

Assessing the Institutional Capacity Enhancement Strategy by the Zimbabwe AIDS Network in Mashonaland Central Province

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Abstract

The current discourse assesses capacity building interventions by the Zimbabwe AIDS Network. It focuses on the organization's Institutional Capacity Enhancement Strategy in Mashonaland Central Province. An overview of Zimbabwe's HIV/AIDS policy interventions is made, to locate the policy context within which capacity building interventions are being pursued. Qualitative and quantitative methodologies were triangulated to come up with data which allowed for comprehensive collection, presentation and analysis of findings. A survey was carried out in Ward 11, a primary catchment area serviced by Howard Mission Hospital to assess the impact of the Institutional Enhancement Strategy in the community. This hospital was randomly selected from amongst the list of ZAN member organization in Mashonaland Central Province. Qualitative data was collected using key informant, and in-depth interviews. Secondary data was collected through a documentary search. An analysis of findings revealed that Howard Mission Hospital received a total average rating of 3, 7 from the community for its HIV/AIDS interventions, which implied a good rating. It was concluded that ZAN's intervention towards capacitating Howard Mission Hospital for the benefit of the community in the fight against HIV/AIDS. This indicates success in contributing towards Zimbabwe's AIDS policy, even though some challenges were also noted.

Keywords: HIV/AIDS, Policy, Capacity building, Mashonaland Central Province

1. Introduction

One of the major challenges facing public organizations, in the fight against HIV/AIDS, at all levels and in all sections of society in the modern era is incapacity. This bureaucratic pathology manifests in the form of lack of up to date skill and expertise amongst organizational personnel, which undermines their response to an ever-changing environment. Institutional capacity enhancement is an intervention aimed at the realization of effectiveness and efficiency in the pursuit of plans, policies, programmes and projects. This paper makes an overview of the HIV/AIDS policy framework in Zimbabwe, and assesses the Zimbabwe AIDS Network (ZAN)'s Institutional Capacity Enhancement (ICE) Strategy in Mashonaland Central Province, Zimbabwe. Since 1985, Zimbabwe has treated HIV/AIDS as an emergent threat to humanity and development. The government has crafted a socially democratic and welfare pluralistic HIV/AIDS policy framework to allow state-civil society collaboration, to curb and eliminate the pandemic. Within this policy arrangement, ZAN is a network of organizations at all levels and sections of Zimbabwe contributing towards the National HIV/AIDS policy through programmes which include Advocacy and Lobbying, Linkages and Partnerships, Networking, Institutional Capacity Enhancement, Monitoring, Evaluation and Knowledge Management. The current discussion assesses the Institutional Capacity Enhancement Strategy on Howard Mission Hospital and its catchment area, in Mashonaland Central Province, Zimbabwe.

2. Capacity building

Capacity building involves the upgrading of skills, strengthening of institutions and development of organizations for the realization of effectiveness and efficiency in the operation of activities and delivery of services (Dia, 1996). It is a process which involves the development of human potential through upgrading of knowledge, skills and experience necessary to enhance efficiency and effectiveness in the implementation of interventions (Kaplan, 1994). It is aimed at the enhancement of efficiency and effectiveness in the operation of activities within organizations. Such efficiency and effectiveness can be realized through processes of human resources development, institutional building, gender mainstreaming, resource mobilization and organizational development (Carlsson, 1998; Dia, 1996; Mutahaba, 1992; Kaplan, 1994).

Institutional building is defined as the formulation, implementation and strengthening of legal and regulatory frameworks that enable organizations to realize their full potential (Carlsson, 1998). It entails defining operational parameters, procedures, and organizational regulation through legal and other control frameworks (Franklin, 1996). Such regulations generally draw their legitimacy from legislation which ensures compliance within organizations (Dia, 1996). The creation of legal and regulatory frameworks within organizations enhances effective administration through better coordination and control of activities.

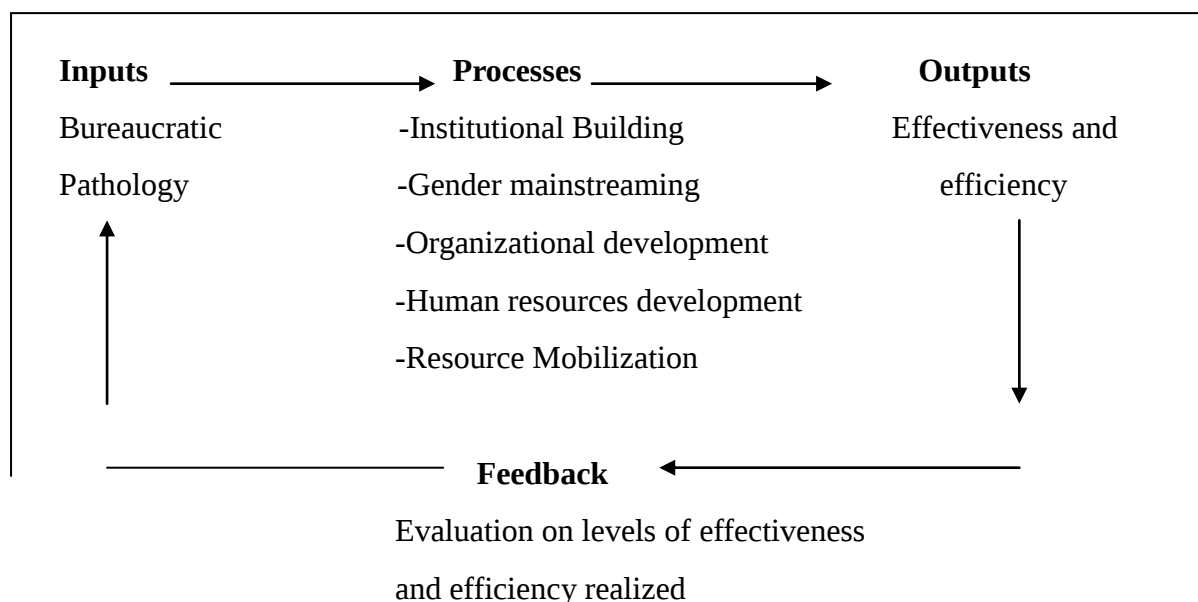
Organizational development on the other hand is concerned with the elaboration of management and operational roles, structures, processes and procedures within an organization (Dia, 1996). These will enable the formulation and implementation of mechanisms which enable the effective and efficient combination of human, material, and

financial resources together with an organization's structures, processes and procedures (Franklin, 1996). Organizational development overcomes duplication and neglect of functions which enhances the effective and efficient operation of individual functions, structures and processes (Ibid). Capacity development may also be achieved through the process of human resources development.

Franklin (1996) states that this is an aspect of capacity building which is involved with the equipping of organizational personnel with the requisite knowledge and skills through access to information and training that enables them to perform effectively. This can be fulfilled through the systematic training process which itself is described by Amstrong (2001) as the systematic development of skills, knowledge and attitudes required by individuals to perform tasks effectively and efficiently. The aim is to equip organizational personnel with the relevant skills and knowledge that will enable them to perform organizational functions for the realization of organizational goals and objectives (Attwood, 1996). The systematic training process consists of four main phases which include training needs assessment, planning for the training programme, implementation and evaluation of the training programme (Dessler, 1997).

Gender mainstreaming is another aspect of capacity building concerned the realization of equity between men and women. It is also aimed at the realization of equality between all individuals in society regardless of their sex (Eade, 1997). Mainstreaming seeks to build upon interventions aimed at enhancing equal opportunities for all the people in a community (Ibid). Capacity may also be built through resource mobilization. It involves the building-up or pooling together financial, material and human resources so that they may reach adequate and required levels (Dia, 1996). It is aimed at overcoming the challenge of inadequate resources which may undermine the implementation of interventions aimed at overcoming development challenges and exploiting opportunities for the advancement of society (Ibid). The aspects of capacity building also underpin the African Capacity Building Foundation's initiatives as illustrated in the diagram below:

Diagram 1: A Systematic Approach to Capacity Building



Source: *African Capacity Building Foundation (2009, 8)*

As demonstrated in the diagram above, the ACBF (2009) asserts that capacity building is meant to cure bureaucratic pathology within organizations. This is enhanced through the processes of organizational development, institutional building and human resources development which lead towards the realization of efficiency and effectiveness as outputs of the system. The feedback loop assesses the levels of efficiency and effectiveness realized and the extent to which these have effect on the overcoming of bureaucratic pathology (Ibid). Such an assessment enhances the taking of remedial action to overcome the shortcomings realized within these initiatives until capacity is realized. However for purposes of this study, focus was centered on the aspect of human resources development in which training is at the heart.

3. HIV/AIDS Policy framework in Zimbabwe

3.1 National AIDS Coordinating Programme

The government of Zimbabwe adopted the World Health Organization (WHO) model of medium term plans in setting up this programme in 1987 (Baird, 2006; Government of Zimbabwe, 1999; Zimbabwe AIDS Network, 2009). This resulted in the formulation of the One Year Emergency Short-Term Plan of 1987-88, as part of the programme, whose main goal was on raising public awareness about the epidemiology surrounding HIV/AIDS. It was succeeded by the First Medium-Term Plan of 1988-93 and the Second Medium-Term Plan of 1994-98. These two were aimed at incorporating the civil society in raising public awareness, and implementation of interventions aimed at confronting the challenges associated with HIV/AIDS in the country. However, these early efforts were undermined by human, financial and material resource constraints due to austerity measures associated with the Economic Structural Adjustment Programme (ESAP) which was also being implemented at that time.

This was compounded by ignorance and reluctance by some sections of society to acknowledge HIV/AIDS as a challenge (Ibid). The plans were subsequently replaced by the Zimbabwe National AIDS Policy of 1999.

3.2 Zimbabwe National AIDS Policy of 1999

It is a comprehensive national policy whose focus is not only on raising public awareness but also on the creation of a regulatory and operational framework for the purpose of fighting this pandemic through a sector-wide approach, involving the state and civil society (Government of Zimbabwe, 1999). The policy recognizes the need to address HIV/AIDS as a major priority for political support and promotes forms of social and resource mobilisation to mitigate the impacts of the pandemic (Baird 2006; Government of Zimbabwe, 1999; United Nations, 2009). The National AIDS Policy is being implemented through National AIDS Strategic Plans. The First Zimbabwe National AIDS Strategic Plan (ZANSP) of 2006 to 2010 was guided by the three ones principle (Zimbabwe AIDS Network, 2009; 2010). These include one agreed HIV/AIDS action framework that provides the basis for coordinating of all partners, one national coordinating authority with a broad based multi-sector mandate and one agreed country level monitoring and evaluation system. It provided a foundation upon which guided coordinated effort by all sectors could be made. To a large extent, the three ones principle created an organizational framework and conditions for the successful coordination and implementation of the national response to HIV and AIDS. It is however worth noting that it did not adequately address issues of community systems strengthening. It is against this backdrop that recognition of the role and contribution of community actors in the national response was targeted for strengthening (Ibid). The First has since been replaced by the Second Five-Year Zimbabwe National AIDS Strategic Plan running from 2011 to 2015. It is a result-focused and evidence-based intervention aimed at strengthening systems that contribute to HIV/AIDS and public health interventions at a community level (Zimbabwe AIDS Network, 2009; 2010). Implied in this is a shift towards welfare pluralism in-which the capacity of state and civil society organizations is being enhanced at all levels.

These combined efforts have resulted in a steady decline of HIV prevalence in the 2001 to 2009. HIV prevalence declined from 23, 7 percent in 2001 to 14, 3 percent in 2009 amongst adults aged 15 and above (United Nations, 2009; Zimbabwe AIDS Network, 2009; 2010; 2011). A decline in HIV prevalence rate from 25, 78 percent in 2002 to 21, 3 percent in 2004, to 17 percent in 2006 and 16, 1 percent as of 2009 amongst pregnant women was recorded. Similar trends were also observed among younger pregnant women (15-24years) where prevalence declined from 20.8 percent in 2002, 17, 4 percent in 2004, and 12, 5 percent in 2006 to 11, 6 percent in 2009. The above downward trend in HIV prevalence among women aged 15-24 may be depicting a concomitant decline in HIV incidence in the population. The Zimbabwe Demography and Health Survey of 2005/06 further supported this decline by showing an HIV prevalence of 18, 1 percent in the general population in the 15-49 years age group. The decline in HIV prevalence and incidence is attributed to initiatives by multiple actors which have resulted in changes in sexual behaviour specifically a decrease in number of sexual partners, increased condom use, increased knowledge about HIV/AIDS prevention and mortality (Ibid). However, despite these positives, there are challenges which threaten to

undermine the sustainability of these achievements. Within context, this discussion focuses on HIV/AIDS interventions by ZAN in Mashonaland Central Province.

4. Methodology

Qualitative and quantitative methodologies were triangulated in this study to come up with data which allowed for comprehensive presentation and analysis of findings (Babbie, 2010; Dooley, 2000). A survey was carried out in Ward 11, a primary catchment area serviced by Howard Mission Hospital. This hospital was randomly selected from amongst the list of ZAN member organization in Mashonaland Central Province to assess the impact of HIV/AIDS interventions on the community. Qualitative data was collected using key informant, and in-depth interviews. Secondary data was collected through a documentary search (Ibid).

4.1 Study area

The study was carried out at Howard Mission Hospital and Ward 11, its primary catchment area. This institution is situated in Mazowe District, Mashonaland Central Province, in the Northern parts of Zimbabwe. Permission to enter the study area was sought from the Ministry of Health and Child Welfare, District Administrators, Ward Councilors and Community leaders. Permission was also sought from household heads for the purpose of gaining access to individuals from these households during the survey. Informed consent of all participants was also sought and participation in the survey was voluntary. In order to gain access to all the relevant secondary data material, such as ZAN Reports, Ministerial Reports and Data Sheets, permission was also sought from the heads of the organizations concerned.

4.2 Target population

The study targeted health service providers who were responsible for the HIV/AIDS interventions at Howard Mission Hospital. In Ward 11 the target population included the Ward Councilor, Village Health Workers and systematically selected individuals drawn from systematically selected households. Respondents were systematically selected using the alphabetical order criteria from households that were also systematically selected. Anyone 12 years and above, whose first name came first from a selected household qualified for the interview. Participation was voluntary and informed consent was sought from all participants whilst for those below 18 years, consent was also sought from their parents or guardians. The 12 years and above age group was chosen so as to incorporate the views of child headed households in the sample.

4.3 Population characteristics and Sample Size Determination

4.3.1 Ward 11

Total population of Ward 11 = 6 168 people

Average population distribution between males and females=51% males; 49% females

Average population distribution by age=15% (aged between 0-11 years); 81% (aged between 12-65 years); 2% (aged above 65years old)

The actual sample size from which the actual sample size was computed was determined by calculating the total sample size excluding the 15% of those below 12 years of age. Therefore, the total population for those aged 12 and above was as follows:

$$75\% \text{ of } 6168 = 4626$$

From this, the sample size was determined through the following formula:

$$SS = \frac{Z^2 * (p) * (1-q)}{e^2}$$

Where:

SS= Sample Size

Z = Z value (e.g. 1.96 for 95% confidence level)

p = proportion of the target population to the entire population

e = confidence interval (0.05)

q= proportion of the entire population excluding the target population

Therefore, the total sample size was 150 people. The sample sizes for the two sex categories on the basis of a 51 to 49% ratio males as to females were therefore 77 males and 73 females.

4.4 Sampling procedure

Sampling is the process of examining a representative number of data items out of a whole population or universe (Dooley, 2000). It is conducted for the purpose of gaining an understanding about some feature or attribute of the whole population based on the characteristics of the sample. According to Blalock (1990) there are two main methods of sampling procedure which are probably and non probability. Probability sampling gives all data items in the whole population an equal chance of selection for analysis and is as such objective in that sense (Robson, 1993). It includes random, systematic, stratified, multi stage and cluster sampling. Non probability sampling involves selection criteria in which data items in a population have an unequal chance of being selected (Hagedon, 1981). It is based on the individual subjectivity and includes quota, haphazard, judge mental and spatial sampling (Ibid). For this study, sampling was a four stage procedure consisting, firstly of random selection of Mashonaland Central Province, followed by random selection of Howard Mission Hospital, thirdly, systematic sampling of households in Ward 11 and fourthly systematic selection of individuals within households using the alphabetical order criteria. A household was selected after skipping three households in order for the study to cover a wider geographical area.

4.5 Data Collection

4.5.1 Survey

Quantitative data was collected to assess the impact of the HIV/AIDS interventions by Howards Mission Hospital in Ward 11. Respondents were asked to provide a rating of the interventions on a scale of 1-5. In this, a rating of 1 was excellent, 2 very good, 3 good, 4 fair and 5 poor.

4.5.2 Key informant and in-depth interviews

Qualitative data was collected from key informant and in-depth interviews (Babbie, 2010). Key informants included health service providers responsible for HIV/AIDS interventions at Howard Mission Hospital and community leaders who provided expert knowledge around the subject matter. In-depth interviews were conducted with recipients of services directly affected or infected by HIV/AIDS.

4.5.3 Documentary search

Secondary data was collected through a documentary search in which publications around the subject area will be consulted. Amongst these will included books, journals, articles, ministerial policy documents, ministerial reports and medical reports (Babbie, 2010; Dooley, 2000). These were consulted to generate data around capacity building, training and ZAN's interventions.

4.5.5 Data presentation and analysis

Qualitative and quantitative tools were used to present and analyze data. Qualitative data was presented in narrative form whilst quantitative data was presented in the form of tables. Data was analysed using tables in-which numerical findings were presented. Analysis was based on responses on a scale of 5 ratings. In this a rating of 5 was considered excellent whilst 1 was poor. This provided a foundation upon which study conclusions were reached.

4.6 Presentation of findings

4.6.1 Zimbabwe AIDS Network

ZAN is a network of Faith Based Organizations (FBOs), AIDS Service Organizations (ASOs), Private Organizations (POs) and Community Based Organizations (CBOs) that are operational at local and community levels throughout Zimbabwe. It was established in 1991 with only 10 members and has now grown to a nationwide network with more than two hundred members. ZAN has a governance structure made up of, the Board of Trustees (BOT), made up of independent professional individuals not linked to the membership, the National Membership Council (NMC), made up of the 10 Chairpersons of the Provincial ZAN Chapters and the Chapter Executive Committee (CEC).

The NMC and BOT are ultimately accountable to the Annual General Meeting (AGM) of members. Coordination and administration of the Network are facilitated by the Secretariat, which is made up of the National Director and staff at the Head Office in Harare, and in the 10 Provincial Chapters. ZAN is supported by funding partners who include the Africa Group of Sweden (AGS); Expanded Support Programme; German Development Corporation (GTZ),

the Global Fund to fight HIV/AIDS, TB and Malaria (GF); Irish Aid; Progressio and Swedish International Development Agency (SIDA). The organization seeks to improve the quality of HIV and AIDS services through organizational strategies. Amongst these programmes include Advocacy and Lobbying, Networking, Linkages and Partnerships, Institutional Capacity Enhancement (ICE), Resource Mobilization, Monitoring, and Evaluation and Knowledge Management.

4.6.2 The Institutional Capacity Enhancement Strategy

This strategy seeks to contribute towards two major areas and outcomes for capacity building. Firstly, the network itself as an entity which comprises the linking of members, governance, representation and management structures and the secretariat, and secondly, capacity building among individual member organisations which are part of the network. Different strategies and outcomes are required for institutional capacity in these two areas. It was established that the 2007-2010 ZAN Strategic Plan significantly benefited the organizational development of the Secretariat.

Institutional Capacity Enhancement is aimed at consolidating the strengthening of organizational competences of ZAN members, in partial fulfilment of the capacity building role of ZAN, for its membership aims, to strengthen organisational systems and technical programming capacity. It involves harnessing together the ability to make a difference on the ground and human and financial resources required to do so. The building of capacity also aims to improve the delivery of services into communities, and engagement into the civil society network, including community participation, ownership and mutual accountability.

The overall strategy seeks to strengthen institutional capacities of ZAN members in five areas of leadership and results-based strategy development, financial and administrative systems, thematic HIV management areas of prevention, mitigation, care and support, governance and innovative programming including systematic monitoring and evaluation. ZAN members are categorised by level of growth and a capacity building package will be developed for specific member categories (CBO and small organisations, medium level organisation, relatively well established organisations). The needs assessment of ZAN members assists in the identification of capacity needs of members. Training themes are then defined in consultation with members, and follow three-year cycles of re-engagement with organisations as required, allowing for the unfolding needs and staff turnover. It was established that on-site mentorship and targeted technical assistance are seen to be critical to the institutionalization and practical application of training, and constitute a core area of ZAN's capacity building strategy. In addition to training and mentorship, networking is seen as another powerful source of capacity building, as relationships are formed, good practice exchanged and information disseminated.

4.6.3 Howard Mission Hospital

Founded in 1923, Howard Mission Hospital is a Salvation Army facility situated in Chiweshe Communal Lands of Zimbabwe. Eighty kilometers north of the capital of Harare, the hospital is the referral centre for the Mazowe District of Mashonaland Central Province and has a catchment of greater than 250,000 people. A variety of services are provided for all ages,

from newborn to the elderly and terminally ill. There are in-patient and out-patient departments treating 75,000 patients a year, an operating theatre, pharmacy, laboratory, and facilities for x-ray, ultrasound and rehabilitation.

The hospital also has a mobile clinic which reaches the community, to villages as far as 100 kilometers from the hospital, providing an immunization program, pediatric and obstetric care, and family planning. The nurses' training school offers education for a new cadre of primary care. Likewise, there is a school for midwifery training, providing both upgrading and complete training in the practice of midwifery.

In the Department of Obstetrics, also known as Family Child Health (FCH), there are over 2000 deliveries each year. Within the hospital premises an ante-natal shelter offers accommodation to expectant mothers to prevent problems arising from delays in transportation. Efforts have been made in preventing the transmission of HIV from a mother to her infant, commonly referred to as Maternal to Child Transmission (MTCT). Howard Hospital also witnessed the introduction of the short courses of antiretroviral such as AZT, and nevirapine to decrease transmission of HIV infection from mother to infant.

A Home Care Program has been established for chronic and palliative care, including patients with AIDS-related diseases, under the supervision of our chaplains and nurses. A supplemental feeding program provides for children with malnutrition. Child sponsorship is available for orphans whose parents have died from AIDS and who could otherwise not afford to go to school. Support groups of people living with AIDS have sprung up in the villages. A comprehensive HIV counseling and treatment center has been launched in conjunction with expanded efforts to diagnose and manage tuberculosis and the opening of the new Howard Hospital. 200 people living with HIV are receiving antiretroviral therapy, expanding to 400 in 2005. The expectant mother, the sick, the dying and their healthy relatives and friends are exposed to the benefits of AIDS awareness and education at Howard Hospital. Counseling and spiritual care is provided with support from the local Salvation Army church. There is an education team that reaches the schools, churches and community centers with the message of AIDS prevention using the means of song, art and puppetry. Peer educator youth clubs have been established.

As a Faith Based Organization, Howard Mission Hospital is implementing interventions in partnership with ZAN along thematic areas which include prevention, care and support. It also provides services which include Home Based Care, Counseling, Orphan Care and Advocacy. It was established from the Mission that the training by ZAN was systematic in that before each training intervention, training needs are identified and examined in consultation. Post training evaluations are also made by ZAN on the Mission to establish the impact of training interventions. It was established that this has helped shape the Mission's interventions in the community and allowed for more effective and efficient interaction between the hospital and the community in the fight against HIV/AIDS.

4.7 Data analysis

4.7.1 Ward 11

A survey was conducted to assess the impact of HIV/AIDS interventions being implemented

by Howard Mission Hospital in Ward 11. The questions sought to determine through individual ratings, the impact of interventions which include Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), Home Based Care (HBC), Orphan Care and Treatment. Respondents were asked to rate the services provided as illustrated in the tables below. May it be noted that note during survey, the researcher came across only 11 out of 150 respondents who respondent yes to either being affected or infected by HIV/AIDS, and as such were in a position to answer the question on Treatment and Care. 31 of the 73 women interviewed responded yes to the question on PMTCT and were in a position to respond to the questions around that topic.

Table 1: Community ratings on interventions

Programme							
Rating value	Excellent=5	Very Good=4	Good=3	Fair=2	Poor=1	Note that the average rating for each (rating value*total responses) /number of responses	Total average rating for each (Total of rating values /Total Responses)
Voluntary Counselling and Testing (VCT)	57	44	31	17	1	589/159	3,7
*Prevention of Mother to Child Transmission (PMTCT)	13	12	4	1	1	128/31	4,1
*Home Based Care (HBC)	5	3	2	1	0	45/11	4
Orphan Care (OC)	11	23	41	66	9	411/159	2,6
*Treatment	4	5	2	0	0	46/11	4,2
Total Average Rating							3,7
Remarks							Good

As illustrated in the table above, Howard Mission Hospital received a total average rating of 3, 7 from the responses made. This means that its interventions received a good rating from the community in Ward 11, which constitutes its primary catchment area. In this, Treatment received the highest rating, and very good rating, of 4, 2 from the survey responses. This was followed by PMTCT which also had a very good rating of 4, 1 and HBC which had an average rating of 4 which was also very good. From the responses, VCT received a good average rating of 3, 7 whilst Orphan Care had a fair rating of 2, 6.

The highest average rating for Treatment was attributed to the availability of Anti Retroviral Treatment at the Mission. Whilst supplies are not at the highest desired levels at all times, respondents noted that treatment was reliably available at most of the times and that it was easily availed to those requiring it. It was however noted that the only challenge undermining accessibility at desired levels emanated from the high demand for drugs by clients who come from other parts of the District, and some from Harare, which often means long waiting hours. However, it was established that this does not undermine accessibility by locals. Part of the reasons for the highest rating emanated from the advisory services provided by hospital staff on ways of leading a health life which include a healthy diet and active lifestyle. Follow-ups are also made through regular check-ups for recipients.

PMTCT services also received a very good rating from respondents because they are provided to all client pregnant mothers who visit the facility for check-up during maternity days. In this, pregnant women are attended to by trained health workers during pregnancy and HIV positive women attended to at the health facility where they receive the More Efficacious Regimen (AZT/3TC and Nevirapine) to reduce chances of transmission of the virus from mother to baby. They also receive counselling during the same process.

Howard Mission Hospital also coordinates HBC interventions throughout the district. In Ward 11 however, these interventions are coordinated and implemented through a network of Village Health Workers. These are responsible for making sure that all the potential beneficiaries in some of the villages in this Ward have access to medication and primary care health worker at all times. They also help ensure accessibility to health services by reporting cases of terminal illness so that the affected members of the community may be served by the Mission's mobile clinic.

VCT services received a good rating from the community because they were considered to be a credible means through which individuals got to know of their status. The service offered was also considered enlightening on issues to do with prevention and general knowledge around HIV/AIDS. Orphan Care however received a fair rating from members of the community. Most respondents indicated that whilst that most of the orphans and child headed households were taken care of by the community itself through members of their extended family in the community. It was however acknowledged that Howard Mission Hospital makes a big effort to ensure that they have access to medication at all times through their local village head. Through this, it was established that most are receiving medical treatment and are being assisted by the local community to receive protection from abuse through the Zimbabwe Republic Police's Child Protection Unit, education through the government's Basic Education Assistance Module and donations by the mission, and food through the

Zunde Ramambo initiative by local chiefs and headmen in the Ward. Given all this, the study hypotheses were rejected because the Zimbabwe AIDS Network has the capacity to provide training which facilitates the implementation of its training programme. Howard Mission Hospital does has capacity to fully implement ZAN initiated training interventions in Ward 11 as evidenced by the total average good rating of 3, 7 on its interventions in this community. This indicates success in the implementation of ZAN's capacity building interventions in Mashonaland Central Province, Zimbabwe.

5. Conclusions

The study concluded that ZAN's Institutional Capacity Enhancement Strategy is beneficial to Howard Mission Hospital and its catchment area in the fight against HIV/AIDS. The research concluded that ZAN is a network of Faith Based Organizations (FBOs), AIDS Service Organizations (ASOs), Private Organizations (POs) and Community Based Organizations (CBOs) that are operational at local and community levels throughout Zimbabwe. It was established in 1991 with only 10 members and has now grown to a nationwide network with more than two hundred members. The organization seeks to improve the quality of HIV and AIDS services through programme areas which include Advocacy and Lobbying, Networking, Linkages and Partnerships, Institutional Capacity Enhancement (ICE), Resource Mobilization, Monitoring, and Evaluation and Knowledge. These have been imparted to Howard Mission Hospital through training as part of the Institutional Capacity Enhancement Strategy, in a bid to contribute towards effectiveness and efficiency in the implementation of plans, policies, programmes and projects.

Capacity building is the process involved with the upgrading of skills, strengthening of institutions and development of organizations so as to enhance the most effective and efficient operation of activities and delivery of services. The aim is to enhance efficiency and effectiveness in the operation of activities within organizations. Such efficiency and effectiveness can be brought by through the processes of human resources development, institutional development, gender mainstreaming, resource mobilization and organizational development. Institutional building involves the formulation, implementation and strengthening of legal and regulatory frameworks that enable organizations to realize their full potential. These provide a lay out of the procedures, protocols and processes to be followed, which are enshrined within legislation. Another aspect, organizational development, is concerned with the elaboration of management structures, processes and procedures within an institution to enable the formulation and implementation of mechanisms which enable the effective and efficient combination of human, material, and financial resources together with an organization's structures, processes and procedures. Capacity building may also be realized through human resources development.

It involves systematically equipping organizational personnel with the requisite knowledge and skills through access to information and training which enables them to perform effectively and efficiently. Capacity building may also be achieved through gender mainstreaming, which is concerned with the realization of equity between men and women, and equality between all individuals in society regardless of their sex. It was also concluded that resource mobilization is another aspect which refers to the build-up, or pooling together

financial, material and human resources so that they may reach adequate and required levels. ZAN seeks to build the capacity of its member organizations through its strategies. Amongst these include Howard Mission Hospital located in the Chiweshe Communal Lands, Zimbabwe, and is the referral centre for the Mazowe District in Mashonaland Central Province.

It was established from the study that this organization working in partnership with ZAN in implementing its interventions. Howard Mission Hospital has received training which is contributing towards effective and efficient implementation of interventions in line with partnership thematic areas which include Prevention, Care and Support. It also provides services which include Home Based Care, Counseling, Orphan Care and Advocacy to the community.

It was also concluded that the training received by the mission from ZAN was systematic in that before each training intervention, training needs are identified and examined in consultation. Post training evaluations are also made by ZAN on the Mission to establish the impact of training interventions. It was established that this has helped shape the Mission's interventions in the community and allowed for more effective and efficient interaction between the hospital and the community in the fight against HIV/AIDS. As a result, the study concluded that a high rating of 3, 7 was made by the community following a survey to assess the impact of the Mission's interventions in Ward 11. A survey was conducted to assess the impact of HIV/AIDS interventions being implemented by Howard Mission Hospital in Ward 11. The questions sought to determine through individual ratings, the impact of interventions which include Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), Home Based Care (HBC), Orphan Care and Treatment.

From this survey, the study concluded that Howard Mission Hospital received a total average rating of 3, 7 from the responses made. This means that its interventions received a good rating from the community in Ward 11, which constitutes its primary catchment area. In this, Treatment received the highest rating, and very good rating, of 4, 2 from the survey responses. This was followed by PMTCT which also had a very good rating of 4, 1 and HBC which had an average rating of 4 which was also very good. From the responses, VCT received a good average rating of 3, 7 whilst Orphan Care had a fair rating of 2, 6. As a result, the study hypotheses were rejected because the Zimbabwe AIDS Network has the capacity to provide training which facilitates the implementation of its training programme. It was also concluded that Howard Mission Hospital has capacity to fully implement ZAN initiated training interventions in Ward 11 as evidenced by the total average good rating of 3, 7 on its interventions in this community. This indicates success in the implementation of ZAN's capacity building interventions in Mashonaland Central Province, Zimbabwe.

6. Recommendations

ZAN's capacity building interventions in the fight against HIV/AIDS were concluded to be a success on the community in Mashonaland Central province, as evidenced by experiences at Howard Mission Hospital. It is recommended that the organization continues to sustain its

capacity building interventions in the fight against HIV/AIDS in Ward 11 of Mazowe District, Mashonaland Central Province of Zimbabwe and beyond.

It was noted that Howards Mission Hospital is the referral centre for Mazowe District of Mashonaland Central Province with a catchment of greater than 250,000 people. Therefore, there is need for more health facilities and voluntary sector organizations from the community and outside to complement its efforts in this community. The fact that some of the Mission's clients come from as far as Harare means that more complementary effort is needed in all parts of Zimbabwe and that the state and civil society must continue to improve on the availability of HIV/AIDS drugs to patients in all parts of the country. A follow up study on this avenue is also recommended, to lay a foundation upon which efficient and effective implementation of HIV/AIDS interventions may be made in all parts of Zimbabwe and beyond.

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