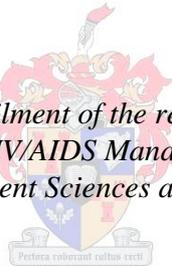


**An analysis of the Business Response to  
HIV/AIDS in the Catering Industry in  
Zimbabwe: A Case Study for Organisations  
Affiliated to the National Employment  
Council for the Catering Industry.**

by  
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*Assignment presented in fulfilment of the requirements for the degree of  
Master in Philosophy (HIV/AIDS Management) in the Faculty of  
Economic and Management Sciences at Stellenbosch University*



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April 2014

## **Declaration**

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April 2014

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## **ABSTRACT**

The catering industry by its constituent membership of hotels, restaurants, lodges, bars, night clubs, takeaways and every tourist activity is susceptible and vulnerable to HIV/AIDS. This study analysed the business response to HIV/AIDS by establishments in the catering industry in Zimbabwe. The case study focused on establishments in Harare using a questionnaire with both open-ended and closed questions for data collection.

The results of the study acknowledged the impact of HIV/AIDS on human resources capital and the business. The study also highlighted the need to conduct an assessment of the status of HIV/AIDS in the industry and its impact on both people and business. The epidemic was also acknowledged as a threat to the industry (both workforce and the business) hence the need for business response. However, the study revealed that the current business response was very minimal, erratic and uncoordinated. The study also highlighted the discriminatory practices in the catering industry especially in the treatment of persons infected with HIV. The study revealed the urgent need to put in place effective response to mitigate the impact of HIV/AIDS in the catering industry.

Recommendations have been made to address HIV/AIDS in the workplace.

## **OPSOMMING**

Die doel van hierdie studie was om te bepaal tot watter mate die voedselverskaffingsindustrie in Zimbabwe as besigheid gereageer het teenoor MIV/Vigs en wat hulle besigheidsrespons was.

Resultate van die studie dui aan dat hierdie besigheidsektor wel erkenning gee aan die negatiewe impak wat MIV/Vigs op menslike hulpbronne . MIV/Vigs word as 'n bedreiging erken en die negatiewe impak daarvan op besighede word deeglik besef.

Die studie dui egter ook aan dat die huidige respons van die voedselverskaffingsektor minimaal, ongereeld en ongekoördineerd is. Die studie wys ook daarop dat daar nog steeds baie hoogs-diskriminerende praktyke binne die industrie bestaan, veral ten opsigte van pasiënte wat tans op behandeling is vir MIV-verwante siektetoestande.

Die studie wys op die noodsaaklikheid van 'n doeltreffende besigheidsrepons binne die voedselverskaffingsindustrie en voorstelle word gemaak vir die beter bestuur van MIV/Vigs binne hierdie bedryfsektor.

## **ACKNOWLEDGEMENTS**

I would like to extend my gratitude to my Supervisor, Professor Johan Augustyn, for the wise guidance and encouragement as I pursued this assignment. University of Stellenbosch and staff at the Centre for HIV/AIDS Management, I thank you for all your support during the tenure of my studies.

I also want to extend my gratitude to all the establishments and individuals for the support, commitment and cooperation in the short period to respond to the questionnaire.

Finally, to my and children, a special thank you for understanding and supporting me during this journey. Your love was amazing and encouraged me to persevere. I will always cherish your love.

## ACRONYMS

**AIDS** – Acquired Immuno-deficiency Syndrome

**IFC** – International Finance Corporation

**HIV** – Human Immuno-deficiency Virus

**ILO** – International Labour Organisation

**ILOAIDS** – International Labour Organisation Programme on HIV/AIDS and the World of Work

**MSD** - Merck Sharp & Dohme

**NAC** - National AIDS Council of Zimbabwe

**NECCI** - National Employment Council for the Catering Industry in Zimbabwe

**PSI** - Population Services International

**SADC** - Southern African Development Community

**SME** - Small to Medium Enterprises

**STI** – Sexually Transmitted Infection

**TB** - Tuberculosis

**UNWTO** - United Nations World Tourism Organization

**ZDHS** - Zimbabwe Demographic and Health Survey

**ZIMSTAT** - Zimbabwe National Statistics Agency

## TABLE OF CONTENTS

Declaration.....	ii
Abstract.....	iii
Opsomming.....	iv
Acknowledgements.....	v
Acronyms.....	vi
<b>Chapter 1: Introduction.....</b>	<b>1</b>
<b>Chapter 2: Literature Review.....</b>	<b>3</b>
2.1 Introduction.....	3
2.2 HIV Prevalence.....	3
2.3 Impact of HIV/AIDS On Business.....	4
2.4 Business Response to HIV/AIDS.....	8

2.5 HIV Policy.....	10
2.6 Conclusion.....	11
<b>Chapter 3: Research Method.....</b>	<b>12</b>
3.1 Research Problem.....	12
3.2 Research Question.....	14
3.3 Significance of Study.....	14
3.4 Aims and Objectives.....	14
3.5 Research Methodology.....	15
3.6 Ethical Issues.....	16
<b>Chapter 4: Results and Discussion.....</b>	<b>17</b>
4.1 Results.....	17
4.2 Discussion.....	35
<b>Chapter 5: Limitations and Recommendations.....</b>	<b>46</b>
5.1 Limitations of the study.....	46
5.2 Recommendations.....	46
<b>Chapter 6: Conclusion.....</b>	<b>48</b>
6.1 Conclusion.....	48
<b>Reference List.....</b>	<b>49</b>
<b>List of Figures.....</b>	<b>5</b>
Figure 2.1: Cost implications of HIV/AIDS on business.....	5
<b>Addenda.....</b>	<b>54</b>
Addendum A: Questionnaire.....	54
Addendum B: Letter of Approval from the REC.....	55



## **Chapter 1: Introduction**

### **1.1 Background**

Since independence in 1980, Zimbabwe's economy has gradually declined from one of the strongest in Southern Africa to one of the worst to date. The presence of HIV/AIDS is worsening the country's economic woes as Zimbabwe is the third worst affected country in Southern Africa after South Africa and Botswana. In Zimbabwe, HIV was first reported in 1985 and since the emergence of HIV/AIDS the thought processes of individuals and businesses have been challenged to find a lasting solution to the epidemic. However, up to today due to the complexity and diverse nature of the pandemic that lasting solution continues to be evasive. In contrast to malaria, diarrhoeal diseases and other common infectious diseases, where mortality is concentrated among infants, children, the elderly and the infirm, AIDS kills primarily young and middle-aged adults during their most productive years (Simon, Rosen, Thear and Vincent, 2000). HIV/AIDS is a threat to all humankind.

In Zimbabwe, the NECCI membership covers all tourism players such as hotels, restaurants, lodges, takeaways, fast foods, leisure services, tour operators, bars and hospitality as integral constituents of sector. The catering industry in Zimbabwe is made up mostly of small to medium enterprises (80%) and large public listed companies (20%). Tourism is among the world's top creators of jobs requiring varying degrees of skills and allows for quick entry into the workforce for youth, women and migrant workers (ILO, 2010). Labour is the central productive asset of the poor in most developing countries (ILO, 2006) so it becomes paramount to preserve the health of the workforce. In Zimbabwe, NECCI membership is located across the country with very high HIV prevalence rates varying from 13% to 21% thereby increasing susceptibility and vulnerability of the industry's workforce. Coincidentally, Matabeleland North, the tourist hub of Zimbabwe has the highest HIV prevalence of 21%.

The tourism sector is associated with casual sex, frequently unprotected, drug and alcohol use - all factors linked to an increased risk of HIV transmission (Forsythe, 2000). The NECCI workforce is susceptible to HIV infection as most employees are usually young, single, highly mobile, spending long periods of time away from home or from spouses for those married, living in employers' compounds, have easy access to sex work (local, tourists or co-workers), high drug and alcohol use or abuse. According to The Sunday Mail (2013) the latest breed of sex workers frequent upmarket places and are regulars in five-star hotels and

other trendy restaurants. The catering industry workforce is also exposed to body fluids and used needles in guest rooms including spoiled linen at their workplaces. The workforce is also faced with high temptation for unsafe sex practices as some tourists tend to engage in promiscuity away from their localities and "sex tourism". These are some sector specific threats to employees in the catering industry.

The aim of the study is to contribute to the establishment of effective workplace interventions against HIV/AIDS and to provide a framework for business of dealing with the disease in the workplace to preserve human capital thereby promoting business growth. Since the catering industry is third largest foreign currency earner and employer in Zimbabwe it becomes critical to craft sustainable strategies to mitigate the effects of HIV/AIDS on people, families, business and national economy.

This study is important as it seeks to provide an industry-wide vision to organizations in the catering industry so that efforts can be collaborated in the fight against HIV/AIDS in the industry. The will also encourage employers to assess the extent of the HIV/AIDS in the respective establishments so that an appropriate response is put in place.

In this study, Chapter 1 covers the introduction and the background to the study whilst Chapter 2 will discuss literature review in analysing the impact of HIV/AIDS in the catering industry and the business response thereof. Chapter 3 will details the research methodology the study will use and Chapter 4 will look at the results of the study. Chapter 5 will discuss limitations and recommendations from the study. Finally, Chapter 6 will close the study with conclusions.

## **Chapter 2: Literature Review**

### **2.1 Introduction**

In Zimbabwe, the first HIV/AIDS case was discovered in 1985 NAC (2010). According to Duri, Stray-Pederson and Muller (2013) sadly, in Zimbabwe there was so much denial by government until 1990 when HIV/AIDS issues were debated in the public domain.

In Zimbabwe, the major mode of HIV transmission is sexually driven accounting for 90% of new infections (UNAIDS, 2012).

### **2.2 HIV Prevalence**

Globally 35,3 million people were living with HIV in 2012 with 2 million adults being new infections (UNAIDS, 2013). Southern Africa is home to less than 2% of the global population but about 30% of people living with HIV/AIDS are found in southern Africa. So it is also no coincidence that high HIV prevalence rates are found in southern Africa. The prevalence of HIV/AIDS is worrisome as it presents the biggest challenge to the global socio-economic development and more so for sub-Saharan Africa where its prevalence in the economically active population (15-60 years) is very high. HIV prevalence is slightly higher in urban areas than rural areas (ZIMSTAT et al., 2012). This could be attributable urban migration as people move seeking "perceived" greener pastures looking for employment opportunities in the towns and cities. In Zimbabwe, women account for 60% of HIV infections and HIV prevalence in adult women aged 15-49 is 18%, significantly higher than prevalence in men which is at 12% (NAC, 2012). Further, young women (15-24 years) are 3-6 times more likely to be infected than men in the same age group. The catering industry has a very high number of women as waitresses in its employ.

Globally, Zimbabwe is one of the countries with the highest HIV prevalence rate. In the catering industry in Zimbabwe the working age is 60 years whilst late retirement can go as far as 65 years so in this study this work group is part of the labour force. In Zimbabwe, the estimated HIV prevalence among adults 15 years and above in 2011 was 13.1% (UNAIDS, 2012). It thus has a disproportionate weight on the age groups who play a key role in the development of the economy and of the country's social sectors (Boutayeb, 2009). The high

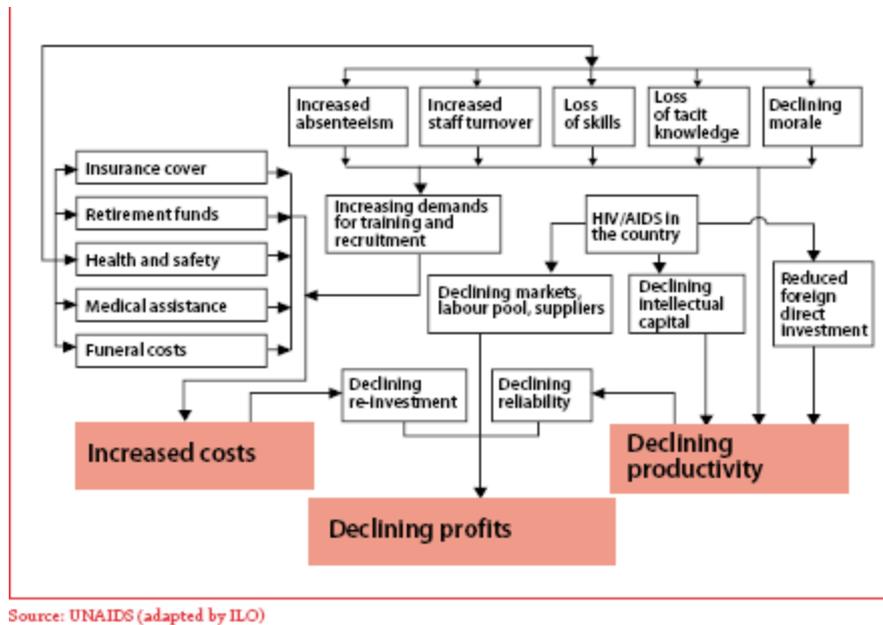
prevalence rate imply serious repercussions not only for the employees of the catering industry but also on their families and the community at large. According to Kaniki (2003: 2) "The high level of infection among adults poses a threat not only to the health of any nation but also to the productivity of the factories, farms, plantations, mines and other enterprises that constitute the productive sector of the economy. The epidemic also threatens any country's financial, administrative and social infrastructures. Thus, HIV/AIDS is a threat to the livelihoods of millions of people and to the welfare of their families, regardless of whether or not they happen to be HIV-positive." The HIV prevalence rate in the catering industry is unknown.

According to the census conducted in 2012, Zimbabwe's total population stood at 13,06 million people (ZIMSTAT, 2013) with more than 1,2 million living with HIV, ranking third with the HIV/AIDS burden in Southern Africa. According to NAC (2012) about 1, 242,768 people were living with HIV and AIDS at the end of last year with about 58,000 new infections and an estimated 45,000 annual HIV-related deaths. According to a survey in capital cities, UNAIDS (2013) noted that HIV prevalence among sex workers varies across the world from 22% in Eastern and Southern Africa to less than 5% in other regions. The catering industry in Zimbabwe operates in areas where sex workers consider to be their rich hunting ground such as hotels, restaurants, bars and nightclubs, holiday resorts, border towns etc so that mix will expose them to HIV infection.

### **2.3 The Impact of HIV/AIDS on Business**

The African continent is endowed with a highly productive, educated and competitive labour force but the challenges posed by the HIV/AIDS pandemic threaten to dissipate this human resource. According to Price-Smith and Daly (2004) the disease is systematically eroding the economic strength of the country, shrinking productivity, precipitating a decline in savings, increasing the country's debt load, and diminishing its store of human capital. HIV/AIDS kills and disables adults in the most productive part of their lives consequently affecting business, investment, industry and agricultural sustainability and ultimately reducing families' income and economic growth (Boutayeb, 2009).

Figure 2.1 below illustrates the costs implications of HIV/AIDS on business:



**Figure 2.1. Costs implications of HIV/AIDS on business**

**Source: UNAIDS ;adapted from The business response to HIV/AIDS: Impact and lessons learned (2000) by ILO.**

In Zimbabwe, the public health systems are seriously constrained due to underfunding and this is compounded by lack of resources (human and otherwise) so business interventions become vital to complement efforts by government, nongovernmental organizations etc. in the fight against the impact of HIV/AIDS.

### **2.3.1 Human Capital and Productivity**

The impact of HIV/AIDS is manifest in its effect on the labour force and on working-age men and women in the private sector, the public sector, agriculture, the informal economy and on the population of women and children in the most affected countries (ILO, 2004). According to the 2012 Population Census, the population age 15 years and above for Zimbabwe was 7,661,295 and 67% of this population was economically active (ZIMSTAT, 2013). This population will be disproportionately affected by the HIV/AIDS pandemic. HIV/AIDS is seriously affecting Zimbabwe’s labour supply, debilitating and killing skilled employees and generating a decline in human capital that impedes worker productivity

(Price-Smith and Daly, 2004). The situation is worsened by the shortage of ARVs. Tourism is likely to be significantly affected by HIV/AIDS, due to the mobility of the workforce, the nature of the industry, the presence of "sex tourists" and the heavy reliance of many countries on tourism revenues (Forsythe, 2000).

Coulibaly (2005:11) stated that "HIV/AIDS destroys the human capital that represents the accumulation of life experiences, and of human and job skills and knowledge, that are built up over years through schooling, formal education, learning on the job and training. The loss of qualified workers due to HIV/AIDS would lead to a lowered level of skills and experience of the labour force. Moreover, the loss of adult workers would interrupt the informal transfer of skills and knowledge to younger generations, thereby diminishing the quality of the labour force." It is probable from this background that any attempt to quantify the losses on human capital is complex. One of the most significant features of HIV/AIDS is its concentration in the working age population (age 15-49) such that those with critical social and economic roles are disproportionately affected (IFC, 2004) .

Dickinson (2003:27) said "The primary impact is on employee's ability to work effectively as they become ill. This lowers productivity (of individual and of co-workers) and raises absenteeism. Replacement of workers that die from AIDS involves recruitment and training costs, in addition to lower levels of productivity before a new employee gains experience." The loss of workers and work-days due to AIDS- related illnesses or the demands of caring can result in significant declines in productivity, loss of earning, and attrition in skills and experience (Lisk, 2002). Rosen, Simon, Whiteside, Vincent and Thear (2000) noted other considerations as the impact of AIDS illness and death on medical, insurance and pension provision. According to IFC (2004) HIV/AIDS raises the cost of labour in all Southern African countries and diminishes the competitiveness of African businesses in the global marketplace. So it is apparent from these observations that productivity and competitiveness are compromised due to the negative impact of HIV/AIDS. The ILO (2006) concluded that HIV/AIDS raises the cost of doing business, deters investment and the price of inaction is much greater than the cost of addressing the disease through workplace programmes.

The vulnerability of businesses to HIV/AIDS will vary depending on factors such as the type of business and production processes (Du Toit and Burger, 2004). The catering industry just like all other tourist businesses operate under special circumstances that increase vulnerability to the workforce. Apart from interacting with visitors and tourists directly they also exposed to body fluids, spoiled linen and used needles in their workplaces. The

workforce in the catering industry is also dominated by job-specific skills such as chefs including a large number of semi-skilled personnel. According to Cohen (2002) the probability is that losses of key personnel with job-specific skills and organizational experience will cause disruption to production and losses of product quality as such people are not easy to replace and losses of embodied human capital will impose significant constraints both on production processes and on available technology.

According to IFC (2002:1), "At the micro level, business will feel the impact of HIV/AIDS most clearly through their workforce, with direct consequences for a company's bottom line. These include increased expenditure on medical and health insurance costs, funeral costs and death benefits, as well as recruitment and training needs due to lost personnel. In addition, firms experience decreased revenues as a result of higher absenteeism and staff turnover, reduced productivity, declining morale and a shrinking consumer base. While a company's revenues decrease, its costs of doing business increase because its suppliers, distributors and the public sector are also affected, leading to similar disruptions in the supply chain." This will result in organization responding to the epidemic in a reactive manner thereby compromising the wellness of employees and straining productivity. It is evident that the effect of HIV/AIDS extends beyond the organization alone but goes further to the supply chain hence the need for a coordinated effort to include all.

### **2.3.2 Profitability and Growth**

According to UNAIDS (2002) HIV/AIDS impacts on companies in a number of ways and estimating the scale of these is complex. There are direct costs such as absenteeism, lost production, medical costs, recruitment, training etc which are easier to quantify whilst indirect costs such as low workforce morale, safety concerns etc are difficult to quantify. However, an impact analysis will provide an estimate of the costs to the establishment in the long term. Studies have shown that the costs of doing nothing outweigh the treatment costs so the earlier the response the best. Cohen (2002) concluded that attempts to measure these costs by economists through valuations based on average wages or some other indicator are likely to be significantly underestimates of the social and economic value of the losses of human capital that are being experienced. IFC (2002) also highlights that while assessing the economic impact of AIDS is very difficult, studies suggest that some of the hardest-hit countries may forfeit 2% or more of GDP growth per year as a result of the

epidemic.HIV/AIDS increasingly threatens economic development through attrition and depletion of the existing labour force.

According to Bollinger, Stover, Kerkhoven, Mutangadura and Mukurazita (1999:7), "AIDS-related illnesses and deaths to employees affect a firm by both increasing expenditures and reducing revenues. Expenditures are increased for health care costs, burial fees and training and recruitment of replacement employees. Revenues may be decreased because of absenteeism due to illness or attendance at funerals and time spent on training. Labour turnover can lead to a less experienced labour force that is less productive." These costs lead to reduced profits this affecting the growth of the business.

According to the ILO (2004) the enterprise is now calculating the costs of the HIV/AIDS epidemic; many firms have concluded that the direct and indirect costs of inaction are far greater than the costs of treatment. So it obviously makes sense for business to be proactive now than being reactive only to count the lost opportunities.

#### **2.4 Business Response to HIV/AIDS**

The Business Action for Africa (2007) identifies two areas that should motivate any business to respond to the HIV/AIDS epidemic, that is, humanitarian and the business argument. According to the Business Action for Africa (2007:14) "The most powerful argument is the humanitarian one – helping to reduce the rate of new HIV infection and ensuring access to ARV treatment for those who need it alleviates human suffering and saves lives. But there is also a strong business case to be made for intervention at the workplace. High rates of HIV and increased mortality due to AIDS impose costs on any business. These include costs associated with increased absenteeism, reduced productivity, rising healthcare and benefits costs, increased turnover and resultant recruitment and training costs. There are also those costs that are less tangible yet very damaging to business, such as the loss of accumulated skills and experience, and the impact of low morale in an environment of increased sickness and death." So it is apparent that there is always a valid reason for business regardless of size to take action against HIV/AIDS as everyone is affected in more than one way.

Since the discovery of the first case of HIV/AIDS in Zimbabwe in 1985, the government has made several pronouncements to guide the country's multi-sectoral response to the epidemic allowing individual companies to implement own workplace HIV/AIDS programmes. In

1999, the Government introduced the AIDS Levy which is 3 % of payee and corporate tax and currently the AIDS levy is the major contributor of domestic funding to the national response (UNAIDS, 2012). This AIDS levy is being administered by NAC, a body created by an Act of Parliament. However, the government alone cannot contain the epidemic hence the need for the various sector of the economy to participate at the sectoral level.

Today, the world of work has been identified as a critical focal point in the response for the fight against HIV/AIDS as the epidemic disproportionately affects the economically active population age group. Many institutions spend thousands of dollars in human capital investments hence the need to fight the HIV/AIDS epidemic. ILO (2012) noted that the tourism sector can play a key role in the response to HIV and AIDS as this sector is characterized by a large network of people and operators that interact with each other across sectors and borders. So, the catering establishments in Zimbabwe form a convergent point for the local and international rich, poor, celebrities etc. The ILO recognises HIV and AIDS as workplace issues that require workplace response hence the ILO Code of Practice on HIV and AIDS and the World of Work was developed. SADC has also developed a code that is informed by the ILO code and Zimbabwe is a member of the SADC. Consequently, HIV/AIDS is a workplace issue that requires action not only by employers but employees collectively.

Generally, the business response to the HIV/AIDS epidemic has been sluggish, piecemeal and uncoordinated. "The survival of labour force participants is critical to preserving economic growth and achieving sustainable development, but it is also fundamental to the wellbeing and healthy development of their children, who rely on them for guidance, education and material support. The estimated productivity gained due to ARV treatment represents an enormous collective income for households with children as well as a contribution to the economy." (ILO, 2006:19). However, Forsythe (2000) noted that formulating an effective response for the tourism sector presents a number of challenges and calls for creativity and commitment to working in partnership in an effort minimise the situations where the risk of HIV transmission exists. Whilst various local and international labour standards on HIV/AIDs are in place to provide framework for action, the catering industry's response has been minimal.

The IFC (2002) highlighted that in order to accurately weigh the costs and benefits of taking action, it is critical for a company to understand the extent of the threat HIV/AIDS poses in

its area of operation and the full range of direct and indirect costs associated with the impact of the disease on its workforce. So an understanding of the extent of the HIV/AIDS epidemic in an establishment is imperative to provide an appropriate response and intervention to mitigate its impact on the workforce.

According to Booysen and Molelekoa (2002) as quoted by Dickinson (2003), despite a clear economic case for intervention, business has largely failed to take a lead in this crisis. Most establishments have been inactive and have not given any priority to HIV/AIDS probably due to lack of understanding the threat HIV/AIDS epidemic have on their workforce and consequently the survival of the organizations. In Zimbabwe, NAC (2010) noted that the private sector is not meeting targets on HIV policy and programmes in the context of economic challenges. Probably, it is in this light that investment in HIV/AIDS workplace programmes have remained a challenge. According to The Standard (2012) the majority of workplace interventions have been implemented by large enterprises with minimal activity in the SME and informal sectors where most workers are now employed. It further stated that SMEs lack the technical expertise and resources to accurately determine the cost of HIV to the business.

## **2.5 HIV/AIDS Policy**

A workplace HIV/AIDS policy defines an organization's position on HIV/AIDS and spells out the way in which the organization will deal with the epidemic (IFC, 2004). An HIV/AIDS policy tend to encourage openness, promoting voluntary counselling and testing including disclosure. A workplace policy is one the comprehensive programmes business can put into place in response to HIV/AIDS.

Bloom, Bloom, Steven and Weston (2006) noted that in all areas, firms with HIV/AIDS policies are more sanguine about their ability to fend off the threat of the virus. Bloom et al (2006) further stated that even where impacts are likely to remain slight, firms that actively manage the risk of HIV/AIDS through some form of programme believe are better equipped to cope with it.

According to the ILO (2004) to reach a critical mass of response to the epidemic, a supportive and enabling policy environment needs to be fostered, with specific focus on the legal framework, sustaining educational and employment capacity, integration as a goal of

development strategies and reduction of poverty. According to NAC (2012) a total of 62 organisations developed workplace HIV and AIDS policies during the year and 28,000 were tested for HIV through workplace initiatives. However, no company among the NECCI membership was among those to develop workplace policies though it is evident that workplace policies are an important intervention against HIV/AIDS.

An HIV/AIDS workplace policy should highlight a comprehensive response that addresses prevention, treatment, support for staff living with HIV, stigma and discrimination among others covering employees, family and the community. HIV/AIDS can serve as an important entry point for businesses to effectively address the health, safety, gender and social responsibility issues of its workforce and surrounding communities (World Bank, 2007).

## **2.6 Conclusion**

It is apparent that there is no organization that is immune to the effects of HIV/AIDS hence the need to join hands and proactively respond to the epidemic. The case for the catering industry is exacerbated by the location of the establishments in areas with high prevalence rates and the inherent risks associated with the tourism industry worldwide so the need for an urgent response looks dire and critical. Due to the complexity of the problem and the pervasive nature of the disease, a company acting alone may be unsuccessful in controlling the impact of AIDS on its workforce as a result of external factors (IFC, 2002). Therefore it becomes vital and beneficial for organizations to pull resources together to complement each other's efforts for the good of the workforce and business. HIV/AIDS literally affects all facets of the business such as human capital, productivity, profitability and growth hence need to manage the epidemic from the workplace to the family and community.

In the next chapter the study will discuss the research methodology addressing the research problem, including significance of the study, aims and objectives and ethical issues.

## **Chapter 3: Research Methodology**

### **3.1 Research Problem**

In Zimbabwe, NECCI membership covers hotels, lodges, bars, night clubs, restaurants, take-aways and every other tourism activity. Tourism is an industry that is highly vulnerable but also benefits significantly from globalization. Currently, the HIV prevalence rates in Zimbabwe's prime holiday resort regions ranges between 13% and 21% due to factors inherent to the industry such as high mobility, young employees, tourism sex, transactional sex etc. According to ZIMSTAT and ICF International (2012) HIV prevalence by province indicated that Matabeleland South registered 21% HIV prevalence, Bulawayo 19%, Matabeleland North 18%, Mashonaland East 16%, Mashonaland West 15%, Midlands 15%, Mashonaland Central 14%, Manicaland 14% Masvingo 14% and Harare 13%. According to Magure (2013) as quoted by Newsday (2013), the border towns of Matabeleland North and Matabeleland South (where 1 in 5 adults age 15-49 are HIV positive) have the highest HIV prevalence rates (new infections) due to transactional sex and mobility to neighbouring countries." Matabeleland North is home to Gwayi, Hwange National Park including Victoria Falls, Zimbabwe's prime holiday resort and Matabeleland South houses the Beitbridge (busiest border town to South Africa) area with the surrounding lodges.

The UNWTO is expecting the sector to provide 296 million jobs globally in 2019 (ILO, 2012; UNWTO, 2010). According to ILO (2012) the hospitality and tourism sector is one of the fastest growing businesses in the world and as of 2011, accounting for more than 258 million jobs globally, equivalent to about one in every 12 jobs. The catering industry in Zimbabwe is one of the biggest employers in the country and in 2013 tourism was the third highest foreign currency (\$851 million) earner after mining and agriculture. According to the Minister of Tourism and Hospitality, Walter Mzembe, in 2012 tourism contributed 10% to the GDP on the basis of 2,5 million arrivals and close to US\$1 billion in tourism receipts and the target is to grow its GDP contribution to 15% by 2015 on the basis of 3,2 million arrivals and US\$5 billion in tourism receipts (Zimbabwe Situation, 2013). The catering industry is a labour intensive sector which plays a crucial role in the Zimbabwean economy and the vulnerability of the labour force to HIV is unique hence the need to act now.

There is little information about the impact of HIV/AIDS on the catering industry so this study will assist in providing some light on this knowledge gap. Whilst the Zimbabwe national statistics show the severity of the HIV/AIDS, the sector seem reluctant to understand its impact on their workforce hence the lackadaisical approach to intervention strategies. In 2013, death and ill-health withdrawal applications processed by the Catering Industry Pension Fund indicate that the underlying causes are due to opportunistic infections associated with HIV/AIDS. According to Coulibaly (2005) agriculture, transport, construction and tourism have been found to be especially affected when taking into account the higher risks of transmission associated with the mobility of seasonal and short-term workers.

The catering industry is a sector associated with sex, fun, drugs, pleasure, leisure, alcohol etc and other risky behaviours that may lead to HIV/AIDS vulnerability for the tourist and workforce in this industry. The workforce is generally characterized by young adults, migrants and highly mobile population which form critical ingredients that lead to high risk of HIV transmission. In some instances, employers provide accommodation to their employee thereby creating closed communities that can lead to sex networks that can be significant HIV infection drivers. ILO (2012) highlighted that while tour operators usually inform their customers about the risks of contracting malaria and other tropical diseases as well about food safety; little to no information is generally made available about the risk of HIV and STIs infection, on ways to prevent it and on the availability of condoms (male and female) at the tourist destination. So it becomes imperative to inform the clients of the risks and encourage responsible behaviour.

It is common knowledge that the HIV/AIDS pandemic has severely affected the economically active population age group, however, its impact on organizations affiliated to the NECCI are largely unknown. The business response by organizations affiliated to NECCI is also unknown. In order to provide a strategic response to the negative effect of HIV/AIDS to business, it becomes imperative for NECCI to have a clear understanding of the magnitude of the pandemic in the industry and also understand how business is or has responded to the disease.

This study is expected to provide an understanding of the extent of HIV/AIDS in the catering industry and the corresponding business response to mitigate its impact on the workforce and business.

### **3.2 Research Question**

Christensen, Johnson and Turner (2011) defines a research problem as an interrogative sentence that states the relationship between two variables.

In this regard the researcher's question is: "What is the response to HIV/AIDS in organizations affiliated to the National Employment Council for the Catering Industry in Zimbabwe?"

### **3.3 Significance of the Study**

The study will assist in highlighting the extent of HIV/AIDS in the catering industry to preserve the human resources capital for the benefit of the labour force, their families, organizations and the nation as employees continue to be productive. The study seeks to promote HIV/AIDS workplace policy to assist the workforce and national efforts to achieve the Millennium Development Goals (MDGs), in particular, Goal 6, which seeks to "combat HIV and AIDS, malaria and other diseases." given that Zimbabwe is a signatory to the MDGs. The study will encourage establishments to proactively respond to HIV/AIDS by implementing, monitoring and evaluating programmes specific to the sector.

The study will also recommend solutions that NECCI members can utilise to mitigate against the impact of HIV/AIDS in the workplace using health models as bench-marks from other world-wide practices. The study will also provide information and knowledge about HIV/AIDS so that business can respond effectively regardless of their resource settings.

### **3.4 Aims and Objectives of the Study**

The aim of the study is to contribute to the establishment of effective workplace interventions against HIV/AIDS and to provide a framework for business of dealing with HIV/AIDS in the workplace at all levels in the catering industry in Zimbabwe. The study also aims to preserve human resources capital thereby prolonging life, preserve family units, enhance productivity, enhance profitability, business growth and national prosperity.

The objectives of the study were;

- i. To provide information on HIV/AIDS workplace policy initiatives in the catering industry.
- ii. To ensure recognition of HIV/AIDS as a workplace issue.
- iii. To establish and assess the existence, nature and extent of current HIV/AIDS workplace responses in the catering industry.
- iv. To provide recommendations to address the HIV/AIDS issues at the workplace in the catering industry.
- v. To recommend HIV/AIDS prevention strategies that will enhance employees' health and business performance.
- vi. To establish a healthy and safe working environment to protect employees.
- vii. To ensure that business provide care and support in order to reduce economic pressures on infected and affected people due o illness and ensure adequate resources for medical care, drugs for treatment and food.
- viii. To assist establishments to design, implement and monitor effective policies and programmes on the elimination of HIV/AIDS at the workplace.

### **3.5 Research Methodology**

The research methodology used a quantitative approach using a questionnaire that was sent out to various establishments in the catering industry. The questionnaires was designed with open-ended and some closed questions to allow the respondents to express themselves on the subject under study. There is no one best research design because of the complexity of social reality and the limitations of all research methodologies (Snow and Anderson , 1991) hence the need to combine several methods, an approach which Denzin (1989) describes as triangulation. Triangulation allows multiple data sources thereby expanding knowledge to understand critical issues. For the purpose of this research, a case study was chosen as it gives a comprehensive analysis of reality and combines theory with practice. According to Christensen et al. (2011:374) "A case study is defined as the intensive and detailed description and analysis of one or more cases. A **case** is a bounded system such as a person, a group, an organisation, an activity, a process or an event."

A questionnaire is a self-report data collection instrument that is filled out by research participants (Christensen et al., 2011). A questionnaire with 13 questions excluding sub questions were delivered to establishments in the catering industry. The questionnaires and the responses were recorded on hard copy and the names of the establishments were not indicated on the responses so that they remained anonymous.

Thirty establishments were randomly selected from the population in Harare to participate in the survey. The establishments were selected according to the classes they belong to in the NECCI membership database. So out of the 30 questionnaires distributed to various establishments, 14 responses were received, giving a response rate of 47%. The low response rate was due to the timing of the research which coincided with the festive season, a peak season for establishments in the catering industry. The response rate was also exacerbated by the short period that the questionnaire was sent out and response were due for processing. The other possible factor could probably be the sensitivity associated with the subject of HIV/AIDS especially in the workplace, let alone that the company's intervention or none thereof. All the 13 questions were written in English and all the responses were done in the same language which means the respondents understood the contents of the questionnaire. The questionnaires were completed by the respondents at the premises at their own time. The completed questionnaires were collected from the respondents' premises. Data collection was carried out over a period of one month from 20 December 2013 to 17 January 2014. All the returned questionnaires were secured in a safe at the NECCI head office. The data processing involved the coding the response from C01 to C14 to maintain the anonymity of the respondents. Data analysis and processing was completed on 20 January 2014. The results have been presented and discussed in the next chapter.

### **3.6 Ethical Requirements**

All the ethical requirements were taken into consideration during and after the research study. The sensitivity of the HIV/AIDS subject was also taken cognisance of as consent was sought from the NECCI and the individual respondents in this study. The respondents were assured of the confidentiality and anonymity of their responses. It was also highlighted that the respondents could choose to withdraw from the study any time without any fear of negative consequences. The researcher also explained the purpose of the study and possible benefits that could be derived from the study to all the participants to the case study.

## Chapter 4: Results and Discussion

This chapter contains the summary of the responses (*in italics*) obtained from questionnaires concerning the NECCI business' response to HIV/AIDS. The establishments were given codes from C1 to C14 in line with the response received.

### 4.1 Results

#### C1

1. How is HIV/AIDS currently affecting the firm's operations? *Productivity affected due to staff failing to report for duty due to sickness.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *The organization is guided by the National AIDS Policy on HIV/AIDS.*
3. What is the likely future impact of HIV/AIDS on the firm? *With acceptance we are likely to observe very minimal impact.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No.*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No.*
  - b) Is there a formal assessment of HIV/AIDS threat? *No.*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *There are none.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *None.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *SI 202/1998*
6. How was the policy formulated, that is, participants or partners? *Act of Parliament.*
7. Is it being functional, operational and fully implemented? *Yes*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Distribution of condoms and HIV/AIDS education.*
9. What health benefits are there for the employees? *Company pays 75% of medical aid for all staff.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *During induction all new employees are advised of the epidemic*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No.*

- a) If yes, what services are offered? *N/A*
  - b) If not, what is the establishment's alternative plans? *Referral to hospital and clinics nearby.*
  - c) Is the company offering any antiretroviral treatment and at whose cost? *No.*
12. Who are covered by the programmes, that is, employees, family and community? *N/A*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *100% compliant.*

## C2

1. How is HIV/AIDS currently affecting the firm's operations? *Production time is lost when staff members have to be off sick.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *Business educates, source educational materials as well as organizing talks on HIV.*
3. What is the likely future impact of HIV/AIDS on the firm? *No response.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No.*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No.*
  - b) Is there a formal assessment of HIV/AIDS threat? *Difficult to do since some members do not want to divulge status.*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *No response.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *Reluctance by members to divulge status.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *Yes but not written.*
6. How was the policy formulated, that is, participants or partners? *Both partners and participants*
7. Is it being functional, operational and fully implemented? *It is fairly operational.*

8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Educating staff members and providing promotional materials.*
9. What health benefits are there for the employees? *No response.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *Pamphlets from National AIDS Council, counselling.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response.*
- a) If yes, what services are offered? *N/A*
- b) If not, what is the establishment's alternative plans? *We use public health institutions.*
- c) Is the company offering any antiretroviral treatment and at whose cost? *No.*
12. Who are covered by the programmes, that is, employees, family and community? *No response.*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *Diligently pays AIDS levy.*

### **C3**

1. How is HIV/AIDS currently affecting the firm's operations? *Not at All.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *Positive.*
3. What is the likely future impact of HIV/AIDS on the firm? *Reduce productivity, understaffed due to deaths.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No.*
- a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No.*
- b) Is there a formal assessment of HIV/AIDS threat? *No.*

- c) What measurements of the effects of the epidemic on the establishment's operations? *No*
- d) What hinders the establishment from adopting an effective response to the epidemic? *No response.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *No.*
6. How was the policy formulated, that is, participants or partners? *No.*
7. Is it being functional, operational and fully implemented? *No.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Use of condoms.*
9. What health benefits are there for the employees? *Medical aid - CIMAS.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *Encourage safe sex - use of protection.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No.*
- a) If yes, what services are offered? *N/A*
- b) If not, what is the establishment's alternative plans? *If such incidence arise management take appropriate measure to contain such pressures*
- c) Is the company offering any antiretroviral treatment and at whose cost? *N/A*
12. Who are covered by the programmes, that is, employees, family and community? *N/A*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *To a greater extent.*

#### **C4**

1. How is HIV/AIDS currently affecting the firm's operations? *No response*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *The business has come to the point of having self-awareness campaign through dramas - Edzai Isu (Try Us) Steering.*
3. What is the likely future impact of HIV/AIDS on the firm? *With employees becoming aware of the pandemic there is a less negative impact anticipated in the interim.*
4. Is there reliable or establishment specific data on HIV/AIDS? *Yes. Supported also by a policy of the same.*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *Yes, it's in place.*
  - b) Is there a formal assessment of HIV/AIDS threat? *Yes, this is placed and being supported by the policy.*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *No response.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *Though associates are aware; they are naive to come forth.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *This is available and documented.*
6. How was the policy formulated, that is, participants or partners? *Participants were drawn to come up with the same.*
7. Is it being functional, operational and fully implemented? *Awareness campaigns through drama.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Wellness and awareness campaigns.*
9. What health benefits are there for the employees? *Medical aid schemes.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *Awareness campaigns through plays and drama.*

11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No.*

a) If yes, what services are offered? *Not presently.*

b) If not, what is the establishment's alternative plans? *Pondering on the best alternative going forward.*

c) Is the company offering any antiretroviral treatment and at whose cost? *Not in the interim.*

12. Who are covered by the programmes, that is, employees, family and community? *No response.*

13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *To a greater extent.*

## **C5**

1. How is HIV/AIDS currently affecting the firm's operations? *We have not experience any extreme effect of HIV/AIDS.*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *As a director I try to have open discussions wherever possible and assist and address the problem.*

3. What is the likely future impact of HIV/AIDS on the firm? *Not adverse.*

4. Is there reliable or establishment specific data on HIV/AIDS? *No*

a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No due to the fact that I have long serving staff members so discussions are open when necessary.*

b) Is there a formal assessment of HIV/AIDS threat? *No.*

c) What measurements of the effects of the epidemic on the establishment's operations? *To date nil.*

- d) What hinders the establishment from adopting an effective response to the epidemic? *We have not seen the need to as yet.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *No there is not.*
6. How was the policy formulated, that is, participants or partners? *See above.*
7. Is it being functional, operational and fully implemented? *See no.5.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Nil.*
9. What health benefits are there for the employees? *After assessment of the situation assistance is provided by the establishment.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *None.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No.*
- a) If yes, what services are offered? *N/A.*
- b) If not, what is the establishment's alternative plans? *Like explained before direct assistance is given.*
- c) Is the company offering any antiretroviral treatment and at whose cost? *I have not been faced with the situation yet.*
12. Who are covered by the programmes, that is, employees, family and community? *None.*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *Fully.*

## **C6**

1. How is HIV/AIDS currently affecting the firm's operations? *Currently there are no effects.*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *No comment for there is no one affected at the moment or anything that we know of.*
3. What is the likely future impact of HIV/AIDS on the firm? *Nothing yet for we don't have anyone affected.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No.*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No.*
  - b) Is there a formal assessment of HIV/AIDS threat? *No*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *No*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *Time.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *No*
6. How was the policy formulated, that is, participants or partners? *No policy yet.*
7. Is it being functional, operational and fully implemented? *No.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *None.*
9. What health benefits are there for the employees? *None*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *None*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *None.*
  - a) If yes, what services are offered? *None.*
  - b) If not, what is the establishment's alternative plans? *None.*
  - c) Is the company offering any antiretroviral treatment and at whose cost? *No*

12. Who are covered by the programmes, that is, employees, family and community? *No one at the moment.*

13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *No extent.*

## C7

1. How is HIV/AIDS currently affecting the firm's operations? *Nil.*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *Equal treatment of everyone despite status.*

3. What is the likely future impact of HIV/AIDS on the firm? *Loss of workforce.*

4. Is there reliable or establishment specific data on HIV/AIDS? *No*

a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No*

b) Is there a formal assessment of HIV/AIDS threat? *No*

c) What measurements of the effects of the epidemic on the establishment's operations? *7%*

d) What hinders the establishment from adopting an effective response to the epidemic? *No response.*

5. Is there a HIV/AIDS workplace policy, written or otherwise? *No*

6. How was the policy formulated, that is, participants or partners? *Not applicable.*

7. Is it being functional, operational and fully implemented? *Not applicable.*

8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Provision of condoms.*

9. What health benefits are there for the employees? *None.*

10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *No response.*

11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response.*

a) If yes, what services are offered? *No response.*

b) If not, what is the establishment's alternative plans? *No response.*

c) Is the company offering any antiretroviral treatment and at whose cost? *No response.*

12. Who are covered by the programmes, that is, employees, family and community? *No response:*

13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *No response.*

## **C8**

1. How is HIV/AIDS currently affecting the firm's operations? *N/A*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *No response.*

3. What is the likely future impact of HIV/AIDS on the firm? *No response.*

4. Is there reliable or establishment specific data on HIV/AIDS? *No.*

a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No.*

b) Is there a formal assessment of HIV/AIDS threat? *No.*

c) What measurements of the effects of the epidemic on the establishment's operations? *No.*

d) What hinders the establishment from adopting an effective response to the epidemic? *Financial.*

5. Is there a HIV/AIDS workplace policy, written or otherwise? *No*

6. How was the policy formulated, that is, participants or partners? *N/A*

7. Is it being functional, operational and fully implemented? *N/A*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Nil*
9. What health benefits are there for the employees? *N/A*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *Nil*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No*
  - a) If yes, what services are offered? *N/A.*
  - b) If not, what is the establishment's alternative plans? *None.*
  - c) Is the company offering any antiretroviral treatment and at whose cost? *No*
12. Who are covered by the programmes, that is, employees, family and community? *N/A.*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *Nil*

## **C9**

1. How is HIV/AIDS currently affecting the firm's operations? *Loss of productive working hours. sick leave, people attending to family who are not well. Compassionate leave.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *No response.*
3. What is the likely future impact of HIV/AIDS on the firm? *Loss of skilled staff.*
4. Is there reliable or establishment specific data on HIV/AIDS? *Yes.*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *Yes*
  - b) Is there a formal assessment of HIV/AIDS threat? *No.*

c) What measurements of the effects of the epidemic on the establishment's operations? *No response.*

d) What hinders the establishment from adopting an effective response to the epidemic? *There is no disclosure of HIV/AIDS status from affected employees.*

5. Is there a HIV/AIDS workplace policy, written or otherwise? *Yes*

6. How was the policy formulated, that is, participants or partners? *Policy was formulated with input from workers representatives, wellness champions and HR.*

7. Is it being functional, operational and fully implemented? *It is operational.*

8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Wellness programmes. Peer groups so that staff assist each other with information at any level.*

9. What health benefits are there for the employees? *Medical aid facility.*

10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *PSI wellness program workshops.*

11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No*

a) If yes, what services are offered? *N/A*

b) If not, what is the establishment's alternative plans? *Medical aid fully covered for by employer.*

c) Is the company offering any antiretroviral treatment and at whose cost? *Yes, through medical aid - employer.*

12. Who are covered by the programmes, that is, employees, family and community? *Employee and one child.*

13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *100%.*

**C10**

1. How is HIV/AIDS currently affecting the firm's operations? *Some employees tend to fall sick frequently and by that the company has to pay them even when they are not working.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *We don't discriminate based on HIV status, we carry out AIDS and HIV training and take a proactive role to encourage treatment.*
3. What is the likely future impact of HIV/AIDS on the firm? *By and large it reduces the productivity/output due to ill-health and cannot undertake hard duties.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *The plans are ongoing to come up with a quantitative risk assessment.*
  - b) Is there a formal assessment of HIV/AIDS threat? *We intend to do a recent one in the first quarter of 2014.*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *Productivity, time away from work and salaries for those on leave.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *People are not willing to give information relating to their status.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *It is under construction.*
6. How was the policy formulated, that is, participants or partners? *Still under construction in consultation with the employees, HIV and AIDS related organization and management.*
7. Is it being functional, operational and fully implemented? *Not yet functional.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *The availability of condoms in employees restrooms as well as those of our customers.*

9. What health benefits are there for the employees? *Medical aid schemes.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *Quarterly presentations from HIV/AIDS activists.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No*
- a) If yes, what services are offered? *N/A*
- b) If not, what is the establishment's alternative plans? *N/A*
- c) Is the company offering any antiretroviral treatment and at whose cost? *N/A*
12. Who are covered by the programmes, that is, employees, family and community?  
*Employees*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *It complies.*

## **C11**

1. How is HIV/AIDS currently affecting the firm's operations? *No effect.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *No response.*
3. What is the likely future impact of HIV/AIDS on the firm? *No impact.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No response.*
- a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No response.*
- b) Is there a formal assessment of HIV/AIDS threat? *No response.*
- c) What measurements of the effects of the epidemic on the establishment's operations? *Nature.*
- d) What hinders the establishment from adopting an effective response to the epidemic? *No response.*

5. Is there a HIV/AIDS workplace policy, written or otherwise? *Yes*
6. How was the policy formulated, that is, participants or partners? *Both*
7. Is it being functional, operational and fully implemented? *Yes*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Counselling the affected.*
9. What health benefits are there for the employees? *Loans.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *None.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response.*
  - a) If yes, what services are offered? *No response*
  - b) If not, what is the establishment's alternative plans? *No response*
  - c) Is the company offering any antiretroviral treatment and at whose cost? *No response.*
12. Who are covered by the programmes, that is, employees, family and community? *Employees.*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *In progress.*

## **C12**

1. How is HIV/AIDS currently affecting the firm's operations? *HIV affects the firms due to loss of employees and also man working hours, costly.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *The business responds the same way as the policy of the country that is no discrimination.*
3. What is the likely future impact of HIV/AIDS on the firm? *There seems to be getting worse due to the cost of medication.*

4. Is there reliable or establishment specific data on HIV/AIDS? *No*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No*
  - b) Is there a formal assessment of HIV/AIDS threat? *No*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *Nothing yet in place.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *People do not come out in the open.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *We have one in place.*
6. How was the policy formulated, that is, participants or partners? *Participatory approach was used all involved.*
7. Is it being functional, operational and fully implemented? *Yes, its operationalised.*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *This is handled through our training department.*
9. What health benefits are there for the employees? *Medical aid and NSSA.*
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond? *We do group discussions and presentations.*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response.*
  - a) If yes, what services are offered? *No response.*
  - b) If not, what is the establishment's alternative plans? *No response.*
  - c) Is the company offering any antiretroviral treatment and at whose cost? *No response.*
12. Who are covered by the programmes, that is, employees, family and community? *No response.*
13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *No response:*

**C13**

1. How is HIV/AIDS currently affecting the firm's operations? *Currently we not affected because we have right and enough information to talk about it.*
2. What is the business attitude to the impact of HIV/AIDS on the workforce? *We encourage employees to know their HIV/AIDS status.*
3. What is the likely future impact of HIV/AIDS on the firm? *Educate, when we take employees for medical examinations they should do HIV/AIDS tests too.*
4. Is there reliable or establishment specific data on HIV/AIDS? *No*
  - a) Does the firm conduct quantitative HIV/AIDS risk assessments? *None is educated enough.*
  - b) Is there a formal assessment of HIV/AIDS threat? *None is educated enough.*
  - c) What measurements of the effects of the epidemic on the establishment's operations? *No response.*
  - d) What hinders the establishment from adopting an effective response to the epidemic? *No response.*
5. Is there a HIV/AIDS workplace policy, written or otherwise? *No*
6. How was the policy formulated, that is, participants or partners? *N/A*
7. Is it being functional, operational and fully implemented? *N/A*
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *N/A*
9. What health benefits are there for the employees? *First Aid kit, condoms*
10. What HIV/AIDS education awareness programmes does the establishment offer o its employees and beyond? *N/A*
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response.*
  - a) If yes, what services are offered? *No response.*

b) If not, what is the establishment's alternative plans? *No response.*

c) Is the company offering any antiretroviral treatment and at whose cost? *No response.*

12. Who are covered by the programmes, that is, employees, family and community? *No response:*

13. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe? *No response.*

#### **C14**

1. How is HIV/AIDS currently affecting the firm's operations? *Loss of employees, ill-health, Advocacy, threat, cost to business, health bill*

2. What is the business attitude to the impact of HIV/AIDS on the workforce? *Business has to fight defensive battle.*

3. What is the likely future impact of HIV/AIDS on the firm? *Potential impact long. Bring young workforce so would lose them. Knowledge-younger people are trainable.*

4. Is there reliable or establishment specific data on HIV/AIDS? *No*

a) Does the firm conduct quantitative HIV/AIDS risk assessments? *No*

b) Is there a formal assessment of HIV/AIDS threat? *No*

c) What measurements of the effects of the epidemic on the establishment's operations? *Nothing.*

d) What hinders the establishment from adopting an effective response to the epidemic? *No*

5. Is there a HIV/AIDS workplace policy, written or otherwise? *Yes*

6. How was the policy formulated, that is, participants or partners? *Nothing.*

7. Is it being functional, operational and fully implemented? *Yes.*

8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace? *Training, concertize employees*

9. What health benefits are there for the employees? *No*

10. What HIV/AIDS education awareness programmes does the establishment offer o its employees and beyond? *No*

11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community? *No response*

a) If yes, what services are offered? *No response*

b) If not, what is the establishment's alternative plans? *No response*

c) Is the company offering any antiretroviral treatment and at whose cost? *No response*

12. Who are covered by the programmes, that is, employees, family and community? *No response*

13. To what extent is the company complaint with the statutory instrument on HIV/AIDS in Zimbabwe? *Fully compliant.*

## **4.2 Discussion**

The findings were analyzed question by question in a bid to have a firm understanding of the establishments' response to the HIV/AIDS epidemic. The establishments responded to the same set of questions.

### **Question 1: How HIV/AIDS is currently affecting the firm's operations?**

The study showed that 50% establishments are acknowledged that the epidemic was affecting the firm's operations, whilst 36% stated that they are not affected at all and 7% did not respond including 7% that it was not applicable to their firm. The respondents from the questionnaires show that the effect of the HIV/AIDS pandemic is visible in most establishments. It is interesting to note that these establishments have highlighted how the

firms are being affected such as productivity being impacted on due to staff failing to report for duty due to sickness, loss of production time when staff members are off sick, sick leave, people attending to family who are not well, compassionate leave, paying idle time for sick people, loss of employees, ill health including loss of business. In many cases the cost impact of HIV/AIDS may be hidden to a company, but overtime can erode its capacity to operate successfully (World Bank, 2007). The respondents also admit that HIV/AIDS impacts the labour force as family members become sick through low morale, concern, absenteeism etc thereby affecting productivity. However, some establishments are in denial of the impact of HIV/AIDS on their businesses and that's very seriously unfortunate hence the need for an industry-wide policy.

However, it is also disturbing to note the level of denial by some establishments about the impact of HIV/AIDS on their businesses as some proffered that they have not experienced any extreme effects of HIV/AIDS and that currently, there are no effects. Maybe the impact of HIV/AIDS have not yet been experienced in these establishments. However, in my view it is like "burying the head in the sand" as the effects are devastating to the employees and the establishment or firm hence it becomes imperative to act now than later when the costs start to balloon. According to The Standard (2012) the workplace has not been spared by the epidemic, affecting the most productive segment of the economy, reducing profits, loss of skills and experience due to absenteeism, illness and death resulting in increasing labour costs and declining productivity.

**Question 2: What is the business attitude to the impact of HIV/AIDS on the workforce**

There is acknowledgement about the threat HIV/AIDS has on business. The impact of HIV/AIDS on business remain erratic, diverse and complex hence the need for a proactive strategic response that creates a conducive atmosphere for productive work. The impact of HIV/AIDS cuts across all sectors of the society and is not a health issue alone anymore as business is being affected as well. There is a danger of directors running HIV/AIDS programmes as this may discourage employees from revealing their HIV status for fear of being victimized and lose their jobs.

The also showed that 29% of the respondents are not concerned by the future impact of HIV/AIDS on their business and consequently this will lead to reactive response when the

time comes. It is also evident from the establishments' responses that there is lack of information especially on how to assess the impact of HIV/AIDS on the business.

Business can develop an "attitude" only if it is aware of the magnitude of the HIV/AIDS epidemic in their workplaces. The old adage that "you can't manage what you don't know" surely holds true. HIV is a disease that can be prevented and treated thereby prolonging the working life of the workforce and strengthen business growth including national prosperity.

**Question 3: What is the likely future impact of HIV/AIDS on the firm?**

Due to unavailability of prevalence surveys the number of employees infected with HIV is unknown and this is aggravated by confidentiality matters at the workplaces. This data is important to evaluate HIV risk factors as reflected by the Debswana case. The study also revealed that some employees are subjected to HIV testing for the purpose of securing employment thereby violating the ILO Code of Practice and the country's statutes on HIV/AIDS. One of the key issues within the National HIV and AIDS policy is prohibition of HIV screening for purposes of employment (UNAIDS, 2012). There is obviously need for the firm to do impact analysis to determine the costs to the company taking into consideration direct such as absenteeism etc and indirect costs such as low morale etc. The impact assessments helps the business understand the threat of the epidemic and guides the appropriate response.

The study revealed three scenarios in the catering industry where one extreme there is no adverse impact, the other with minimal impact and one that is realistic that foresees reduced productivity, loss of staff due to death, loss of skilled workforce, ill-health, high cost of medication. The other shocking strategy is a plan to recruit young adults that are trainable to minimize HIV infection but unfortunately this is one of the most vulnerable group worldwide. So 36% of the respondents foresee the future impact of HIV/AIDS on the firm whilst the remainder foresee minimal impact and or unaware anything of that sort will affect their businesses. This passive attitude could be a result of lack of information especially on the impact of HIV/AIDS on business. However, such tools are available, for example, MSD has a free toolkit that has "a health-economic software package that allows business to assess

the impact of three strategic choices (doing nothing, prevention only or comprehensive program)." (Business Action For Africa, 2007:6).

The loss of labour force is indisputable, though it is not directly perceived by employers because it is essentially comprised of non-qualified workers who can easily be replaced from the large reservoir of unemployed (Boutayeb, 2009). Most SMEs tend to use unskilled labour so the loss of staff can easily be tolerated because of the abundance of the pool of unemployed people.

#### **Question 4: Is there reliable or establishment specific data on HIV/AIDS?**

There is little effort to establish the status of HIV in 86% of the respondents whilst 14% have reliable data on HIV/AIDS in their establishments. So there is no formal recording and reporting to gather evidence, build a body of knowledge including good practice and to assess the impact of the disease on personnel thereby creating an ineffective monitoring strategy. As a result, there is minimal effort that is being made to understand and mitigate the impact of HIV/AIDS on most establishments. Impact assessment studies are critical to provide foundations for planning purposes so that responsive and appropriate mitigation measures can be adopted. It is therefore apparent that most establishments are either reluctant or under-resourced to assess the impact and risk of HIV/AIDS in their respective personnel.

##### **a) Does the firm conduct quantitative HIV/AIDS risk assessments?**

The data on infection is needed to effectively respond to the HIV/AIDS challenges establishments are facing. Most establishments are owner-managed so absenteeism and death are regarded as savings. The study has revealed that only 14% of the responses undertake quantitative HIV/AIDS risk assessments whilst the remainder have done nothing probably due to as highlighted by another respondent that there is "none educated enough" to do that assessment.

It is also imperative for catering industry establishments to carry out knowledge, attitude and practices studies so that high risk behaviours can be established given that the industry has a high interaction with sex work, sex tourism, drug abuse etc thereby leading to low condom usage, promiscuity and other risky activities.

**b) Is there formal assessment of HIV/AIDS threat?**

There has been little attempt to assess the impact of HIV/AIDS epidemic on the establishment's performance as no prevalence surveys of their workforce was conducted. The slow response to the HIV/AIDS epidemic by most establishments could be attributed to the complexity associated with the quantification of the costs.

According to Bloom et al. (2006) firms with a clear idea of the extent and nature of the impact of the virus on the firm are likely to be better placed to develop an appropriate response. Assessment of risks and impact can help to inform and direct choices for HIV/AIDS Company Program development, further increasing the effectiveness of HIV/AIDS actions (World Bank, 2007). It is apparent from these observations that assessment and impact are important to inform and direct establishments' response to the epidemic.

**c) What measurements of the effects of the epidemic on the establishment's operations?**

The study shows that all the establishments may be lacking tools to measure the effects of the epidemic on their business hence the poor response on this question. There are no measurements to see the effects of the epidemic on the establishments' operations so it becomes difficult if not impossible to respond if nothing is gathered. There is no systematic recording of costs attributable to HIV/AIDS in all establishments. The failure by establishments to measure the impact of the epidemic on their business may ultimately slow down the firm's ability to implement appropriate response.

**d) What hinders the establishments from adopting an effective response to the epidemic?**

The reasons put forward by establishments for not adopting effective response are not proactive but instead derail efforts to deal effectively with the epidemic in the workplace. An HIV/AIDS workplace policy ensures consistency and encourages openness and its absence also hinders those willing to advise management of their HIV status for fear of being victimized. It is therefore imperative to have a policy that deals specifically with HIV/AIDS

at the workplace to encourage openness. Employees in the catering industry frequently interact with tourists from around the globe and locally thereby exposing them to potential risk to engage in unethical behaviours hence the need to put in place measures that mitigate against HIV infection at the workplace.

It is possible that business is failing to understand and appreciate the magnitude of the threat that HIV/AIDS pose to the labour force, family, industry and the nation.

**Question 5: Is there an HIV/AIDS workplace policy, written or otherwise?**

The study has shown that 64% of the respondents do not have HIV/AIDS workplace policies whilst 36% have them. Despite them not having policies to mitigate against the epidemic these firm do not foresee themselves being extremely affected by the disease. However, it is also interesting to note that one establishment purports to have an unwritten HIV/AIDS workplace policy so for purposes of this report the firm has been taken as part of the 64% without the policy. Written policy provide guidance and consistency in the application of the processes so it becomes imperative for establishments to have written down policy that will guide behaviour and eliminate any doubts in the company's approach to the disease management. The possibility of HIV/AIDS workplace intervention is still very remote as establishments seek survival rather than growth. Statutory Instrument 202 of 1998 is not a policy but a statute that regulates the prevention and management of HIV/AIDS at the workplace so this becomes a scapegoat by some establishments for not formulating workplace policies.

According to Bloom et al. (2006) large firms are more likely to have policies than smaller ones. This observation is common as small firms tend to focus more on survival and usually lack the requisite resources. It is also the trend in this study where most SMEs do not have workplace policies.

**Question 6: How was the policy formulated, that is, participants or partners?**

The study shows that 36% have made wide consultations as they have involved all parties affected by the epidemic in the workplace, that is, employees and management. However, some establishments do not seem to engage minimal involvement of trade unions in

HIV/AIDS issues probably an indication and acknowledgement that establishments need survival now than anything else despite their membership being directly impacted upon through sickness and or death. It appears that the TU is not being regarded as a important partner.

The study also revealed some contradictions within some establishments which indicated the presence of HIV/AIDS workplace policy but the participants in formulating this policy are indicated as nothing. That then brings into question the reality of the existence of the policy. There is no Act of Parliament that establishes a workplace policy as stated by some establishment and this could be an Act of Parliament that established the National AIDS Council which manages the national AIDS levy throughout Zimbabwe. This misinformation derails efforts to establish workplace policies hence the need for a sector-wide workplace policy that will assist members of NECCI in understanding the various pronouncements on HIV/AIDS in Zimbabwe.

It is important that employers and employees are collectively involved in education about HIV/AIDS and provide solutions for the appropriate response so that ownership is embraced.

**Question 7: Is it being functional, operational and fully implemented?**

In the study where its referred to as being fairly functional, the establishment was looking at the National AIDS Council instead of the workplace policy. However, 36% state that the policies are functional whilst the remainder is not. This is because those that have policies in place are applying them.

**Question8: What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace?**

29% of the establishment are doing nothing to mitigate HIV/AIDS in the workplace whilst 71% are actively involved distributing condoms, educating staff including undertaking wellness programmes, providing counselling and training staff. Education has been regarded as a key strategy in mitigating the impact of HIV/AIDS in the workplace and the community. Education is the most effective way of preventing HIV infection and also reducing discrimination against people living with HIV/AIDS both within and outside the workplace

(Pennap, Chaanda and Ezirike, 2011). It appears that most establishments are more focused on prevention as no establishment ever responded about treatment.

It is imperative to note that a wellness programme at the workplace is a commitment an organization takes for the healthiness of its employees and is a comprehensive response to HIV/AIDS. According to Hanyani (2013) operating without a wellness programme in a period where the impact of disease is greater than that of war and natural disaster is risky business for both employer and employee.

HIV Testing and Counselling are the cornerstone of any HIV response but no establishment/workplace is offering this service neither are any partners sub-contracted to undertake this important component of the response. The lack of cost effectiveness and impact monitoring data of company HIV/AIDS programs is indicative that the programs are seen as an add-on activity (Bollinger et al, 1999). However, treatment programmes in the workplace, are increasingly seen by a range of enterprises as the least cost option to maintain profitability and ensure growth, (ILO, 2004).

There are various programmes that an establishment can undertake including prevention, HIV testing, wellness, treatment, nutritional support, partnerships, community outreach etc. The respondents have shown little or no concern as there are no actionable/visible programmes to support their claims for the impact of the epidemic on their organisations. It appears that that HIV/AIDS is at the periphery of most establishments' priorities and is not taken as an important component of strategic human resources planning.

**Question 9: What health benefits are there for the employees?**

The study have shown that some establishments are unaware that first aid kits and condoms are not health benefits for employees. There is some measure of concern in some establishment by paying more percentage on medical aid which could be an indication that employers are embracing HIV/AIDS in their companies.

**Question 10: What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond?**

Drama has been identified as one of the most effective ways to disseminate HIV/AIDS awareness and is a good innovation for the catering industry which can be encompassed in the industry's HIV/AIDS policy. The common strategy adopted by some establishments has been to pursue HIV prevention programmes that covers HIV/AIDS education, condom distribution including sexually transmitted infections treatment. The study shows that 43% of the establishment are not educating their staff about HIV/AIDS and the remainder are innovative in educating their personnel.

It is also interesting to note that some establishments innovatively engage PSI and NAC to complement their skills and collaborate to mitigate the impact of HIV/AIDS in the business.

**Question 11: Are there any health facilities at the workplace that offer HIV/AIDS services to cater for employees, family and community?**

There are no company based health facilities at all the establishments interviewed. It appears that as most companies are facing severe liquidity challenges, so any attempt to channel resources for the provision of support to their workforce affected by HIV/AIDS is very slim. However, access to health is a basic human right for all and the need to address this at the workplace is important as assists the employees and it also minimises impact on the company. Such facilities become even more important in the catering industry where the regions have high HIV prevalence.

**a) If yes, what services are offered?**

The study shows that 98% of the respondents including those establishments with workplace policies do not any services to cater for their employees or family whilst one establishment offers direct assistance which most likely if financial probably in the form of a loan. It is imperative for organisations to put in place health care facilities for their employees and family.

**b) If no, what is the establishment's alternative plans?**

The study shows that 57% have no alternative at all whilst 14% will use public health institutions which have their own problems already and other are still pondering on the next move thereby showing lack of urgency on the employers' part to address the disease.

There are no alternative plans for some establishments whilst other use public health institutions that suffer from lack of personnel and shortage of drugs. The public policy is dysfunctional if not non-existent and there is no institutional capability within most establishments due to lack of resources and strong leadership so this gap will negatively affect the outcome of HIV/AIDS mitigation initiatives. There are little tangible intervention programmes being undertaken to reduce the progress of HIV/AIDS in the catering industry

**c) Is the company offering any antiretroviral treatment and at whose cost?**

The respondents are reluctant to part with the establishment's financial resources in providing antiretroviral treatment to their staff. This scenario put question marks on the establishments' stance on HIV/AIDS on their organisation. The problem of HIV/AIDS in the catering industry has centred on funding but a proactive approach would probably be to utilize the available resource to achieve more given the struggle for survival currently characterizing the Zimbabwean economy.

**Question 12: Who are covered by the programmes, that is, employees, family and community?**

The study shows that employers are not taking the epidemic seriously in their respective establishments given that no programmes are in place except medical aid which in most cases does not cover HIV/AIDS. Medical aid is just a very small component of the comprehensive response that is needed in mitigating against the negative impact of HIV/AIDS on the workforce and the establishments themselves.

**Question 13: To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe?**

The study also showed that some companies that have HIV/AIDS workplace policies are not compliant with the country's statutes. The study also revealed that 50% are not compliant whilst 36% are fully compliant and the remainder, 14% complies to a greater extent. The inconsistencies in compliance can be eliminated when there are effective monitoring mechanism in place and this will enhance the treatment of employees in their respective workplaces. The study also revealed the confusion establishments have concerning AIDS levy and the statutory instrument on HIV/AIDS in Zimbabwe as the former relates to remittance of taxes due to government which are compulsory whilst the later is an employment guide that seeks to recognise the pandemic in the workplace. It is this confusion that establishments use not to implement workplace intervention under the conviction that government is covering it for all companies. Statutory Instrument 202 of 1998, Labour Relations (HIV and AIDS) Regulations, 1998 covers the prevention and management of HIV and AIDS in the workplace and is meant to ensure non-discrimination of HIV-infected employees and establishes the rights and responsibilities of both employers and employees (Ministry of Small and Medium Enterprises and ILO, 2008). Consequently, the Statutory Instrument 202 of 1998 does not exert any pressure on establishments to act on HIV/AIDS issues at the workplace, thus making it voluntary than compulsory.

## **Chapter 5: Limitations and Recommendations**

### **5.1 Limitations of the study**

This study has focused on 14 establishments in Harare alone. It could have been more beneficial if the study covered all establishments in the country as all members of NECCI are affected in many ways by the HIV/AIDS pandemic. A better insight about the sector's response to HIV/AIDS would have been more effective if the study had covered all members of NECCI in the various geographical locations as this would give a better informed picture of the country-wide epidemic and response thereof.

The catering industry covers the whole of Zimbabwe and due to time constraints the study could not be done over the desired number of establishments. The time span that respondents were given to submit the answers to the questionnaires was also very short thus impacting on the quality of some responses. The other factor that may have impacted this study is the current ongoing indigenisation drive that scares many players in this sector for perceived fear that the firms could be under threat of being taken over.

However, this study has shown the need for further researcher in this area to better understand how the catering industry have responded to the epidemic that is cutting through all sectors of the economy.

### **5.2 Recommendations**

The researcher would like to make the following recommendations based on the information gathered from the respondents;

- 1) Recommend an industry-wide assessment of HIV/AIDS in the labour force and its impact on the business.
- 2) Recommend the development of the catering industry HIV/AIDS policy that will guide the sector's response to the pandemic.
- 3) Recommend training programmes to the workforce and education to tourists to reduce vulnerability for staff.

- 4) Recommend the development of easy-to-use models to help businesses regardless of size to assess the impact of HIV/AIDS on labour and establishments.
- 5) Recommend the mobilization of resources by NECCI for research on HIV/AIDS in the industry.
- 6) Recommend the establishment of an effective HIV/AIDS workplace policy that will guide and inform the catering industry throughout the country.
- 7) Incorporate HIV/AIDS in all training activities undertaken by NECCI, Catering Employers Association of Zimbabwe and Zimbabwe Catering and Hotel Workers Union of Zimbabwe.
- 8) Engage partners in the development of the catering industry workplace policy taking into cognizance the various codes, that is, ILO Code, SADC Code, SI 202 of 1998 etc. so that any grey areas are adequately covered.
- 9) Recommend the setting up of the industry's wellness centres that will support all HIV/AIDS programmes for the industry.

## **Chapter 6: Conclusion**

### **6.1 Conclusion**

It is apparent that HIV/AIDS is a workplace issue that needs serious consideration and commitment of resources by all in leadership in organisations in the catering industry in Zimbabwe. The response should be immediate. Currently, the contribution of tourism to the Zimbabwean economy is estimated at 10% with potential to grow to 15% by 2015 but HIV/AIDS threatens the contribution of the catering industry to national economy hence the importance for decisive and effective responses against the epidemic. The catering industry is seriously lagging behind in its HIV/AIDS intervention response. The catering industry is also laced with discriminatory and unfair labour practices relating to employees infected and or affected with HIV/AIDS and the need to regulate and enforce workplace policies cannot be overemphasized.

The establishment of a workplace response at NECCI level helps the scalability of the policy to reach all establishments in the catering industry thus significantly enhancing national response. So NECCI brings in the critical mass of establishments in the management of HIV/AIDS in the sector and even making the response affordable by establishments that could not respond individually. By pooling resources and sharing successes and failures, business can significantly broaden their spheres of influence while simultaneously improving the efficiency of their efforts (IFC, 2002). So the composition of the NECCI membership can benefit more from pooled resources in the fight against HIV/AIDS in the sector.

## Reference List

Avert (2014). "*Impact of HIV and AIDS in Africa.*" [www.avert.org](http://www.avert.org)

Bloom, DE., Bloom, LR., Steven, D & Weston, M (2006). "*Business and HIV/AIDS: A Healthier Partnership? A Global Review of the Business Response to HIV/AIDS 2005-2006.*" World Economic Forum. Global Health Initiative.

Bollinger, L, Stover, J, Kerkhoven, R, Mutangadura, G & Mukurazita D (1999). "*The Economic Impact of AIDS in Zimbabwe.*" The Futures Group International. The Policy Project.

Boutayeb, A (2009). "*The Impact of HIV/AIDS on Human Development in African Countries.*" BMC Public Health 2009, 9 (Suppl.1) S3.

Business Action For Africa (2007). "*Business and HIV/AIDS: What Have We Learnt? Report on Fact-Finding Trip to South Africa.*" September 2007. [www.businessforafrica.org](http://www.businessforafrica.org)

Christensen, LB., Burke Johnson, R., & Turner, L. A. (2011). "*Research Methods, Design, and Analysis - 11<sup>th</sup> Edition*". Boston: Pearson Education Inc.

Cohen, D (2002). "*Human Capital and the HIV Epidemic in sub-Saharan Africa. Working Paper 2.*" ILO Programme on HIV/AIDS and the World of Work. Geneva, June 2002.

Coulibaly, I (2005). "*The Impact of HIV/AIDS on the Labour Force in Sub-Saharan Africa: A Preliminary Assessment.*" International Labour Organization. Research and Policy Analysis. ILO Programme on HIV/AIDS and the World of Work, Geneva.

Denzin, NK (1989). "*The Research Act - Third Edition.*" Englewood Cliffs, NJ: Prentice Hall.

Dickinson, D (2003). *"Managing HIV/AIDS in the South African Workplace: Just Another Duty."* SAJEMS NS Vol. 6 (2003) No. 1.

Duri, K, Stray-Pederson, B & Muller, F (2013). *"HIV/AIDS: The Zimbabwean Situation and Trends."* American Journal of Clinical Medicine Research, 2013, Vol.1, No.1, 15-22.

Du Toit, J & Burger, A (2004). *"Tackling HIV/AIDS in the Workplace: Best Practice Being Developed in South Africa carries an important Message for Companies Everywhere."* European Business Forum (1469-6460). Iss: 17 (Spring 2004) p70. Caspian Publishers Ltd

Forsythe, S (2000). *"AIDS Brief for Sectoral Planners and Managers: The Tourism Sector."* Health Economics and HIV/AIDS Research Division. University of Natal, [www.ukzn.ac.za/heard/](http://www.ukzn.ac.za/heard/)

Hanyani, T (2013). *"Why Workplace Wellness Matters."* Newsday, Monday September 23, 2013.

IFC (2004). *"HIV/AIDS Guide for the Mining Sector."* [www.ifc.org/ifcagainstaid](http://www.ifc.org/ifcagainstaid)

IFC (2002). *"HIV/AIDS in the Workplace."* Good Practice Note. December 2002. Number 2.

ILO (2004). *"HIV/AIDS and Work: Global Estimates, Impact and Response."* The ILO Programme on HIV/AIDS and the World of Work. Revised Edition.

ILO (2006). *"The Workplace as an Entry Point to Strengthen National Responses to HIV and AIDS."* ILO/UNAIDS Meeting on AIDS and the World of Work in Latin America and the Caribbean. Brasilia, 6 May 2006.

ILO (2006). *"HIV/AIDS and Work: Global Estimates, Impact on Children and Youth, and Response, 2006."* The ILO Programme on HIV/AIDS and the World of Work.

ILO (2010). *"Developments and Challenges in the Hospitality and Tourism Sector."* Issue Paper for Discussion at the Global Dialogue Forum for Hotel, Catering and Tourism Sector. (23-24 November 2010). Geneva.

ILO (2012). *"HIV and AIDS: Guide for the Tourism Sector."* ILO Programme on HIV and AIDS and the World of Work. International Labour Office, Geneva.

Kaniki, T (2003). *"Perceptions of Employers about HIV/AIDS in Micro and Small Enterprises Employing Women Workers: A Case Study of Harare."* Gender Issues Research Report Series - No. 19. Organization for Social Science Research in Eastern and Southern Africa.

Lisk, F (2002). *"Labour Market and Employment Implications of HIV/AIDS."* Working Paper 1. ILO Programme on HIV/AIDS and the World of Work, Geneva 2002.

Ministry of Small and Medium Enterprises and ILO (2008). *"HIV and AIDS Policy for Micro, Small and Medium Enterprises in Zimbabwe."*

Magure, T (2013) *"Border Towns Record Highest HIV Prevalence Rate."* Tuesday January 28, 2013.

NAC (2010). *"Analysis of HIV Epidemic, Response and Modes of Transmission."*  
[www.nac.org.zw](http://www.nac.org.zw)

NAC (2012). *"National AIDS Council Notes to the Financial Statements for the Year Ended December 31, 2012."*

NAC (2012). *"Situation Analysis: HIV and AIDS in Zimbabwe As of December 2012."*  
[www.nac.org.zw](http://www.nac.org.zw)

Newsday (2013). *"Border Towns Record Highest HIV Prevalence Rate."* Tuesday January 28, 2013.

Pennap, GRI., Chaanda, M, & Ezirike, L (2011). *"A Review of the Impact of HIV/AIDS on Education, the Workforce and Workplace: The African experience."* The Social Sciences 6(2):164-168, 2011.

Price-Smith, AT & Daly, JL (2004). *"Downward Spiral: HIV/AIDS, State Capacity and Political Conflict in Zimbabwe."* United States: Institute of Peace.

Rosen , S, Simon J, Thear, D & Vincent, J (2000). *"Care and Treatment to Extend the Working Lives of HIV-positive Employees: Calculating the Benefits to Business."* South African Journal of Science 96(6):300-4.

Simon, J, Rosen, S, Whiteside, A, Vincent, JR, & Thear, DM (2000). *"The Response of African Businesses to HIV/AIDS."* HIV/AIDS in the Commonwealth 2000/01. London: Kensington Publications, 2000.

Snow, DA & Anderson, L (1991). *"Researching the Homeless: The Characteristic Features and Virtues of a case Study."* Chapel Hill: University of North Carolina Press.

The Standard (2012). *"Overview of the Workplace HIV/AIDS Response."* September 3, 2012. [www.thestandard.co.zw](http://www.thestandard.co.zw)

The Sunday Mail (2013). *"Shrewd Sex Workers Invade Hotels."* Harare November 24-30 2013.

UNAIDS (2002). *"The Private Sector Response to the Epidemic: Debswana - a Global Benchmark."* UNAIDS Best Practice Collection.

UNAIDS (2012). *"Global AIDS Response Progress Report 2012. Zimbabwe Country Report. Reporting Period: January 2010 - December 2011. Follow Up to the 2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS."*

UNAIDS, (2013). *"Global Report. UNAIDS Report on the Global AIDS Epidemic 2013."* Geneva. UNAIDS

UNWTO (2010). *"World Tourism Barometer."* Madrid, June 2010, p.5 and 11.

World Bank (2007). *"Business Action on HIV/AIDS: Program Management in the Company."* <http://siteresources.worldbank.org>

ZIMSTAT AND ICF International (2012). *Zimbabwe Demographic and Health Survey 2010-2011.* Calverton, Maryland: ZIMSTAT and ICF International Inc.

ZIMSTAT (2013). *"Zimbabwe National Population Census 2012 Report."*

Zimbabwe Situation (2013). *"Zimbabwe Tourism Sector to Grow GDP: Mzembi."* October 27, 2013 [www.zimbabwesituation.com/](http://www.zimbabwesituation.com/)

Addendum A

**QUESTIONNAIRE**

1. How is HIV/AIDS currently affecting the firm's operations?
2. What is the business attitude to the impact of HIV/AIDS on the workforce?
3. What is the likely future impact of HIV/AIDS on the firm?
4. Is there reliable or establishment specific data on HIV/AIDS?
  - e) Does the firm conduct quantitative HIV/AIDS risk assessments?
  - f) Is there a formal assessment of HIV/AIDS threat?
  - g) What measurements of the effects of the epidemic on the establishment's operations?
  - h) What hinders the establishment from adopting an effective response to the epidemic?
5. Is there a HIV/AIDS workplace policy, written or otherwise?
6. How was the policy formulated, that is, participants or partners?
7. Is it being functional, operational and fully implemented?
8. What programmes and services are being implemented by the establishment to mitigate HIV/AIDS at the workplace?
9. What health benefits are there for the employees?
10. What HIV/AIDS education awareness programmes does the establishment offer to its employees and beyond?
11. Are there any health facilities at the workplace that offer HIV/AIDS services cater for employees, family and community?
  - d) If yes, what services are offered?
  - e) If not, what is the establishment's alternative plans?
  - f) Is the company offering any antiretroviral treatment and at whose cost?
12. Who are covered by the programmes, that is, employees, family and community?
14. To what extent is the company compliant with the statutory instrument on HIV/AIDS in Zimbabwe?

## Addendum B



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The University of Stellenbosch • 7061 • Matieland, 6511 • CT

### Approval Notice Response to Modifications- (New Application)

22-Jan-2014  
Zhira, Pardon P

**Protocol #: HS1003/2013**  
**Title: AN ANALYSIS OF THE BUSINESS RESPONSE TO HIV/AIDS IN THE CATERING INDUSTRY IN ZIMBABWE: A CASE STUDY FOR ORGANIZATIONS AFFILIATED TO THE NATIONAL EMPLOYMENT COUNCIL FOR THE CATERING INDUSTRY.**

Dear Mr Pardon Zhira,

The **Response to Modifications - (New Application)** received on , was reviewed by members of **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **10-Dec-2013** and was approved.  
Please note the following information about your approved research protocol:

Protocol Approval Period: **22-Jan-2014 -21-Jan-2015**

#### Standard provisions

1. The researcher will remain within the procedures and protocols indicated in the proposal, particularly in terms of any undertakings made in terms of the confidentiality of the information gathered.
2. The research will again be submitted for ethical clearance if there is any substantial departure from the existing proposal.
3. The researcher will remain within the parameters of any applicable national legislation, institutional guidelines and scientific standards relevant to the specific field of research.
4. The researcher will consider and implement the foregoing suggestions to lower the ethical risk associated with the research.

You may commence with your research with strict adherence to the abovementioned provisions and stipulations.

Please remember to use your **protocol number (HS1003/2013)** on any documents or correspondence with the REC concerning your research protocol.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

#### After Ethical Review:

Please note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) number REC-050411-032.

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

#### Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr Helene Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant parties. For approvals from the Western Cape Education Department, contact Dr AT Wyngaard ([awyngaard@pgwc.gov.za](mailto:awyngaard@pgwc.gov.za), Tel: 0214769272, Fax: 0865902282, <http://wced.wcape.gov.za>).

Institutional permission from academic institutions for students, staff & alumni. This institutional permission should be obtained before submitting an

application for ethics clearance to the REC.

Please note that informed consent from participants can only be obtained after ethics approval has been granted. It is your responsibility as researcher to keep signed informed consent forms for inspection for the duration of the research.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 0218839027.

**Included Documents:**

Revised DESC form

Consent forms

REC letter

Permission letter

Revised REC Application

Revised informed consent form

Letter of response

Questionnaire

REC Application

Research proposal

DESC form

Revised Questionnaire

Sincerely,

Susara Oberholzer

REC Coordinator

Research Ethics Committee: Human Research (Humanities)

## Investigator Responsibilities

### Protection of Human Research Participants

Some of the responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the REC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research. You must also ensure that the research is conducted within the standards of your field of research.
2. Participant Enrollment. You may not recruit or enroll participants prior to the REC approval date or after the expiration date of REC approval. All recruitment materials for any form of media must be approved by the REC prior to their use. If you need to recruit more participants than was noted in your REC approval letter, you must submit an amendment requesting an increase in the number of participants.
3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using **only** the REC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least five (5) years.
4. Continuing Review. The REC must review and approve all REC-approved research protocols at intervals appropriate to the degree of risk but not less than once per year. There is **no grace period**. Prior to the date on which the REC approval of the research expires, **it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in REC approval does not occur**. If REC approval of your research lapses, you must stop new participant enrollment, and contact the REC office immediately.
5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the REC for review using the current Amendment Form. You **may not initiate** any amendments or changes to your research without first obtaining written REC review and approval. The **only exception** is when it is necessary to eliminate apparent immediate hazards to participants and the REC should be immediately informed of this necessity.
6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research related injuries, occurring at this institution or at other performance sites must be reported to Malene Fouch within **five (5) days** of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the RECs requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Research Ethics Committee Standard Operating Procedures. All reportable events should be submitted to the REC using the Serious Adverse Event Report Form.
7. Research Record Keeping. You must keep the following research related records, at a minimum, in a secure location for a minimum of five years: the REC approved research protocol and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the REC
8. Reports to Sponsor. When you submit the required reports to your sponsor, you **must** provide a copy of that report to the REC. You may submit the report at the time of continuing REC review.
9. Provision of Counselling or emergency support. When a dedicated counsellor or psychologist provides support to a participant without prior REC review and approval, to the extent permitted by law, such activities will not be recognised as research nor the data used in support of research. Such cases should be indicated in the progress report or final report.
10. Final reports. When you have completed (no further participant enrollment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the REC.
11. On-Site Evaluations, Inspections, or Audits. If you are notified that your research will be reviewed or audited by the sponsor or any other external agency or any internal group, you must inform the REC immediately of the impending audit/evaluation.