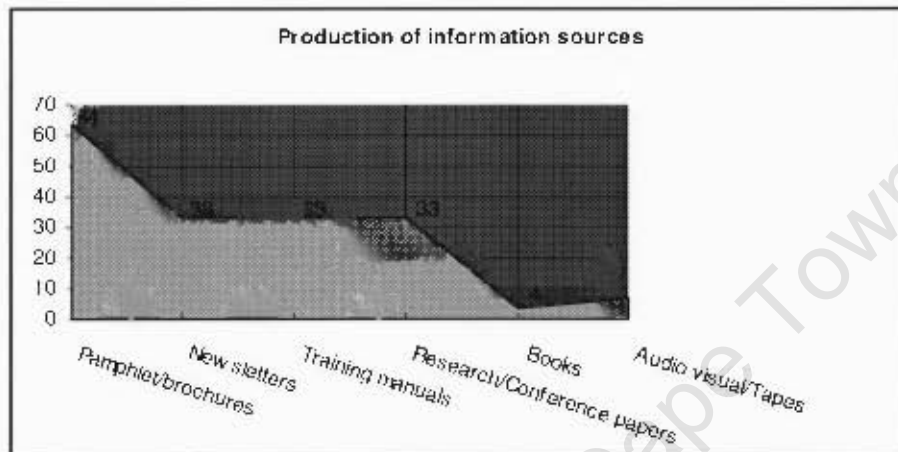


Source: Survey data

Figure 5.17: Types of database systems in use among the HIV/AIDS NGOs

### 5.3.12 Production of information sources by NGOs

Question 3.6 requested respondents to indicate whether their organisations produced or published any information items. They were asked to select from a list of five items as shown in Figure 5.18 below.



*Source: Survey data*

**Figure 5:18:** Production of information sources by HIV/AIDS NGOs

The responses gathered indicated that all the 64 NGOs were producing some form of pamphlet or brochure. Newsletters, training manuals and research/conference papers had also been produced by 33 NGOs (52%). Seven NGOs (11%) reported that they had produced or commissioned audio visuals/tapes with the purpose to inform their targeted audiences. Only 4 (16%) of the NGOs had published information in the form of books (i.e. with ISBN'S).

### 5.3.13 Types of information equipment available to the HIV/AIDS NGOs

Question 3.5 asked respondents to indicate the type of equipment/tools that are often used in the production of information items such as newsletters, pamphlets, posters, etc. The response showed that the NGOs were well equipped to produce media in a variety of formats. The outcome of the question is given in Table 5.3.

Type of equipment available	Total available of sector	Total %
Binding machines	57	89
Photocopying machines	56	88
Video cameras	52	81
Overhead projectors	51	80
Video players	47	73
Multi-media projectors	29	45
Scanning machines	24	38
Digital cameras	21	33

Source: Survey data

**Table 5.3:** Information equipment available to the HIV/AIDS NGOs

Most of NGOs had binding machines (89%), photocopying machines (88%), video cameras (81%) and overhead projectors (80%). A remarkably high percentage also had access to more specialised equipment such as video cameras (73%), multi-media projectors (45%), computer-based scanning machines (38%), and lastly digital cameras (33%).

#### 5.4 Findings that emerged from the observation method

During the observation data collecting process important aspects of information work were revealed at the NGOs. The observation was geared to examining the environment in which information services were provided and the tools that were used to this effect, but other issues also surfaced.

Five areas were targeted by the observation schedule and managed as follows:

- Where are HIV/AIDS centres located?
- What types and scope of information materials were available?
- How are information or knowledge sources housed and organised?
- How is information disseminated and how do users access it,
- What type of furniture, IT tools and room space is available?
- Staff/visitor interaction.

In order to record the findings, the researcher used an observation guide. He recorded the findings within the framework of the guide that ensured a uniform, standardised approach. (cf. Appendix 4).

The space available for information centres varied. Some occupied quite small areas, while other centres had a reasonably large floor space. The restraining factor was financial resources. Approximately 75% (¾) of the information resource centres were housed in very small cramped accommodation, while about 25% (¼) had adequate space.

The range of information sources as reflected in Figure 5.14 (Size of stock collections), included books and documents. The bulk of the NGOs have information collections that exceeded 1000 items, while 50% fell in the range of between 1 to 1000 items, and the last group (25%) had no collections as yet.

The collections cover a wide range of information that included specialised areas of health and HIV/AIDS, social science and economics, and subjects related to human and social development. The numbers of specialised textbooks are still very small compared to publications in other formats such as handbooks, documents and reports. A large number of items were periodic reports such as those published or produced by WHO, UNAIDS and UNDP etc.

Research articles and conference papers also formed a major source of information in the resource centres. The view was that these were cheaper to get and could easily be obtained as donations from a number of sources, e.g. the corporate sector, churches, international research organisations and from other NGOs. Another source they relied heavily upon was training manuals. These were created for organisational purposes but were also exchanged or deliberately sourced for the staff for training purposes. NGOs also compiled manuals for outreach distribution purposes.

Newsletters were a further important source of information. Newsletters were received through donations, subscriptions and exchanges. Newsletters are important because they contain the latest information emerging from fieldwork, and they report both the successes and the challenges posed by the epidemic. They were generally displayed using newsletter racks and then later stored in boxes.

Sizeable samples of newspapers were available and were used by NGOs. Most of the NGOs subscribed to two or more major newspapers published in the country such as the Herald, the Chronicle, the then Daily News (which was later banned by the government in 2004 after it did not want to register under politically motivated legislation referred to as POSA). The other newspapers included the weekly editions, namely the Sunday Mail, the Sunday News and the Business Tribune (which was also banned in 2004 under the POSA legislation), the Standard, the Independent and the Financial Gazette. None of the organisations indicated any subscription to

community papers. A large number of NGOs indicated that they subscribed to the Mail and Guardian, which is a southern Africa regional newspaper and has a column covering HIV/AIDS called the HIV/AIDS barometer.

Among the audio-visual sources of information, videos were widely used. The Media for Development Trust is the leading NGO that uses videos in the fight against HIV/AIDS. The group called Together-As-One theatre productions, is a NGO that also had adopted theatre as a means of creating public awareness and advocacy to fight HIV/AIDS.

It is clear that a number of distinct forms of information resources were available to users of the resource centres, viz: print media, audio-visual media, electronic media, and person-to-person information conversion. The printed media and tapes were arranged on wall shelves or in storage boxes.

The electronic media varied. A very small percentage of the NGOs had modern IT facilities (ITCs comprising modern network servers, computers, multimedia) and were able to access free electronic databases (e.g. UNAIDS publications accessed at <http://www.unaids.org>). Organisations with Internet access stored alternate information resources on diskettes, CD-ROMs or on the electronic public folders. Some organisations had electronic journal subscriptions, which were free or paid for. There seemed to be a heavy reliance on information downloaded from the Internet free of charge as most centres stocked a variety of downloaded reports and handbooks, which were either kept as hardcopies or as electronic copies to minimise costs.

## **5.5 Interview responses**

To obtain more in-depth information, or to clarify ambiguities, the researcher conducted interviews with 15 key informants. The interview guide consisted of 9 questions, which were answered by the 15 key informants who worked in the HIV/AIDS NGOs sector. The answers that were provided have been synthesised and reported in the following sections, 5.5.1 to 5.5.8.

### **5.5.1 Activities used to address HIV/AIDS by NGOs in Zimbabwe**

Respondents were further probed on the kind of work or activities they did to mitigate the HIV/AIDS pandemic.

The respondents indicated that beside their welfare objectives they also offered advocacy, communication (networking), and research and education services to communities. It further also became clear that information dissemination formed part of the core business of the NGOs. They

stated that it was difficult to gauge the specific contribution and impact of individual NGOs, as there was no means of measuring this variable but they were convinced that each NGO was making a contribution to the mitigation of HIV/AIDS in a positive way. Effective information dissemination services would thus bolster other means used to control the intensity of the diseases.

A specific follow-up question asked participants how community leaders and government were receiving the advocacy work. They revealed that there were varying levels of acceptance and feedback from community and government leaders due to the way in which the disease impacts on custom and value issues, as well on politics. Community leaders such as headmen and chiefs, counsellors and institutional leaders (headmasters, politicians) had different perceptions on what should be done to deal with HIV/AIDS problems. Politicians, especially in the government, did not want statistics of deaths to be mentioned in relation to government health delivery, as this exposes the shortfalls in the health system of the country. Thus the role of advocacy and awareness is impeded by this dilemma.

The responses also indicated that the education and training role of NGOs was achieving results in the communities. Most of the NGOs engaged trainers to educate and impart awareness of the disease to the affected and infected. Community education ensured that there was continuous rapport, and networking between the NGOs and the people. Thus the NGOs were also able to network among themselves and with donors and communicate what was happening in the communities.

#### **5.5.2 Creation, gathering, and dissemination of information by the HIV/AIDS NGOs**

All 15 participants in the interview study were asked how they created, gathered and disseminated information to both internal and external users. They were also asked to comment on their experiences with regard to inter-organisational exchange of information.

The responses indicate that field officers were doing their work by reaching out to people or communities. It was clear that by using information as a tool to mitigate HIV/AIDS among the citizens of Zimbabwe they were achieving results, but also registering failures as well. They emphasised that information management was generally below standard, compared to the private sector, science and education sectors. The factors that were highlighted indicated that NGOs had not reached the position where they can be classified as learning organisations.

It also emerged from the interviews that most of the NGOs relied on disseminating information through the mass media, namely newspapers, radio and television. Although most Zimbabweans

have access to radio and television, the majority were likely to find newspapers expensive due to economic hardship. And because there were only four radio stations and one television station in the country, getting airtime was obviously a problem for NGOs.

The responses further also revealed that while most NGOs produced newsletters, brochures and pamphlets, these information sources were pitched at the general public and were thus not really used for scientific or academic applications. It was suggested that influence be exerted on NGOs to interact more proactively with research-based institutions to ensure that the wealth of relevant tacit knowledge that the NGOs have access to, is captured for advanced scientific research and social mitigation. By creating such bonds, the NGOs' ability to engage in research writing, editing, multi-media techniques, and computer application would be enhanced.

Some respondents were very critical of their senior management, as it was perceived that they did not want their NGOs to invest in long-term information objectives. By doing so tacit knowledge was being lost due to lack of capacity to tap it and convert it into explicit information. Two successful HIV/AIDS NGOs, namely the ZAN and SAfAIDS were reported to have the capacity to turn the tacit knowledge they generated into explicit information. Their success has been manifested in the number of books and scientific reports on HIV/AIDS that they have published in Zimbabwe. Thus NGOs could learn from these and other NGOs outside the HIV/AIDS area such as the Southern Africa Research and Documentation, SAPES Trust and ZERO who have managed to run research based documentation centres and do commercial publishing on topics such as socio-economic impact of HIV/AIDS, gender, human rights, agrarian studies, environment, poverty, etc.

The responses further indicated that pamphlets, posters, HIV/AIDS articles in the newspapers, workshops, NGOs' newsletters, radio and television, church and community leaders, teachers, health and social workers, volunteers and peer educators, and to a lesser extent politicians were the major sources used to channel information to the targeted groups. The NGOs used different approaches to deliver information to the 'clients' to whom they were targeting their services to, and therefore the types of sources for reaching the targeted population were also different.

Generally, the respondents highlighted that the information that NGOs were creating or disseminating still required extensive improvement and verification before their information could also be used in support of the information needs of academics and research scientists. Others pointed out that big players such as the Zimbabwe AIDS Network or SAfAIDS had the means and capacity to produce information that would suit the information needs of any category of user in the country, as they could afford to engage qualified researchers.

### **5.5.3 The benefits derived from HIV/AIDS information centres**

The key informants argued unequivocally that their information centres were well positioned to attain their objectives of creating a high level of awareness and dissemination of information. They equated themselves to the learning and research environment as found in academic libraries at higher learning institutions. They suggested that those NGO documentation centres which are well established and resourced are great sources for knowledge gathering and information dissemination. These interviewees were the trained and professional respondents and their organisations had seen the benefits of recruiting them and providing them with the tools they need to deliver an effective information service. They further argued that as most of the HIV/AIDS NGOs were sharing resources and networking informally or formally, an information culture was developing in the sector that could promote sustainability and further enhance mitigation intervention programmes. Thus if information was valued by the NGOs, it would most likely make the programmes more viable and attract information seekers and further support from donors. But as mentioned earlier, capturing tacit knowledge should be one of the objectives of NGOs. They should collaborate with research institutions to ensure the transfer of that knowledge to the scientific and social development domain.

### **5.5.4 Information management services, the National Library and Documentation Service Act (1985) and National AIDS Council**

Ten of the respondents (trained documentalists) revealed that they had read and understood the NLDS Act of 1985. They pointed out that government and local councils should play a leading role to see that the visions enshrined in the NLDS Act were attained.

The informants agreed that information professionals were indeed an important category of worker that HIV/AIDS NGOs had to employ so that they can facilitate and enable the use of information sources. They pointed out that at the moment there were too few qualified personnel who plan and deploy information dissemination services at the agencies.

In order to achieve better information services in Zimbabwe's HIV/AIDS sector, and contribute to the information dissemination objectives of the National Library and Documentation Service Act (NLDS) Act of 1985, information workers need to understand the nature of information and knowledge in their organisations. Information workers should be skilled at selecting and searching information sources and they should also have the know-how to articulate and analyse information needs, evaluate the quality of information, extract and store valuable information. (Choo, 2000:397).

The NLDS Act of 1985, provides clear guidelines on library services in the country, specifying roles and functions of national deposit libraries, constituent libraries, special libraries, public libraries, community centres and information centres. All NGOs should be familiar with the Act. The Act's aims and objectives, if adopted properly, should influence organisations such as NGOs to assist the government in the production and dissemination of public information. There is a need for maximum production and dissemination of information sources among local communities and at national level in Zimbabwe.

The NLDS Act (1985) proposes that public libraries be established in all towns and cities under the control of municipalities and councils. In the periphery areas such as farming and rural areas, it proposes that cultural and information centres be created. The interviewees argued that the NGOs' information initiatives were created by the need to fulfil their organisational goals and objectives, and they also felt that it helped to fill the information gap that exists with regard to HIV/AIDS health matters. It is therefore a great concern that the body that administers the services propagated by the NLDS Act, i.e. the National Library and Documentation Service (NLDS), is not assisting the modalities required by the HIV/AIDS NGOs to manage and disseminate HIV/AIDS information. The NLDS should appraise these organisations and provide guidance where needed.

The informants were not very complimentary as far as appraisal of the National AIDS Council (NAC) was concerned. They stated that the relationship between HIV/AIDS NGOs and NAC had yet to bear fruitful results. They alleged that NAC as a national body and government sponsored NGO lacked the tenacity needed to fight HIV/AIDS in a devastated country such as Zimbabwe. It was revealed that there was much secrecy with regard to the way it handled the national 5% HIV/AIDS levy received from all taxable incomes in the country. Some NGOs who had applied for funds were not getting it, and there was tension in the sector over these funds that the NAC was supposed to disburse to NGOs and communities working on HIV/AIDS programmes across the country. A key informant who worked for NAC downplayed the allegations on the grounds that the organisation was in the process of implementing all its national structures and it therefore needed more time to fulfil all its objectives and tasks at hand. But despite the denial, it later emerged the government had ordered the Comptroller and Auditor-General to launch a full-scale probe into the Aids Levy administered by NAC.<sup>8</sup>

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<sup>8</sup> Government probes AIDS Council, *Zimbabwe Independent*, 4 March 2004

### **5.5.5 The deployment of computers, the Internet, and ICTs in the HIV/AIDS NGO**

#### **sector**

The key informants strongly believed that the lack of information technology (IT) was a significant problem in the sector. This was despite the fact that many of the NGOs (88%) have computers.

They further expressed that many NGOs' IT infrastructure was not well maintained. It was expensive for organisations to pay IT experts from the private sector to maintain their equipment. A few organisations were able to budget for maintenance services and they then also experienced less frequent breakdowns of their computers.

The problem of choosing the right equipment at the right price was reported as being one of the major problems in the sector. Thus many NGOs were investing in expensive hardware that was far too advanced for the skill-base of their staff or conversely in cheap hardware that did not offer them with lasting solutions to handling administrative and operational information. They pointed out that the major problem was lack of skills, as many employees did not have adequate skills to use these facilities and tools. While many NGOs used computers for word processing, statistical analysis of data, and as multimedia tools for communication, the variety of other possible functions such as video shows etc, were not being exploited.

Many NGOs in the sector did not have local area networks (LANs) that enable quick and effective use and sharing of information. Thus it was established that most organizations were using stand-alone personal computers (PCs) and not making use of the benefits of a networked environment.

The idea of networking and using a single unified IT infrastructure in the country and in the sector was enthusiastically embraced. But many problems were also raised such as different types of PCs, applications and server systems. These would pose incompatibility problems and prevent the implementation of a wide area network for the sector. The researcher however pointed out that many organizations were using different hardware, but still were sharing information, the practical example being the Internet. Eight of the key informants pointed out that this would work as a long-term project but at the present sounded far too ambitious. The documentalists were generally supportive of an information network via one Internet portal for the HIV/AIDS NGOs.

### **5.5.6 Usefulness of the Internet to the NGOs' information needs**

All 15 key informants stated that had used and sourced various types of information dealing with work-related activities from the Internet and had found the information to be relevant and useful.

They however indicated that to use information from the Internet requires skill and careful judgment, as retrieved information often needs to be verified before one could depend on it. They also pointed out that there were some useful websites they have used. The UNAIDS website was the most frequently visited site, while some information is general retrieved by using Internet search engines and crawlers such as Google (<http://www.google.com>).

#### **5.5.7 Peer evaluation of local HIV/AIDS NGOs and international donors**

The interviewees cited SAfAIDS, ZAN and SANASO as the leading NGOs in their field in terms of information dissemination. The view was that these three NGOs were playing varying leadership roles nationally and regionally, and were structured and capacitated to be in these positions.

A related question to the above was to ask the interviewees to indicate who in their view were the most dependable and supportive International donors to local HIV/AIDS welfare and mitigation. It was established that there were quite a number of such agencies that contribute to a number of programmes countrywide. Those mentioned included Africare, AusAID, CIDA, DANIDA, DFID, EU, MISEREOR, HIVOS, NORAD, SCF (UK), SIDA, United Nations agencies, Population International and a few local donors.

The follow-up question asked the key informants whether they thought that donors could be persuaded to fund an information management and dissemination service that would foster the sharing and exchange of information in the sector and which would lead to the transfer of tacit knowledge to the public domain and for research purposes. All members expressed that it would be possible, but only if all HIV/AIDS NGOs would work together for the plan to be taken seriously by the donors. Others stated that this was workable since many NGOs included information packaging and dissemination on donor applications.

#### **5.5.8 Views on the proposed HIV/AIDS database and portal in Zimbabwe**

The documentalists (5) in the group of interviewees were all very enthusiastic about the idea of a national HIV/AIDS database. Other interviewees who included communication officers and managers (10) thought that the scheme would not work as the NGOs did not have a cooperation policy with regard to the sharing of resources. But everyone in this latter group supported the proposal after a briefing from the interviewer on what the development of a bibliographic database and portal on HIV/AIDS information would entail and what the benefits for the country would be.

## **5.6 Summary**

This chapter presented the results that were collected from the questionnaires, the observation study and the interview study. The results indicate the state of service capabilities and limitations as far as the research questions were concerned. The findings of this study on information management and dissemination services offered by the HIV/AIDS NGOs will be further discussed and reported in Chapter 6.

University of Cape Town

## **CHAPTER 6**

### **CONCLUSIONS & RECOMMENDATIONS**

#### **6.1 Introduction**

This chapter presents the conclusions arising from the discussions of the findings and attempts to answer the research questions outlined in Chapter 1. In this chapter, the researcher comments on important issues that emerged from the study and which relate to the most important aspects of HIV/AIDS information and knowledge management and dissemination in Zimbabwe. This is followed by recommendations which are grounded in the findings of the study and further informed by the UNAIDS' best practices document. The UNAIDS has strongly recommended that countries adopt information dissemination as one of the key methods to mitigate HIV/AIDS as it enables experiences to be shared. It is hoped this would be one of the most practical ways of fighting HIV/AIDS in Zimbabwe.

In Africa, local communities are generally the most susceptible and vulnerable to crisis situations as they often lack the information they need to deal with many issues and problems. The HIV/AIDS pandemic is an outstanding example of one of the major crisis situations where the question can be asked whether we have sufficient information about the disease and whether everyone understands how HIV/AIDS impacts on their lives? How many people know how to deal with the epidemic? Do our social and scientific researchers have enough evidence to derive appropriate solutions? If we accept the important role that knowledge and information management play in the business and commercial environment (cf. Takeuchi & Nonaka (2004), Hobohm (2004)) where information and knowledge are utilised to promote organisational learning and development, the question can be asked why the same results cannot be achieved by utilising knowledge and information to help alleviate the HIV/AIDS pandemic.

The researcher believes that while the HIV/AIDS NGOs in Zimbabwe have shown their commitment to fight the epidemic, what is currently needed is to proactively engage in various information and knowledge interventions, such as human networking, to assist in the campaign against HIV/AIDS. The researcher further argues that information workers are important players in knowledge and information creation, gathering and dissemination and if organisations employ such professionals, it would help in providing the knowledge and information required to solve the HIV/AIDS pandemic. In this way communities will be enabled to solve local problems with local solutions.

HIV/AIDS is a people-based epidemic and problem and as such, is imbedded in the cultural domains of the people. There is a need to unlock knowledge from cultural and societal settings, as these are the reservoirs of indigenous (local) knowledge. Thus both tacit and explicit knowledge about HIV/AIDS needs to be exploited in order to address the problem and achieve both local and external solutions. The wealth of experiences, successes and failures should be documented and externalised so that it can be accessed by HIV/AIDS counselling staff, the public and researchers.

## **6.2 Main conclusions**

In the following sections the main conclusions and summary of the results are outlined. These findings have been integrated with relevant information from the literature survey as well as the researchers own observations.

### **6.2.1 Types and composition of HIV/AIDS NGOs**

Four types of HIV/AIDS NGOs were identified, namely 1) NGOs solely formed to deal with HIV/AIDS, 2) church-based NGOs that were established out of moral and religious convictions, 3) community-based organizations (CBOs) that are confined to specific localities, and 4) NGOs, which can be defined as national NGOs due to the variety of services they offered to the communities all over Zimbabwe. These were established at different periods, and have varied functions although all of them have similar objectives (cf. Figure 5.1 and Figure 5.2). It can further be observed that the number of agencies dealing with HIV/AIDS had increased dramatically from 1990 onwards. This can be seen as one of the indications of the severe nature of the AIDS pandemic in the country and why Zimbabwe is now regarded as one of the most highly affected and infected countries in southern Africa.

### **6.2.2 NGO HIV/AIDS mitigation services by geographical areas**

It was established that there are 66 NGOs (cf. Figure 5.7, Table 5.1) participating in the HIV/AIDS sector that are based in Harare. Although the findings suggest that half of the NGOs also service other parts of the country there is an urgent need for more NGOs to de-centralise operations so that HIV/AIDS mitigation can be applied equally and to all corners of the country, both urban and rural.

### **6.2.3 Funding sources and budget sizes of NGOs**

The budgets of the NGO's that were reported in this study (cf. Figure 5.4) were adequate at the time of their initial implementation but, by the time of the study, these were found to be totally

inadequate. This can be attributed to political instability and economic deterioration that occurred between 2002 and 2004.

A further problem is that the AIDS levy, which was set up by the Zimbabwe government to provide an injection of funds to assist HIV/AIDS organisations, has not benefited many NGOs. It has emerged that these funds are far too low for the needs of the community, and it was further alleged by a number of respondents that the funds are not adequately managed by the National AIDS Council, the trustee of the AIDS levy.

All these factors have therefore forced the majority of the NGOs to rely extensively on external aid. It is thus not surprising that the study revealed that the largest source of HIV/AIDS funding comes from international donors, the major contributors being Population International, UANAIDS, UNDP, World Bank and the IMF (cf. Figures 5.3; 5.9). The danger, however, of such a situation is that it may lead to donor fatigue as evidenced in other countries. A further problem that emerged during the study was that many of the international funding bodies and western countries (the major source of such donor funds to aid agencies) were currently embroiled in political dispute with the government of Zimbabwe and this has affected funding for community based projects such as HIV/AIDS mitigation. For example, in 2004 it was reported on the Kubatana network that, Zimbabwe had failed to receive HIV/AIDS funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The body had rejected Zimbabwe's HIV/AIDS funding application of US\$218 million ([www.kubatana.net](http://www.kubatana.net), 29 July 2004).<sup>9</sup> The Kubatana network report revealed that HIV/AIDS activists were very disappointed by this decision, which they allege was based on a political decision and this meant that the work of HIV/AIDS NGOs at grassroots level was severely impeded.

#### **6.2.4 Staffing capacity at the NGOs**

The staffing capacity at HIV/AIDS NGOs varied considerably from one organisation to another and was generally determined by the nature of services and functions offered by the NGOs and defined by the scope of their strategic framework and budget (cf. Figures 5.5; 5.6). It was clear that the NGOs that operated in large geographic areas, i.e. in Harare as well as in periphery areas and at national level had a larger number of personnel (cf. 5.7). The study revealed that voluntary workers were a common feature and were engaged whenever volume of work required an increase in the number of people helping at grassroots level. Although the specifics of staff

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<sup>9</sup> Reported by the Kubatana Network. Kubatana is a welfare service website which disseminates development information from the grassroots level in Zimbabwe.

specialisation were not raised in the questionnaire (except for information services employees), it emerged during the interviews that there is a general shortage of social workers in the sector.

The brain drain appeared to be causing a major problem in the HIV/AIDS sector as many recently qualified and experienced staff was leaving the country for greener pastures overseas and in neighbouring countries (e.g. Botswana, South Africa and Namibia). According to a report that was published in the *Mail & Guardian* (11/10/2003) titled, '*Brain drain hits Zimbabwe's medical health service*', the treatment of AIDS orphans was breaking down due to professional recruitment of social workers by British agencies.

The other factor affecting staffing was that the training capacity for social work was low in the country. Currently the only facility that specifically trained social workers was the School of Social Work, an affiliate of the University of Zimbabwe. In order to reduce the shortages many HIV/AIDS NGOs were thus luring trained nurses and teachers from the public services and then further training them on the job and through short courses. Advanced short courses on counselling and social welfare were offered by CONNECT (a group of NGOs specialised in counselling) as a way to increase the number of counsellors and HIV/AIDS care givers. The only other relevant university course was that of the Zimbabwe Open University, which started offering a 4-year part-time degree course (Bachelor of Science) in Counselling in 2000.<sup>10</sup> It is also possible that other universities in the country may consider offering courses related to the HIV/AIDS epidemic.

The researcher is however of the opinion that although more qualified counsellors and other social health workers might qualify through the new courses on offer or to be offered at higher education institutions in the country, problems caused by the shortage of suitably qualified aid workers are likely to persist in the foreseeable future.

#### **6.2.5 Skill-levels and capacity of information service staff**

The study revealed that only a small number of trained information professionals (19%) were engaged in the management, processing and organisation of HIV/AIDS information at the NGOs. While many NGOs have employed communications officers and unqualified information assistants (cf. Figure 5.11 and Figure 5.12), the researcher is strongly of the opinion that information management and dissemination can only be effectively done by trained information professionals, such as librarians or documentalists. Three local institutions, namely the Harare and Bulawayo Polytechnics, and the National University of Science and Technology are currently offering library and information science programmes at diploma and degree level.

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<sup>10</sup> The Zimbabwe Open University prospectus.

There is a need therefore to encourage these institutions to incorporate aspects of information and knowledge management in their curricula in order to produce information professionals who can run successful NGO documentation or resource centres. There is also a strong need to clearly define the tasks and roles of the staff working in this sector. It was found that in a large number of the NGOs, the communications, public relations and media liaison officers were also tasked with the duties normally executed by documentalists/information officers, while in other instances the roles were clearly demarcated and separated. It is therefore important that these roles be re-defined so that only staff that are qualified and proficient in information work be allocated these tasks. This, in turn, would ensure that quality services be provided.

There is thus an urgent need to employ qualified information workers in the sector. They should at least have the basic certificate in library work (1 year study), or the national diploma (2 year study), but it would be preferable if they had the higher national diploma in library studies (3 year study) or a degree in information science such as the 4 year degree offered by the National University of Science and Technology in Zimbabwe. Diploma courses in library studies are offered by both the Harare and Bulawayo Polytechnics.

#### **6.2.6 Networks of HIV/AIDS NGOs**

The study revealed that there was a fair amount of both formal and informal networking taking place within the HIV/AIDS NGO sector. This was happening in the form of periodic meetings and workshops. Four national AIDS bodies, namely NAC, NACP, ZAN, and ZNNP+ were steering many of these initiatives (cf. Figure 5.8), while two regional organisations, SANASO and SAfAIDS, both based in Harare, were the other significant coordinators of workshops and other network initiatives.

The responses show that besides the networking initiatives mentioned above, the NGOs were also networking with international organisations such as UNAIDS, Population Services International, etc, as well as with local institutions and organisations, i.e. colleges and schools (cf. Figure 5.9 and Figure 5.10 respectively).

The study further established that although these links existed, they were based more on human-to-human or human-to-organisation contact. The researcher is, however, of the opinion that there is a need within the NGO sector for networks that use information communication technology (ICTs) which promote the use of online chat rooms (useful for brainstorming), e-mailing, etc, to facilitate the more efficient and cheaper generation and sharing of information. In this way they would more effectively be communicating and using information in their mitigation programmes. There is further also a need for the HIV/AIDS NGO sector to adopt a strategic plan that will

formalise information and research networking to further boost information creation, production and dissemination. In this way the flow of information to the affected communities, other organisations and institutions, as well as to government and the private sector would be promoted.

### **6.2.7 Information resource centres and information service provision**

The study showed that although a considerable number of NGOs had resource centres (75%), the information resources available were unfortunately limited (cf. Figure 5.15). A further problem that was identified was the location of the NGO resource centres and access problems this caused. Many of them are located in the affluent low-density suburbs far away from high-density suburbs where the majority of the Harare, Chitungwiza and Norton residents live. Public transport is not very good in these areas, causing a further barrier to access by the general public.

Although students and other external users visited the centres (cf. Figure 5.14), the use of the services were prompted more by academic or research needs than personal information needs. As mentioned the information resources were still very limited as many centres had a collection below 500 items (cf. Figure 5.15). Very few organisations had a formal acquisition policy or budget and this severely affected the acquisition of information resources (cf. Figure 5.4). It was further noted that organisations that were more inclined to research, education and training seemed to have better and more sizeable collections that included books, reports, and training manuals (cf. Table 5.2).

It was further observed that information management in this sector was not effective and should be reviewed and considerably improved. Many NGOs do not realise that since they are dealing directly with the HIV/AIDS pandemic at grassroots level, they are a major source of tacit scientific and social knowledge and that they have an obligation to society to effectively organise and disseminate such valuable information. They should become an important if not crucial source of information that meets media and research needs (Labov, 2002:111). The study showed that the information management and dissemination procedures that are currently in place do not equip the NGO's with the mechanisms to effectively provide the right information at the right time. Their role as disseminators of information, advocacy and IEC campaigners is suffering, and HIV/AIDS-related information is not being effectively circulated in society.

Well organised resource centres and information services would assist the NGOs to more effectively play a leading role in their fight against the epidemic. The approach should be similar to that which has been deployed in the past against other diseases such as malaria, bilharzia, polio etc, where information was extensively created and effectively collected, disseminated,

organised and used to the benefit of the general public and scientific communities. By employing effective information and knowledge management practices the NGOs can be transformed from being just mitigation agencies to becoming major centres that have a say in the epidemiology and prevention of AIDS.

There is a clear need to establish HIV/AIDS information centres that will provide access to information to as wide a range of the population as possible. The NGOs should thus collaborate with the local public library systems, i.e. Harare City Libraries, City of Harare Libraries and Chitungwiza and Norton Public libraries. This would enable NGOs to use these services to disseminate large volumes of HIV/AIDS information to the public in general. NGOs should further embrace the idea of using information technology (IT) and information communication technologies (ICTs) to make their information more widely accessible to the public at large. These aspects will be discussed in greater detail in 6.2.8 and 6.2.10 below.

#### **6.2.8 Availability of information technology and the Internet**

Fors & Moreno (2002:198) argue that,

*“having access to information and knowledge plays a crucial role in advancing economic and social well-being. The improvement of information and communication technologies (ICTs) has enabled larger amounts of information to circulate and to be stored at a much higher speed and a much lower cost”.*

In this study, 88% of HIV/AIDS NGOs had computers and 25% of them had Internet connectivity (cf. 5.3.6). The use of computers is very important in the management of personal and organisational information. It increases efficiency and offers flexibility for staff to manipulate and use high volumes of data and information. The use of computers in organisations, also allow the use of computer-based systems (e.g. CDS-ISIS, In-Magic, Microsoft Access, etc.) rather than manual systems. These offer a distinct advantage over manual systems, which are generally cumbersome and need constant reorganisation. Organisations that have implemented computer-based systems (cf. Figure 5.17) as tools for handling bibliographic information are able to quickly identify internal information sources (cf. Table 5.2) and easily disseminate such information.

Access to the Internet is of vital importance to information dissemination. NGOs should endeavour to use the Internet as a communication tool as it is generally reliable, fast and reaches out to many people outside their own organisations. The Internet provides a communication platform that enables dissemination of information from one individual to another, from one organisation to another, from one organisation to many organisations, and even to the rest of the world. It therefore provides an ideal platform for NGOs to disseminate the extensive information

covering a variety of HIV/AIDS topics and community issues they engage with. It would further enhance communication with community members (within the NGOs and their external partners), government decision makers, researchers and the general public.

Chivhanga (2000:373) points out that the last few years have seen a phenomenal growth of the Internet in Africa. It has led to a transformation in the lives of large numbers of the people and is fast changing the way organisations communicate and do business. Organisations (both small and big and in the public and private sectors) regard the Internet as a crucial vehicle for communication and the dissemination of information within their own and to outside organisations.

Chivhanga (2000:175) further states that a new feature in Southern African countries is the installation of PCs with Internet access in postal service agencies, hostels, lodges and clinics. In Zimbabwe, the increasing growth of Internet cafes has opened up Internet access to the general public who are not connected to service providers at work or at home. With the introduction of wireless technology and its expansion to the rest of the region, even the most remote parts of Africa are now able to access the Internet. It has now become the gateway to a variety of free and useful information from reputable research-based organisations and institutions.

NGOs should also embrace the idea of developing interactive websites for the benefit of everyone interested in the subject of HIV/AIDS. The cost of such a service may be high, but NGOs can collaborate and develop a single national HIV/AIDS gateway or portal. This would create an added advantage in that it would enable individual NGOs to participate and reduce the costs of website authoring, subscriptions to website hosting agencies, and leasing of telecommunication peripherals, etc. Organisations can use this medium to distribute annual reports and research papers without going to the printers. The audio-visual features of websites make them an ideal medium that can be used to communicate, educate and inform targeted users.

There are clearly several benefits that derive from the utilisation of computers and the Internet and which could effectively be applied by the NGOs. HIV/AIDS NGOs in Zimbabwe could further also develop their own Internet portal and one national Internet-based bibliographic database.

#### **6.2.9 NGOs' production and collection of information resources**

The information sources produced, collected and stored by HIV/AIDS NGOs were mostly print materials (cf. Table 5.2). The survey also identified that a few visual and audio-visual materials such as posters and videos were being produced and used to disseminate HIV/AIDS-related

information to different types of user groups. Posters were particularly effective sources of information when used for mass-campaigns and for displays at public places. Pamphlets and newspaper were also a major resource and a useful information dissemination vehicle when used to externalise information to a wider audience.

The survey suggests that although the production of information sources at organisational level was still fairly limited, many organisations were doing a commendable job to transfer tacit knowledge to explicit information by publishing a variety of communication channels ranging from reports, books, and research papers to newsletters (cf. Figure 5.18). The study did not take specific stock of locally produced materials, but found during the interviews that four NGOs had published a few HIV/AIDS titles (e.g. Zimbabwe AIDS Network). It is therefore possible that if all HIV/AIDS NGOs are empowered to improve their information management services and are more articulate in harnessing knowledge and packaging it into explicit information many useful reports, books and video documentaries could reach the general public, students, researchers, academics, and other specialised users (cf. Figure 5.14).

It was observed that information creation and collection also depended on the ability of the NGOs to use many of the tools they already have, i.e. scanners, video and digital cameras, computers, the Internet, etc. (cf. Table 5.3). It is therefore important that the NGOs ensure that their staff acquires basic skills to utilise these useful tools.

#### **6.2.10 Dissemination of information in the HIV/AIDS sector**

There is strong evidence that the NGOs used a wide variety of media and resources to reach-out to their communities and to the nation at large. The mass media is widely used, i.e. radio, television, newspapers and poster campaigns. Some NGOs were deploying metal billboards and mounted posters on commuter buses and at public places.

Although the radio was used by many NGOs to broadcast information, this medium has limited scope as there are only four radio stations in the country which are all owned by the state. Scheduling of programmes on both television and radio was therefore strictly regulated, and the cost to broadcast was further beyond the means of many organisations.

While newspapers are used extensively to disseminate HIV/AIDS information in Zimbabwe, the information content is often no more than news extracted from occasional press briefings, health workshops, conferences, and charitable showcasing. There is therefore a clear need to advocate for substantive HIV/AIDS columns in a selection of the national newspapers so that NGOs can also be given space to report on what they are doing and what is happening in their field of work.

Dissemination of HIV/AIDS information by means of printed material was mainly done through pamphlets, posters and a few newsletters. While these are effective, more could be done in terms of the publication of booklets and books. These could be targeted to schools and the tertiary education sectors so that the youth are reached. The youth has a particular need to have wide access to HIV/AIDS facts as they are very vulnerable to the disease and their wellbeing an important factor for economic growth and society in general. By making them more informed the escalating spread of the epidemic could be arrested and slowed down.

The production of specialised books is another vehicle that can be used to stimulate and influence more aggressive social, economic and scientific research on HIV/AIDS, particularly on the impact in Zimbabwe. This can be achieved and enhanced through research collaborations between NGOs and academic institutions. The important role that the Internet, websites and other IT applications can play in information dissemination is a well documented fact and has been discussed more fully in 6.2.8.

Information dissemination is a crucial aspect of the work of HIV/AIDS organisations since they are the custodians of a large body of tacit knowledge on HIV/AIDS, link many experts in the field, and have access to the communities.

#### **6.2.11 The role of the National Library and Documentation Service (NLDS) and the NLDS Act (1985)**

The National Library and Documentation Service (NLDS), which is constituted under the NLDS Act (1985) appears not to be sufficiently active in fulfilling its role of promoting and stimulating information services across all sectors, including the welfare and development sector. The study identified that, while there is provision to promote information services across all sectors, the body was not actively engaged with NGOs as key players that produce and also disseminate information to all levels of society (see 5.5.4 and Appendix 8, NLDS Act, 1985: Item 4 - functions of service).

It is thus clear that the National Library and Documentation Service (NLDS) should take a more proactive stance with regard to its role of advising all organisations and institutions on documentation, information management and information dissemination issues. It would be practically impossible for NGOs to act on the recommendations that may emerge from this research project without NLDS support and the full enactment of the NLDS Act (1985). The researcher argues that the NLDS has failed to fulfil the outlined objectives of the NLDS Act, thereby undermining the government and people's expectations. The United Nations charter lists

information as a fundamental human right, therefore a nation that does not ensure that its citizens' information needs are adequately satisfied is withholding social, educational and economical advancement.

### **6.3 Answering the research questions**

The research questions that were initially outlined in Chapter 1 (cf. 1.5) formed the basis for the study and served as the framework for the dissertation. In this section, as part of the conclusion, each question will be examined and the information that was gathered which relate to it evaluated.

#### **1. Who are the NGOs that are involved in mitigation of the HIV/AIDS pandemic in Zimbabwe?**

The researcher was able to identify and locate 66 NGOs in Harare, the designated study region, that were participating in mitigation interventions to curb the impact of the HIV/AIDS pandemic. Of the 66 HIV/AIDS NGOs that were identified 64 were prepared to participate in the survey. The researcher was able to identify these NGOs through assistance obtained from the National AIDS Council, Zimbabwe AIDS Network and from the *Zimbabwe HIV/AIDS directory* (1999). The researcher visited all 64 sites.

#### **2. Are the NGOs effective in gathering and disseminating HIV/AIDS information in Zimbabwe?**

The study established that although NGOs were collecting a variety of information resources that relate to HIV/AIDS in Zimbabwe (cf. Table 5.2), the information collections are still very small (cf. Figure 5.15) and the information and knowledge management processes applied were not adequate. It was thus found that while the NGOs and their staff did have access to limited HIV/AIDS-related information and resources, several problems were hampering the effective gathering and dissemination of HIV/AIDS information by them. Having examined the various defects the researcher is of the opinion that the following aspects require the most urgent attention:

- lack of qualified information services staff,
- limited resources (materials and information technology), and the
- lack of a skills base to tap appropriate knowledge and information for HIV/AIDS mitigation purposes.

With regard to information dissemination, it was found that efforts are being made to disseminate a fair amount of information to communities through various means, e.g. field workers (person to person communication); media campaigns, radio and television; and print publications such as newsletters, pamphlets and posters, etc. The researcher, however, is of the opinion that these efforts were largely uncoordinated and unstructured and urgently need to be organised using sound information and knowledge management principles.

**3. Do NGOs working in the HIV/AIDS arena share and exchange information? Are they networking? If this is happening, how is it happening and if not, why?**

The study noted that although there was no standard agreement that compelled the NGOs to share and exchange HIV/AIDS information and resources, some form of networking existed. The formal and informal networking that occurred was based mainly on mutual cooperation, i.e. ad hoc workshops and conferences, often organised by the larger NGOs such as the Zimbabwe AIDS Network, SAfAIDS, SANASO, etc (cf. Figure 5.8). The unstructured nature of networking, it is suggested, hampers the flow of information in the sector. While the study identified informal and formal networking structures, the researcher is of the opinion that the NGOs' networking activities would be far more effective if they were all to use standardised protocols, policies, and IT/ITC infrastructures.

**4. What are the tools and skills that are required by HIV/AIDS NGOs to achieve positive results with regard to information seeking and dissemination?**

The study established that while most NGOs had resource centres, these were not adequately equipped as far as trained and skilled personnel, information resources, and IT/ITC infrastructure was concerned. The latter aspect, in particular, prevented them from utilising the advantages offered by modern information technology to enhance their information generation and dissemination activities. HIV/AIDS NGOs should learn from their counterparts in other sectors who have embraced IT, and ICTs to increase their effectiveness in disseminating developmental information to communities and the country (Alefe, 2003; Davenport & Prusak, 1998; Fors & Moreno, 2002). The literature that was surveyed also indicates that ICT utilisation is the most effective way to align information and knowledge management and dissemination to HIV/AIDS mitigation (Drumm & Groom, 1997; Klobas, 1997; Jimba, 1998; Loughridge, 1999). But without adequate skills and knowledge, NGO management cannot expect technology alone to improve their effectiveness. Therefore, there is an even greater need to increase the number of qualified information workers and deploy them in the sector (cf. Figure 5.12). There is also a need to cooperate with and seek advice from other sectors that have the requisite information and

knowledge management expertise such as the corporate business sector who generally all offer social responsibility services.

**5. Who are the chief players in the management of information in the HIV/AIDS NGO sector?**

According to Alefe (2003:40), the most important component of information and knowledge work is the role played by information facilitators (e.g. librarians, documentalists or information officers). Communication officers and project writers are also part of the process, for they are responsible for repackaging explicit information and imbedded tacit knowledge. While a fair number of the NGOs had these positions the employees who held the posts do not have the necessary qualifications (cf. Figures 5.11; 5.12). Information and knowledge management is like any other professional work, and the lack of qualified personnel meant that the NGOS did not have the requisite skilled staff to steer their information management and dissemination work. Such experts are needed to motivate, guide, and ensure access to information within the modern IT environment.

**6. What is the level of information technology application at the HIV/AIDS NGO resource centres in Zimbabwe?**

While the number of computer users in the sector is favourable (88% of NGOs with more than one PC) and 25% of NGOs had access to the Internet, it was found that the IT equipment and peripherals used were outdated. The ICT infrastructure was also far from satisfactory and very few NGOs had intranet systems or LANs (local area networks), not to mention wide area networks (WANs). The level of IT/ITC would have to be improved to enable the HIV/AIDS NGOs to more effectively access and utilise information that is readily available in electronic format, to disseminate HIV/AIDS information, and to network amongst themselves and with other role-players. The Internet is one of the most accessible and easily used IT platforms and the NGOs should be encouraged to utilise it more effectively and also develop their own websites. This would enable the staff to interact with a wide range of sources of information, assist innovation, knowledge creation and the subsequent dissemination of new information to various audiences.

**7. What is the link between the NGOs' information, education and communication (IEC) functions, HIV/AIDS information dissemination, and national HIV/AIDS policy? In what way is the information and knowledge management of HIV/AIDS NGOs aligned to the national information policy as embodied in the National Library and Documentation Service Act of 1985.**

The study established that the information, education and communication (IEC) function, which all of the NGOs subscribe to, is essential and supports the national HIV/AIDS policy vision. This policy calls for multiple approaches and interventions. It also advocates the use of information as one of the key intervention strategies. The policy, however, does not outline in detail how information dissemination strategies are to be undertaken by HIV/AIDS organisations such as the NGOs.

The study has further shown that the information interventions in the NGOs' HIV/AIDS mitigation programmes would be more effective if their information services were more closely aligned to national information policy as outlined in the NLDS Act. It was clear that the NGO's were either ignorant of or not particularly concerned about conforming to the national information policy recommendations. The study largely attributes these shortcomings to the fact that the majority of the NGO's were not engaging professional information experts to investigate these matters and to draft such policy procedures.

A separate point of concern is that as the NLDS Act dates from 1985, it may not be relevant to the current scenario and information needs of the country.

## **6.4 Recommendations**

This study concludes with the suggestion that an effective and pro-active information and knowledge management strategy is one of the most practical and realistic ways to fight the increasing threat of HIV/AIDS. By adopting such a strategy, the NGOs would achieve better results in their fight against AIDS, its impact would be reduced and the infected, affected and those that seek to find medical, social and economic solutions would all benefit. The existence of a strong and committed group of social and welfare organisations whose objectives are to fight HIV/AIDS in Zimbabwe using various methods, including dissemination of information, offers a firm foundation for this possibility.

The recommendations outlined below is an attempt to address the problems with regard to providing effective information and knowledge management procedures that would assist the NGOs in their HIV/AIDS mitigation work.

### **6.4.1 Information and knowledge management policy for the HIV/AIDS sector**

An important prerequisite to the provision of quality information services would be to motivate the need to introduce such services and persuade government and HIV/AIDS organisations to

incorporate an information and knowledge management strategy in the national HIV/AIDS policy. Botswana and Uganda have used this approach very effectively, and the UNAIDS supports this idea as it is argued that this would provide the required mechanism that would record tacit knowledge about the epidemic and other experiences and enable general dissemination of this information across the various communities.

- It is therefore recommended that an information and knowledge management policy be drafted for and adopted by the HIV/AIDS sector. This would enable NGOs and other players to deliver effective mitigating programmes based on both tacit knowledge obtained in the field and recorded scientific, social and economic facts. HIV/AIDS NGOs should emulate their counterparts in the agrarian, environmental and forestry sectors etc, who have successfully used information interventions to satisfy public awareness, research and academic needs.
- The researcher further takes the view that for information interventions to be effective, the NGOs should align their information and knowledge management policy document with the national information policy as represented in the NLDS Act.

The realisation of an effective information and knowledge management strategy for the HIV/AIDS mitigation sector requires financial and organisational support.

- It is therefore recommended that NGOs should pool their resources in order to operate more cost effectively and thereby make the introduction, for example, of modern IT platforms and applications that would enhance information and knowledge management practices affordable and feasible. This would ensure enhanced communication structures, better information capturing, organisation and dissemination, and increased levels and standard of work output from all staff.

It is further argued that to effectively stimulate the development and introduction of information and knowledge management strategies and policies, the expertise of qualified information professionals should be engaged.

#### **6.4.2 Recruitment of qualified information specialists**

The management of knowledge and information constitutes a complex web of entities, processes and procedures. To implement such strategies requires skill and knowledge of the various tools and procedures that can be utilised. It is argued that without the assistance of qualified information professionals with the requisite skills, the implementation of such strategies would be

ineffective. By engaging professional advice the NGOs could avoid the implementation of unnecessarily expensive processes, time consuming reinventions and duplication of effort. Information professionals should be deployed in the NGOs so that they can become information and knowledge hub managers who focus on capturing, storing and disseminating organisational information and networking outside the organisation.

- It is thus recommended that all NGOs in the sector should be encouraged to employ professional information workers. It is argued that only professional information workers have the expertise to effectively harness and disseminate the tacit knowledge and explicit information that could serve as the catalyst to identify problems and provide solutions relating to HIV/AIDS in Zimbabwe. It has been argued in social development cycles that home grown solutions are better than imported ones (Alefe, 2003).
- The study further recommends that a skills training policy be adopted as it was found that there was great disparity in the skills held by the staff currently managing information functions in the HIV/AIDS sector.
- It is further suggested that practice groups should be created among information workers in this sector so that members can meet regularly to exchange and share ideas, foster innovation and motivate each other. Seminars and workshops should be organised to promote best practice strategies, especially in the area of information and knowledge management. The researcher believes that if the information workers in this sector are skilled and motivated, their passion and expertise would assist the NGOs to use information as a weapon against the HIV/AIDS epidemic to the benefit of society and the country.
- The researcher further recommends that the library schools at the Harare and Bulawayo Polytechnics and the National University of Science and Technology should develop internship programmes that place students in NGOs. The Zimbabwe Library Association also needs to work with all sectors engaged with social, economic and development issues of Zimbabwe and ensure that their functions are information driven.

#### **6.4.3 Development of Information and Communication Technologies (ICTs)**

The prime function of ICTs is to facilitate the dissemination of information and knowledge by means of the fast and effective distribution of information to several users. In this way Internet, Intranet, electronic databases and email-based systems are used extensively to enable the exchange and access to information (Fors and Moreno, 2002:200). It was found in the study that

a very high proportion of the HIV/AIDS NGOs has computers and as Internet access is generally available in the country it follows that the NGOs should embrace ICT applications and use it as a means to harness and disseminate HIV/AIDS information to the general public and to specialised information users. A large proportion of the general public could be reached as many people nowadays have access to the Internet at Internet cafes, their workplaces, home, etc., It should however, also be noted that many rural and the more disadvantaged sections of the population would be excluded and alienated, and alternate dissemination methods should thus be developed to reach this group.

- The researcher thus recommends that the HIV/AIDS NGOs in Zimbabwe should develop and embrace ICTs. The development and implementation of IT and information systems at national level should be encouraged through sector initiatives. Organisations would then be able to communicate electronically within their own sector and with other sectors.
- The researcher is further of the opinion that the recommendation made above would only be effective if information and knowledge management systems that standardise protocols are deployed across the sector.

#### **6.4.4 Increasing the Information resource base**

The results showed that while all the NGOs were attempting to gather information sources, the resources actually acquired were still very limited and that there was an urgent need to expand the information resource base. Funding constraints were however a problem and the researcher is of the opinion that the NGOs should think of innovative ways to obtain a greater variety and number of information sources.

- The researcher, therefore, recommends that information workers and their organisations endeavour to use technological and other means to harness and gather internal information and externalise it. They should mine the wealth of tacit knowledge often hidden in their organisations, tap traditional and indigenous health knowledge contained in communities, transform all of it to explicit knowledge, and share it with others by means of print, electronic, audiovisual and other media formats.
- Various other innovative ways could also be used to tap explicit information from the external environment. For example they should explore the possibility of harnessing as much downloadable information as possible from the Internet (e.g. downloadable books, research papers and other readings on HIV/AIDS).

#### **6.4.5 Content management, the development of a national HIV/AIDS database and NGO web sites and portal**

The study showed that the level of content management of the information gathered and disseminated by the NGO's was very low. There was a need for a centralised database of all HIV/AIDS information in Zimbabwe and a specialised HIV/AIDS classification scheme and thesaurus that could be used by all the NGO resource centres for content management. This would help considerably with the indexing and classification of information and standardise and enhance the quality of database capturing and searching. Users would find information more easily and information could be disseminated and networked more effectively as the subject content of all the information resources found at the NGOs would be captured and stored uniformly.

- The researcher therefore recommends that a national electronic database of all HIV/AIDS information be established and that a HIV/AIDS thesaurus and classification be used for content management in the database. An existing HIV/AIDS classification scheme and thesaurus could be adapted for use in Zimbabwe. A bibliographic services centre would need to be established and staffed with professionals who have the expertise to coordinate technical services and ensure the smooth running of the HIV/AIDS information services.

The researcher suggests that a database system, similar to the one that has been developed for capturing indigenous knowledge systems in South Africa, be used.<sup>11</sup> Data capturing is done at any point using computers and the Internet. There are two levels for data management. The first level is for bibliographic capturing and the second level is for database editing and maintenance. Thus at organisational level information workers would load bibliographic data from their NGOs, and at central level, bibliographic experts would manage and monitor the HIV/AIDS database. The thesaurus that was developed for the South African Medical Research Council's HIV/AIDS portal could be adapted for use in the envisaged database.

- The researcher further recommends that NGOs develop organisational websites, as these are good tools for information dissemination and communication purposes as well as for marketing and fundraising drives. The HIV/AIDS NGOs sector should also develop a national web portal, as this would gather together all HIV/AIDS information, education and communication issues in the country. This would enable researchers, the public and well wishers (donors, financial and technical partners) to access information about

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<sup>11</sup> The IKS database ([www.iks.co.za](http://www.iks.co.za)) is managed by the information departments of the University of Cape Town, University of Western Cape and Pretoria University and is funded by the National Research Foundation of South Africa.

HIV/AIDS mitigation in the country. The web portal could further host the national HIV/AIDS database and provide the IT platform to facilitate the development of knowledge management related functions or services, such as communities-of-practice, online bulletin boards, etc.

#### **6.4.6 National HIV/AIDS bibliography**

The researcher is of the opinion that the general lack of bibliographic control of HIV/AIDS information that is produced and collected in Zimbabwe severely hampers the effectiveness of information services offered in that country. He is of the opinion that a national bibliography of HIV/AIDS sources needs to be published annually in Zimbabwe. In South Africa the Department of Health is collaborating with various organisations to submit bibliographic information relating to HIV/AIDS information produced in the country. From this data the annual publication, *HIV/AIDS resource libraries in South Africa* will be compiled. Having access to bibliographic details (e.g. publishers, authors, etc.) and availability information (e.g. the resource centre containing the information) will assist all interested parties requiring information on various HIV/AIDS-related topics.

- The researcher therefore recommends that an annual HIV/AIDS bibliography be compiled in Zimbabwe. It should be published in both electronic and print format so that it can easily be made available to the public, scholars, and researchers and also be archived. The printed versions of the annual bibliography would be distributed to libraries, institutions and public service centres, while the electronic version could be distributed online (websites). The proposed bibliographic services centre mentioned in 6.4.5. could be tasked to compile and maintain the bibliography.

#### **6.4.7 Networking and collaboration**

There are a large number of HIV/AIDS agencies, such as the NGOs investigated, various government departments, other internal and external organisations, working in this field in Zimbabwe. Coordinating and converging the various disparate intervention programmes by means of vertical and horizontal networks would result in a far more effective overall mitigation programme. Such collaboration and networking would also ensure that knowledge and information is more effectively managed and disseminated. It is therefore important that NGOs are encouraged to collaborate in this way.

- The researcher therefore recommends that a national HIV/AIDS networking forum be established. Such a forum would facilitate proactive participation and networking of all

HIV/AIDS role players (NGOs, government and other players such as donors, the private sector etc.) and all collaborators could rapidly report new HIV/AIDS related issues, impacts and mitigation interventions. This, in turn, might generate greater support for the NGOs and ensure that more resources are pooled which could result in more effective intervention in the fight against the epidemic.

#### **6.4.8 National policy issues**

A number of legislative policies which impact on NGOs and information services, may also need to be reviewed in line with the provision of information for development in the country. There are three relevant statutes, viz, the National Library and Documentation Service Act, 1985, which regulates the national information policy, the Post and Telecommunications Act, 2000 which regulates ICT development, and the proposed NGO Bill which is currently a bill before the parliament of Zimbabwe to provide policy guidelines for NGOs in the country.<sup>12</sup> The first one may be outdated and may not reflect current needs, and the last two do not sufficiently address guidelines that relate to information and knowledge provision in the NGO sector.

- The researcher therefore recommends that all legislation that is related to HIV/AIDS NGO work and information service provision be examined and reviewed with the view to incorporate a relevant policy framework that would facilitate the provision of HIV/AIDS information service initiatives across Zimbabwe.
- All NGOs should further be compelled through legislation to submit one copy of all publications such as annual reports and programme review reports to a central clearinghouse such as the national library or archive and register all publications intended for public consumption with this clearinghouse. This in turn, could be used by donors as one of the criteria when appraising funding applications and by government for subsidy applications.

#### **6.5 Overall concluding remarks and future research**

The people of Zimbabwe have a fundamental right to be informed about all the problems befalling them as a result of the scourge of HIV/AIDS and consequently also the solutions that have arisen to counter the epidemic. They are very fortunate that they have many dedicated NGOs that are engaged in the mitigation of this epidemic in their communities.

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<sup>12</sup> The Non-Governmental Organisation Bill was before parliament at the time of writing this paper.

The researcher would like to argue that one of the effective ways of preventing and abating the spread of HIV/AIDS is by means of the implementation of information and knowledge management programmes in HIV/AIDS NGO sector and widespread dissemination of quality and relevant HIV/AIDS-related information being produced in the country.

National policies on health matters and interventions require high quality, verified information that is based on scientifically conducted research. The harnessing and refining of knowledge into information can only be achieved if supported by a standardised knowledge and information management system. Therefore, NGOs should employ professional information managers to gather, harness and process information so that it can easily be accessed and disseminated to all users requiring information. To handle the quantity and complexity of information and the resources in the modern environment requires that those handling information use the aids that have evolved from information technology innovation, e.g. computer-based information management systems, access to networks such as the Internet, etc. If well-organised systems are not put in place the dissemination of information will be haphazard and the quality of information disseminated will be varied. The researcher is therefore of the opinion that a national HIV/AIDS information policy should be promulgated to set up information management structures to ensure the effective organisation and dissemination of HIV/AIDS information to all citizens in all regions and across all organisational boundaries in Zimbabwe.

To achieve this objective such information should be handled professionally and efficiently. It is further acknowledged that the HIV/AIDS NGOs are doing their best to disseminate HIV/AIDS information to all communities, but they need to collaborate and also embrace information and knowledge management practices in their work as suggested by this study.

Future research needs to be undertaken to follow-up on this exploratory study to evaluate methods that may be adopted by the NGOs to work more effectively as information generation and dissemination agents. There is need to examine the capacity of information and knowledge management in both the civic and private sectors in Zimbabwe.

The country's capacity in the area of IT and the use of ICTs also need to be examined in greater detail. The literature has revealed the extensive impact of IT advances on information management and dissemination. It is also clear that there is an increase and greater dependence on IT and the use of ICTs in many countries (both developing and developed). It has been found that they promote organisational learning, innovation, information creation and gathering and its use for social, economical and developmental purposes. It is the researcher's view that

Zimbabwe, a developing country, should, as an absolute necessity, embrace information technology to stimulate the creation, organisation and dissemination of information. Information is pervasive and shapes the way of life of every human being, community and state, regardless of national boundaries.

From this study it is clear that the information generated of experiences, problems and solutions in the fight against HIV/AIDS should be recorded and disseminated across the nation. The study has identified a number of information strategies that can be put in place that it is argued would help with mitigation interventions. It is further important that NGOs be encouraged to engage information professionals to steer their information work as they provide the know-how and impetus that ensures access to information, which in turn enriches the community and facilitates the realisation of opportunities for all its members. They should embrace IT and other information management tools to ensure that all relevant data, knowledge and information is harnessed in the sector and transferred into the public domain.

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# APPENDIX 1

University Librarian  
A. Mhlanga - MLIS (McGill)



## BINDURA UNIVERSITY OF SCIENCE EDUCATION

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17 December 2003

**HIV/AIDS NGO**  
**Harare Province**

### To Whom It May Concern

Dear Sir/Madam

My name is **Lazarus Matizirofa**. I am a librarian at Bindura University of Science and currently studying for a Masters degree in information and library science at the University of Cape Town, South Africa.

I am writing to ask for permission to involve your organisation in a survey study of HIV/AIDS NGOs, located in the greater Harare region. This survey is seeking to explore the information management and dissemination of HIV/AIDS in the country.

I intend to start visiting participating organisations from **January 01/2004 until February 28/2004**. I will post/deliver you a questionnaire, once I get your feedback on this proposal. All information that would emerge from the survey would be kept strictly confidential and names of persons or organisations will not be used outside the scope of this research project.

I hope that you welcome this research, which is aimed at enhancing HIV/AIDS information management and dissemination services in Zimbabwe. If you have any questions concerning this project, I will be happy to answer them. I hope to receive your favourable response soon. I can be contacted by phone, email or by fax. My contact details are as follows:

<b>Address:</b>	Bindura University, P.O.Bindura, BINDURA, Zimbabwe
<b>Telephone (Bus):</b>	071-7531/7 Ext. 1036
<b>Fax No.:</b>	071-7534 (Bindura University of Science)
<b>Email:</b>	<a href="mailto:mtzlaz001@mail.uct.ac.za">mtzlaz001@mail.uct.ac.za</a>

Yours sincerely

LAZARUS MATIZIROFA

## APPENDIX 2

### Summary of Research Questions and Table of Related Data Sources

Research Questions	Questionnaire/Observation/Interview methods that addressed the research questions
1. Who are the NGOs that are involved in mitigation of the HIV/AIDS pandemic in Zimbabwe?	Questionnaire Q 1.1- 1.3 Questionnaire Q1.9
2. Are the NGOs effective in gathering and disseminating HIV/AIDS information in Zimbabwe?	Questionnaire Q 2.1- 2.11 Questionnaire Q 3.1- 3.4; 3.6 Interview process Observation process
3. Do NGOs working in the HIV/AIDS arena share and exchange information? Are they networking? If this is happening, how is it happening and if not, why?	Questionnaire Q 1.8 Questionnaire Q 1.10- Q 1.13 Interview process
4. What are the tools and skills that are required by HIV/AIDS NGOs to achieve positive results with regard to information seeking and dissemination?	Questionnaire Q 1.4; Questionnaire Q 1.5, Questionnaire Q 1.6; Questionnaire Q 3.6 Questionnaire Q 3.7
5. Who are the chief players in the management of information in the HIV/AIDS NGO sector?	Questionnaire Q2.2 - Q2.6 Interview process
6. What is the level of information technology application at the HIV/AIDS NGO resource centres in Zimbabwe?	Questionnaire Q2.7- 2.9 Questionnaire Q3.5 Observation method Interview process
7. What is the link between the NGOs' information, education and communication (IEC) functions, HIV/AIDS information dissemination, and national HIV/AIDS policy? In what way is the information and knowledge management of HIV/AIDS NGOs aligned to the national information policy as embodied in the National Library and Documentation Service Act of 1985?	Interview process  Documentary evidence

## APPENDIX 3

### HIV/AIDS NON-GOVERNMENTAL ORGANISATIONS

#### HARARE REGION

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#### Contact person in the organisation (regarding this survey)

1. Contact Person's name (if applicable): \_\_\_\_\_
2. Contact Person's job title: \_\_\_\_\_
3. Contact E-mail address: \_\_\_\_\_
4. Contact Phone numbers(s): \_\_\_\_\_

#### Information about your organisation

- 1.1 Name of the organisation: \_\_\_\_\_  
Physical address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone/Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Website (if applicable) www. \_\_\_\_\_

- 1.2 Type of organisation:
- 1.2.1 NGO focused on HIV/AIDS
  - 1.2.2 ~~National NGO with HIV/AIDS as one of its programmes~~
  - 1.2.3 CBO involved with HIV/AIDS programmes
  - 1.2.4 Church-Based HIV/AIDS NGO

- 1.3 Year established: \_\_\_\_\_

- 1.4 Main sources of funding: \_\_\_\_\_  
\_\_\_\_\_  
*Give name of funding bodies*

- 1.5 What is the approximate budget for your HIV/AIDS mitigation programme per annum?

Tick appropriate below

- 1.5.1 less than Z\$5m [ ]  
1.5.2 Z\$3 to 30m [ ]  
1.5.3 More than Z\$30 [ ]

- 1.6 How many employees does your organisation have (full-time and contract staff)?

- 1.6.1 1-10 people [ ]                      1.6.2 21-50 people [ ]  
1.6.3 11-20 people [ ]                      1.6.4 51 and above [ ]

- 1.7 How many volunteers are helping the organisation do its work?

- 1.7.1 1-10 [ ]                      1.7.2 11-20 [ ]  
1.7.3 21-30 [ ]                      1.7.4 31-49 [ ]  
1.7.5 50 and more [ ]

1.8 What are the primary types of activities or programmes that your organisation is engaged in? *May tick more than one if applicable*

- 1.8.1 Advocacy [ ]
- 1.8.2 HIV/AIDS counselling/testing [ ]
- 1.8.3 Training & education of community mediators [ ]
- 1.8.4 Forum for co-ordination & information networking [ ]
- 1.8.5 Information, documentation & research [ ]
- 1.8.6 Other [ ]

1.9 Which geographical area is targeted by your organisation's services?

*You can tick more than one*

- 1.9.1 Greater Harare area [ ]
- 1.9.2 Harare & other urban areas [ ]
- 1.9.3 Country-wide [ ]

1.10 Which of the following national bodies is your NGO affiliated to?

- 1.10.1 National Aids Council [ ]
- 1.10.2 NANGO [ ]
- 1.10.3 SAFAIDS [ ]
- 1.10.4 SANASO [ ]
- 1.10.5 SAT [ ]
- 1.10.6 ZAN [ ]
- 1.10.7 Other [ ]

1.11 Does your NGO have links with International bodies, such as the UNAIDS, WHO, PSI, etc.

- 1.11.1 Yes [ ]
- 1.11.2 No [ ]

If your response is 'Yes', please give the names of at least three of these international bodies.

---

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1.12 Which of the following organisations do you work or network with in Zimbabwe?

- 1.12.1 Government departments [ ]
- 1.12.2 Churches, community groups [ ]
- 1.12.3 Other NGOs [ ]
- 1.12.4 Media centres [ ]
- 1.12.5 Universities and schools [ ]
- 1.12.6 Private sector e.g. companies [ ]

### Organisational information resources

2.1 In your organisation do you have an information/documentation centre?

- 2.1.1 Yes [ ]
- 2.1.2 No [ ]

2.2 Who is responsible for managing the resource centre/or disseminating information in your organisation?

- 2.2.1 Librarian/documentalist [ ]
- 2.2.2 Information assistant [ ]
- 2.2.3 Other (specify).....[ ]
- 2.2.4 Not applicable (N/A) [ ]

- 2.3 If there is an information worker what are his/her professional qualifications (2.2)?  
(Choose from the following)
- |  |                          |
|--|--------------------------|
| 2.3.1 LIS degree, eg. B.Bibl.; BA LIS; M.Bibl.     | <input type="checkbox"/> |
| 2.3.2 Higher National or National Diploma, LIS     | <input type="checkbox"/> |
| 2.3.3 BA Media Studies, BA English & Communication | <input type="checkbox"/> |
| 2.3.4 HND/N.D. Journalism, Public Relations        | <input type="checkbox"/> |
| 2.3.5 Other (specify).....                         | <input type="checkbox"/> |
| 2.3.6 Not applicable                               | <input type="checkbox"/> |
- 2.4 Do you engage both information and communication officers/public relations officers or only one of the categories?
- |   |                          |
|---|--------------------------|
| 2.4.1 Both positions are filled             | <input type="checkbox"/> |
| 2.4.2 Communications/PR officer alone       | <input type="checkbox"/> |
| 2.4.3 Librarian/documentalist officer alone | <input type="checkbox"/> |
- 2.5 Which of the following activities match the tasks performed by the person/s described in Question 2.4?  
*Select accordingly*
- |  |                          |
|--|--------------------------|
| 2.5.1 Cataloguing & Classification                                   | <input type="checkbox"/> |
| 2.5.2 Database(s) management   | <input type="checkbox"/> |
| 2.5.3 Collection development (Acquisition of new literature sources) | <input type="checkbox"/> |
| 2.5.4 Information, Education & Communication (IEC)                   | <input type="checkbox"/> |
| 2.5.6 Networking and sharing information with clients and partners   | <input type="checkbox"/> |
- 2.6 Which other activities are undertaken by the information personnel are not listed above?
- 
- 2.7 Does the information centre having a dedicated computer?
- |           |                          |
|-----------|--------------------------|
| 2.7.1 Yes | <input type="checkbox"/> |
| 2.7.2 No  | <input type="checkbox"/> |
- Give number of PCs if you there are other workstations? \_\_\_\_\_
- 2.8 What type of computers do you have?
- |                        |                          |                |                          |
|------------------------|--------------------------|----------------|--------------------------|
| 2.8.1 Do not know      | <input type="checkbox"/> | 2.8.2 286 (PC) | <input type="checkbox"/> |
| 2.8.3 386 (PC)         | <input type="checkbox"/> | 2.8.4 486 (PC) | <input type="checkbox"/> |
| 2.8.5 Pentium 1,2,3, 4 | <input type="checkbox"/> | 2.8.6 Mac      | <input type="checkbox"/> |
| 2.8.7 Other            | <input type="checkbox"/> |                |                          |
- 2.9 Does your NGO subscribe to the Internet service for information purposes?
- |           |                          |          |                          |
|-----------|--------------------------|----------|--------------------------|
| 2.9.1 Yes | <input type="checkbox"/> | 2.9.2 No | <input type="checkbox"/> |
|-----------|--------------------------|----------|--------------------------|
- Which connection mode are you using? \_\_\_\_\_

2.10 Does your information resource functions receive a specific annual budget per annum?

2.9.1 Yes [ ]

2.9.2 No [ ]

Give reasons to support the answer above

---

2.11 Who uses your resource centre, except your organisation's staff?

2.11.1 General public [ ]

2.11.2 Teachers and students [ ]

2.11.3 Academics and tertiary students [ ]

2.11.4 Social & community health workers [ ]

2.11.5 Media people [ ]

2.11.6 Other [ ]

#### Types of media and tools available

3.1 Which of the following media types are available in your collection?

*Tick any, where appropriate*

3.1.1 Books and reports [ ]

3.1.2 Training manuals [ ]

3.1.3 Journals & newsletters [ ]

3.1.4 Audio visuals & Tapes [ ]

3.1.5 Pamphlets and posters [ ]

3.1.6 Newspaper & newspaper clips [ ]

3.1.7 Online literature (stored in a database) [ ]

3.1.8 Other [ ]

3.2 Which figure relates to the number of information items your resource centre has?

3.2.1 Less than 500 items [ ]

3.2.2 600- 1000 items [ ]

3.2.3 1001- 2000 items [ ]

3.2.4 2001 or more [ ]

3.3 Which one/s from the following below is applicable to the way you are acquiring information materials at your organisation?

3.3.1 Purchase [ ]      3.3.2 Exchange [ ]

3.3.3 Donations [ ]

3.4 What percentage of stock at your resource centre is written in one of the two majority spoken languages, Shona and Ndebele?

3.4.1. 1-25% [ ]      3.4.2 25-50% [ ]      3.4.3 75% [ ]

3.5 If you have a computerised database system, which of the following do you use?

3.5.1 CDS-ISIS [ ]      3.5.2 InMagic [ ]

3.5.3 MS Access [ ]      3.5.4 None [ ]

3.5.5 Other [ ]

3.6 Has your organisation produced any type of information source in the past?

*Tick the appropriate from the following below.*

- |                     |                          |                        |                          |
|---------------------|--------------------------|------------------------|--------------------------|
| 3.6.1 Pamphlets     | <input type="checkbox"/> | 3.6.2 Research papers  | <input type="checkbox"/> |
| 3.6.3 Newsletter    | <input type="checkbox"/> | 3.6.4 Books            | <input type="checkbox"/> |
| 3.6.5 Audio-visuals | <input type="checkbox"/> | 3.6.6 Training manuals | <input type="checkbox"/> |
| 3.6.7 Other         | <input type="checkbox"/> |                        |                          |

3.7 Which of the following are available at your organisation?

- |                              |                          |                                |                          |
|------------------------------|--------------------------|--------------------------------|--------------------------|
| 3.7.1 Video player           | <input type="checkbox"/> | 3.7.2 Video camera             | <input type="checkbox"/> |
| 3.7.3 Multi-media Projector  | <input type="checkbox"/> | 3.7.4 Overhead/slide projector | <input type="checkbox"/> |
| 3.7.5 Duplicator/photocopier | <input type="checkbox"/> | 3.7.6 Scanner                  | <input type="checkbox"/> |
| 3.7.7 Binding machine        | <input type="checkbox"/> |                                |                          |

---

Thank you for taking time to complete this questionnaire. With your response the study will be able to explore the HIV/AIDS information management and dissemination in the NGOs sector of Zimbabwe. I wish to state that the information you have provided will only be used for this academic research project and that I will adhere to confidentiality and respect the University of Cape Town's research ethics. If you would want to ask questions about the survey, you are free to do so. My contact details are:

**Lazarus Matzirofa**  
**Bindura University of Science and Education**  
**P.O Bindura**  
**Bindura**

**Telephone:** 071- 7531/6 Ext. 1037

**Email:** [mtzlaz001@mail.uct.ac.za](mailto:mtzlaz001@mail.uct.ac.za)

I will collect the questionnaire from your centre before 31 July 2003, but you can also fax it to: 071-7534 (Bindura University Library).

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## APPENDIX 4

### HIV/AIDS NGO SURVEY INTERVIEW GUIDE

1. What activities are undertaken by your organisation to address HIV/AIDS?

---

2. How do you create, gather and disseminate information to both internal and external users? How is information shared in the organisation?

---

3. What benefits do you derive from having a resource centre and having an information officer in your organisation?

---

4. The NLDS Act (1985) is supposed to provide a framework for an information policy in Zimbabwe. Do you see any relevance of this Act to what is happening in the organisation and information of HIV/AIDS information in the NGO sector? What is your relationship with NAC?

---

5. What is the role of IT and ICTs in your organisation? Do you think they are essential for knowledge and information management? Can IT and ICTs infrastructures be shared among NGOs in Zimbabwe? Comment on the idea of a HIV/AIDS portal?

6. Have you used the Internet before and discovered the vast amounts of information available via this resource? Discuss the advantages and disadvantages of this tool with reference to your work as a NGO?

---

7. Which are the organisations that you consider to be ideal role models in terms of HIV/AIDS information management at national level? How do they achieve this?

---

8. Which do you think are the most useful International donors, NGOs and institutions that have been helpful to and supportive of HIV/AIDS mitigation in Zimbabwe? Would they, in your view fund information services in the NGO sector?

---

9. What are your views with regard to the creation of a centralised HIV/AIDS portal and database for Zimbabwe?

---

Other comments:

## APPENDIX 5

### OBSERVATION GUIDE

#### Areas and items for observation

1. Physical location of information resource centre.
2. Types of materials that are available.
3. Storage space and type of material storage.
4. Shelving and order of arrangement of materials.
5. Classification system and cataloguing.
6. Furniture.
7. User access to information resources.
8. Computer equipment and information technology peripherals- Internet, Intranet, website etc.
9. Bibliographic database(s)
10. Types of equipment, e.g. photocopying- photocopier, video player, overhead projector etc.
11. Interaction between staff and visitor.

## APPENDIX 6

### List HIV/AIDS NGOs who participated in the survey

1. Aids Counselling Trust
2. Alternative Business Association
3. ANPPCAN
4. CAMFED
5. Catholic Relief Services
6. Centre, The
7. Child Family Care Foundation
8. Child Protection Society
9. Christian Aid
10. Christian Care
11. Citizens AIDS Survival Trust (CAST)
12. Commercial Farmers Union
13. Connect
14. Family Support Trust
15. FCTZ
16. Gays and Lesbians of Zimbabwe (GALZ)
17. Gays of Zimbabwe (GayZim)
18. Gender Forum of Zimbabwe
19. Help-Age Zimbabwe
20. Housing people of Zimbabwe
21. Island Hospice & Bereavement Services
22. Jesuit Aids Project
23. Just Children of Zimbabwe
24. Kunzwana Women's Association
25. Lutheran Development Federation
26. Makina Carey Trust
27. Mashambanzou Care Trust
28. Media for Development Trust
29. Musasa Project
30. National Aids Council
31. National Blood Transfusion
32. National Employment Council
33. National Railway of Zimbabwe

34. yika Vanhu Foundation
35. PELUM Foundation
36. Plan International Zimbabwe
37. Population services International (PSI)
38. Presbytery of Zimbabwe Aids Care
39. Revival of Hope Organisation
40. Scripture Union Aid for Aids
41. Scripture Union of Zimbabwe
42. Silveria House
43. Southern Africa AIDS Information Dissemination Service (SAfAIDS)
44. Southern African Network of AIDS Service Organisations (SANASO)
45. TARSC
46. Together As One (TAO)
47. Tsungirirai
48. Vision and Hope Foundation (VHF)
49. Women and AIDS Support Network (WASN)
50. Women's Action Group (WAG)
51. World Vision International
52. Youth and Women in Action AIDS Campaign (YWCA)
53. Zimbabwe AIDS Network (ZAN)
54. Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)
55. Zimbabwe AIDS Prevention Project (ZAPP)
56. Zimbabwe Association of Churches
57. Zimbabwe Catholic Bishop's Conference Education Commission
58. Zimbabwe Council of Churches (ZCC)
59. Zimbabwe National Family Planning Council
60. Zimbabwe National Network for People Living with HIV/AIDS (ZNNP+)
61. Zimbabwe National Traditional Healers Association (ZINATHA)
62. Zimbabwe Nurses Association (ZNA)
63. Zimbabwe Red Cross Society (ZRCS)
64. Zimbabwe Women's Bureau

## APPENDIX 7

### Major HIV/AIDS funding organisations in Zimbabwe

1. Africare
2. Astra Holdings Limited
3. Australian Agency for International Development (AusAID)
4. Canadian International Development Agency (CIDA)
5. Danish Association for International Cooperation (MS-Zimbabwe)
6. Department for International Development (DFID)
7. European Commission (EC)
8. German Catholic Bishops Organisation for Development Countries
9. Humanist Institute for Cooperation with Developing Countries (HIVOS)
10. National AIDS Council
11. Norwegian Agency for Development Cooperation (NORAD)
12. OAK Zimbabwe Foundation
13. Pact Zimbabwe
14. Population International Service
15. Royal Netherlands Embassy
16. Save the Children fund (SCF-UK)
17. Southern African Training (SAT) Programme
18. Swedish International Development Agency (SIDA)
19. UNAIDS (Joint United Nations Programme on HIV/AIDS)
20. United Nations Children's Funds (UNICEF)
21. United Nations Education, Scientific and Cultural Organisation (UNESCO)
22. World Bank

CHAPTER 25:10

NATIONAL LIBRARY AND DOCUMENTATION SERVICE ACT

Act 11/1985.

ARRANGEMENT OF SECTIONS

- Short title.
- Interpretation.
- Establishment of Service.
- Functions of Service.
- Powers of Service.
- Director and Staff.
- Duties of Director.
- Funds of Service.
- Registration of affiliate libraries.
- Establishment and meetings of Council.
- Regulations.
- SCHEDULE: Powers of Service.

AN ACT to provide for the establishment of the National Library and Documentation Service and the establishment of a Council to advise on the administration of the Service; and to provide for matters connected with or incidental to the foregoing.

[Date of commencement: 1st September, 1988.]

WHEREAS it is desirable that all the people of Zimbabwe shall have access to facilities for the dissemination of knowledge and for research, recreation and study;

AND WHEREAS it is expedient to establish a National Library and Documentation Service for that purpose;

AND WHEREAS, pursuant to the desire to establish the National Library and Documentation Service, it is desirable that the National Free Library of Zimbabwe be dissolved in order that its functions may be assumed by the said National Library and Documentation Service;

AND WHEREAS the Board of the National Free Library of Zimbabwe are agreeable to the dissolution of the National Free Library as a body corporate and the vesting of its assets, liabilities and obligations directly in the State:

NOW, THEREFORE, be it enacted as follows—

**Short title**

This Act may be cited as the National Library and Documentation Service Act [Chapter 25:10].

**Interpretation**

In this Act—

“affiliate library” means a library registered with the Service in terms of section *nine*;

“constituent library” means a library which is staffed by public officers and which the Service administers, and includes—

- (a) the departments of the Government known as the National Library and Documentation Centre and the Library Training School; and
- (b) Government ministerial and departmental libraries; and
- (c) Government educational libraries; and
- (d) any other libraries that the Service may acquire or establish;

“Council” means the Council established in terms of section *ten*;

“Director” means the Director of the Service appointed in terms of section *six*;

“documentation facility” means a facility for the abstraction and distribution of information derived from or related to publications;

“inter-library loan facility” means a centralized system of distributing publications to constituent and affiliate libraries;

“Minister” means the Minister of Education and Culture or any other Minister to whom the President may, from time to time, assign the administration of this Act;

“publication” means any printed matter or any visual or sound recording;

“Service” means the National Library and Documentation Service established in terms of section *three*.

**3 Establishment of Service**

There is hereby established the National Library and Documentation Service, which shall be a body corporate capable of suing and being sued in its corporate name and, subject to this Act, of performing all acts that bodies corporate may by law perform.

**4 Functions of Service**

The functions of the Service shall be—

- (a) in relation to constituent and affiliate libraries—
  - (i) to promote the widespread enjoyment in Zimbabwe of publications of an educational, scientific, cultural, recreational or sporting value;
  - (ii) to ensure, maintain and develop a high standard of library facilities;
  - (iii) to operate a documentation facility and an inter-library loan facility; and

- (iv) to train librarians and to ensure, maintain, co-ordinate and develop a high standard of librarianship;
- (b) in relation to constituent libraries, to provide, maintain, co-ordinate and develop facilities for the consultation by and the free lending to the public of publications for reading, research, recreation and study.

### 5 Powers of Service

For the better exercise of its functions, the Service shall, subject to this Act, have power to do all or any of the things specified in the Schedule.

### 6 Director and staff

(1) There shall be a Director of the Service whose office shall be a public office and form part of the Public Service.

(2) The management of the affairs of the Service shall vest in the Director and the Director shall exercise the functions of the Service.

(3) In the exercise of his functions in terms of this Act the Director shall be assisted by persons who are officers of the Public Service.

### 7 Duties of Director

The duties of the Director shall be—

- (a) to co-ordinate the operations of the Service;
- (b) to give directions for the efficient administration of the Service;
- (c) to ensure that the Service and its constituent and affiliate libraries comply with regulations made in terms of section eleven;
- (d) to receive and consider advice from the Council;
- (e) to make recommendations to the Minister on all matters pertaining to the development of library and documentation services in Zimbabwe;
- (f) to receive and consider applications for the registration of affiliate libraries in terms of section nine;
- (g) to prepare estimates of expenditure for each financial year.

### 8 Funds of Service

(1) The funds of the Service shall consist of—

- (a) moneys appropriated by Act of Parliament for the purpose of the Service;
- (b) donations, grants and bequests to the Service which have been accepted by the Service with the approval of the Minister responsible for finance;
- (c) any fees, fines or other moneys paid in terms of regulations made in terms of section eleven;
- (d) any other moneys that may vest in or accrue to the Service, whether in terms of this Act or otherwise.

(2) Subject to the directions of the Minister, given with the approval of the Minister responsible for finance, the Director shall apply the funds of the Service to promote or undertake the functions of the Service referred to in section four and to pay any remuneration referred to in subsection (3) of section ten.

(3) The Director shall ensure that the Service maintains proper books of accounts which shall be audited annually by a person who is registered as a public auditor in terms of the Public Accountants and Auditors Act [Chapter 27:12] and appointed for the purpose by the Director with the approval of the Minister.

(4) The Minister may from time to time require the Director to submit reports to him on the financial status of the Service.

### 9 Registration of affiliate libraries

(1) The owner or controlling body of a library that is not a constituent library may apply to the Director in writing to register the library as an affiliate library of the Service in terms of this section.

(2) An application made in terms of subsection (1) shall—

- (a) set out the address of the library and its name or usual form of designation; and
- (b) be accompanied by a scaled group-plan of the library; and
- (c) itemize the furnishings of the library; and
- (d) set out the approximate number of publications in the library and the range of their subject-matter; and
- (e) where the library has office-bearers and members, set out the names, designations and addresses of the office-bearers and the number of members; and
- (f) where the library is governed by a constitution and rules, be accompanied by a copy of the constitution and rules; and
- (g) be accompanied by such information and plans relating to the library as may be prescribed or as may be required by the Director.

(3) As soon as practicable after receiving an application in terms of subsection (2), the Director shall consider the application and, if he is satisfied that the library complies with any regulations made in terms of section eleven, he shall register the library as an affiliate library:

Provided that, if the Director rejects the application, he shall inform the applicant in writing of the reasons therefor and shall allow the applicant to submit a new application upon rectification of the matters which caused the Director to reject the earlier application.

(4) The Director may de-register an affiliate library if he is satisfied that it no longer complies with any regulations made in terms of section eleven.

### 10 Establishment and meetings of Council

(1) The Minister shall appoint a Council for the purpose of advising him on general matters pertaining to the operation of the Service and on the making and amendment of regulations in terms of section eleven.

(2) The Council shall consist of—

- (a) a chairman; and
- (b) a member of a nationally recognized library association; and
- (c) a person who is experienced in financial matters; and
- (d) a legal practitioner; and
- (e) a representative from the Ministry responsible for education; and
- (f) not more than eleven persons drawn from women's and youth groups, cultural organizations, parents' teachers' associations, affiliate libraries and other persons or bodies having an interest in the aims of the Service;

who shall hold office for such period and on such terms and conditions as the Minister may fix.

(3) The Minister, with the approval of the Minister responsible for finance, may determine any subsistence and travel allowances to be paid from the funds of the Service to members of the Council.

(4) The Council shall meet at least twice a year at such times and places as may be fixed by the chairman of the Council.

(5) The procedure at meetings of the Council shall be as prescribed or, in respect of any matter that is not prescribed, as may be determined by the Council.

#### 1 Regulations

(1) The Minister, after consultation with the Council, may make regulations prescribing all matters which by this Act are required or permitted to be prescribed or which, in his opinion, are necessary or convenient to be prescribed for the purpose of carrying out the functions of the Service.

(2) Regulations made in terms of subsection (1) may provide—

- a) for the procedure to be followed by the Council;
- b) for the conditions subject to which constituent and affiliate libraries may borrow publications through the inter-library loan facility;
- c) for the conditions subject to which constituent and affiliate libraries may benefit from the documentation facility;
- d) for the conditions subject to which persons may borrow publications, including—
  - (i) the payment and forfeiture in whole or in part of deposits and the giving of guarantees or the provision of sureties in respect of the borrowing of publications;
  - (ii) the levying of fines for delay in the return of borrowed publications;
  - (iii) compensation for the loss or non-return or damage of publications;
- e) for the minimum requirements for registration of a library as an affiliate library, including requirements as to the size of the library, number of staff, nature of furnishings, number of publications and the maximum fees to be charged for admission of members; and
- f) for the fee to be charged on registration of an affiliate library.

#### SCHEDULE (Section 5)

##### POWERS OF SERVICE

1. To appoint persons as friends or as patrons of the Service.
2. To acquire, by hire, purchase, or otherwise, publications, furniture, library equipment or material and vehicles for library purposes.
3. To house collections of books belonging to any person who desires to make them accessible to the readership of the Service generally, or to sections of such readership, on such terms as may be agreed in writing with such society or person.
4. To allow the use of buildings or equipment of the Service for the purpose of concerts, lectures, exhibitions, displays or demonstrations associated with books, literature, the arts or music or with educational or scientific activities.
5. To publish catalogues, bibliographies, serials, monographs and other informative matter relating to books and libraries.
6. To establish new libraries at local, district and provincial level.
7. Subject to the approval in writing of the Minister, to accept donations, grants and bequests for the furtherance of the objects of the Service.
8. To acquire affiliate or unregistered libraries as constituent libraries.
9. Subject to the approval of the Minister and the Minister responsible for finance, to provide guarantees and grants to constituent and affiliate libraries for the purchase of books and library equipment.
10. To do all things that may be necessary or incidental for the performance of the functions imposed upon the Service in terms of this Act.