

*Translation as a tool for women's empowerment  
in Southern Africa with special reference to Zimbabwe*

*Tłumaczenie jako narzędzie wzmocnienia podmiotowości  
kobiet w Afryce Południowej ze szczególnym  
uwzględnieniem Zimbabwe*

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**Keywords**

translation, women empowerment, information dissemination, gendered approach, African womanism, functionalism

**Słowa kluczowe**

tłumaczenie, umocowanie kobiet, rozpowszechnianie informacji, podejście Genderowe, afrykański 'womanism', funkcjonalizm

**Abstract**

HIV is a gendered disease that affects more women than men in sub-Saharan Africa. Women, because of their physical and genetic makeup and social roles as mothers, daughters, sisters, girlfriends, wives and caregivers experience the disease differently from men. The socio-economic, cultural and religious factors that promote the spread of HIV among men and women differ, pointing to a need for educational and communication programmes that speak to women both as a collective and as individuals. This study thus argues that information that is targeted at women specifically should be produced, translated and disseminated in language that women understand so that they can make informed decisions about their health. A gendered approach to HIV has the capacity to bring change to the lives of African women as the information will be speaking to their experiences. The translated texts should take into account the needs of

the target audiences so that the texts are functional and accessible. Using African languages has the capacity to promote comprehension, hence change as shown in Zimbabwe where information dissemination is done using English, Shona and Ndebele, the three official languages of the country. Although not all the languages are covered in the country, using the three major languages to speak to women is a major step. It is recommended that more African countries adopt a gendered approach to educate the public about HIV as such an approach leads to informed decision-making.

### **Abstrakt**

HIV jest chorobą zróżnicowaną pod względem płci, która w Afryce subsaharyjskiej dotyka więcej kobiet niż mężczyzn. Kobiety, ze względu na swoją fizyczną i psychiczną konstrukcję oraz odgrywane role społeczne jako matki, córki, siostry, żony i opiekunki, odczuwają chorobę w inny sposób niż mężczyźni. Czynniki społeczno-ekonomiczne, kulturowe i religijne, które wspierają rozpowszechnianie się HIV, są inne wśród kobiet i mężczyzn, co wskazuje na potrzebę tworzenia programów edukacyjnych i komunikacyjnych skierowanych do kobiet jako grupy i jako jednostki. Niniejsze badania przekonują, iż informacje skierowane szczególnie do kobiet powinny być tworzone, tłumaczone i rozpowszechniane w języku dla nich zrozumiałym, tak, aby mogły one podejmować świadome decyzje dotyczące ich zdrowia. Podejście do HIV zróżnicowane pod względem płci może zmienić życie afrykańskich kobiet, ponieważ przekazywane informacje będą odnosiły się bezpośrednio do ich doświadczeń życiowych. Teksty tłumaczone powinny uwzględnić potrzeby odbiorców, stając się w ten sposób funkcjonalne i przystępne. Stosowanie języków afrykańskich może wspierać zrozumienie prowadzące do znaczących zmian, co widać na przykładzie Zimbabwe, gdzie informacje rozpowszechniane są w trzech oficjalnych językach: angielskim, shona i ndebele. I chociaż nie są przekazywane we wszystkich językach używanych w Zimbabwe, stosowanie trzech głównych języków w komunikacji z kobietami stanowi znaczący postęp. Zaleca się, aby więcej krajów afrykańskich stosowało podejście zróżnicowane pod względem płci, aby edukować odbiorców na temat HIV, co umożliwi im świadome podejmowanie decyzji.

## **Translation as a tool for women's empowerment in Southern Africa with special reference to Zimbabwe**

### **Introduction**

In Africa, women and children are the most vulnerable group of the population as regards poverty and illness. This is more so where HIV/AIDS and sexually transmitted diseases are concerned. According to the UNAIDS GAP report (2014:18), at the end of 2013, there were 35 million [33.2 million–37.2 million] people living with HIV globally. Of these, 80% or 24.7 million [23.5 million–26.1 million] were in sub-Saharan Africa. This means the sub-Saharan region is the hardest hit of all by the pandemic. Of the 24.7 million people infected with HIV in sub-Saharan Africa, women account for 58% of the total number of people living with HIV (UNAIDS (2014:26) meaning there are more women living with HIV in sub-Saharan Africa than HIV-positive men. These statistics point to one fact, that HIV/AIDS is a gendered disease with more women suffering from the disease than men. Moreover, women are affected by the disease differently from men owing to their genetic and physical makeup and their social roles as wives, mothers, sisters, daughters and caregivers, women experience the disease differently.

With regard women's biology, the World Health Organisation (2006:6) explains that "HIV affects or potentially affects all the dimensions of women's reproductive health – pregnancy, childbirth, breastfeeding, abortion, use of contraception, exposure to, diagnosis and treatment of STIs and their exposure to sexual violence". The following are some of the challenges HIV positive women face: during pregnancy women living with HIV/AIDS have a greater risk of certain adverse pregnancy outcomes such as intrauterine growth restriction and preterm delivery (WHO 2006:6). Furthermore, anemia during pregnancy is more common and more severe among women living with HIV/AIDS than other women (WHO 2006:33). Wasting during pregnancy also occurs more frequently and this is usually due to reduction in dietary intake, nutrient malabsorption, increased energy requirements and other metabolic alterations associated with HIC infection (WHO 2006:33). As a result of these challenges, HIV positive women require more support during and after pregnancy. This includes safe delivery, evaluation of postpartum infectious complications, infant feeding choices among others (WHO 2006:3). Also HIV positive women are more prone to opportunistic diseases such as bacterial vaginosis, vulvovaginal candidiasis, herpes and cervical cancer.

Outside the biological factors, HIV positive women also face many socio-economic and cultural challenges related to their status. According to WHO 2006:14) HIV positive women face stigma and discrimination and this includes: perceptions that women living with HIV/AIDS are promiscuous; blame for bringing HIV into a relationship or family; being deemed irresponsible if they desire to have children; and being considered as vectors of HIV transmission to their children (WHO 2006). Some women also encounter violence as a result of disclosure to their partners or husbands. Unfortunately violence against a woman can interfere with a woman's ability to access treatment and care, maintain adherence to antiretroviral therapy or feed her infant in the way she would like (WHO 2006:2). Economic hardships also play a major role in the relations women have with men, with young girls dating older men for economic benefits thus exposing themselves to the infection. A review of more than 45 studies throughout sub-Saharan Africa revealed that relationships between young women and older male partners were common and these relationships with large differences in age are associated with unsafe sexual behaviour and low condom use (UNAIDS GAP report 2014:32). Cultural customs such as wife inheritance, polygamy and marrying off young girls to older men contributes to the spread of HIV among women as well. Ignorance about the disease also plays a major in the spread of HIV with some people believing HIV is a result of witchcraft or spiritual attacks. Such beliefs promote the spread of HIV and precautions are not taken to protect both men and women.

Additionally, women are not only infected by the virus, but also affected as caregivers – assuming the role of caring for HIV positive relatives. In Southern Africa, numerous studies reveal that two thirds of primary caregivers in surveyed households are female, one quarter of these are over 60 years of age. In South Africa, a national evaluation of home based care found that 91% of care givers were women (UNAIDS 2006:2). Older women and married women are significantly affected because a substantial proportion of people living with HIV and AIDS move back to their communities of origin at some stage of the illness to be cared for by their parents, and women take responsibility for their grandchildren if necessary (2008:3). Married women are affected significantly because in case of married men, where care normally takes place in the family and in the home, the carer is most likely to be their wife (2008:4). In the case of young girls, they become caregivers to their parents and at times their siblings forcing them to miss days at school or to drop out. UNAIDS (2006:1) states that, AIDS frequently forces girls and young women to withdraw from school to fulfill their caregiving duties and to help compensate for lost family income thus heightening their risks of sexual exploitation and HIV infection.

The information provided above demonstrates that gender plays an important role in how women acquire and experience HIV/AIDS from day to day. That being the case there is need to produce and disseminate material that speaks to women's experiences so that they can make informed decisions about their lives. The wellbeing of women is fundamental to the wellbeing of their children, husbands, families, communities and the development of their nations hence the importance of empowering them with information that can help save their lives. In light of the argument presented above, the first question is: How does translation contribute to the empowerment of women in the fight against HIV? Secondly: to what extent are selected translated documents accessible to women? Accessibility in paper refers to the extent to which translated texts are comprehensible. To measure comprehension, 25 women who are readers of translated texts were interviewed based on their prior experience as well as the new pamphlets they were asked to read. Interviews were supplemented with document analysis where focus was placed on the translation of specialized terms and general presentation of information.

## 1. HIV/AIDS communication

This study, like many others before argues that communication must and should be at the centre of the fight against HIV and AIDS. The rationale for centralising communication in this study is that presently there is no cure for HIV and Aids and the only way to stop the spread of the disease is for everybody to understand how it spreads and then prevent infection. Waitiki (2010:62) points out that "the role of communication in the response to HIV and AIDS has long been recognized and it has led to the introduction of the notion of 'AIDS communication'". This means that effective education is the key to fighting the epidemic, and this can only be achieved through the communication of relevant honest and complete information on HIV and AIDS (Waitiki 2010:63). In relation to women, this means empowering women with factual information that addresses them both as a collective and as individuals, speaking to their experiences as women, so that they can make informed decisions about protecting themselves from various illnesses, seeking treatment for themselves and their families and getting relevant support where needed. Waitiki (2010:61) adds that "the role of communication in the fight against HIV and AIDS cannot be overemphasized. Communication is the key to understanding issues relating to HIV and AIDS and is instrumental in inducing behaviour change both in people living with HIV (PLHIV) and other members of the society to check both the infection and spread of the disease". In other words, if women are provided accurate information that

is comprehensible, they have the capacity to make informed decisions about their lives which can save and lengthen their lives, and protect others from acquiring the disease.

In 'Aids communication', a multidimensional approach is required where all platforms of communication such as radio, TV, internet, print media, conferences, workshops, community indabas (meetings) are utilized among others, to spread the message about HIV/AIDS: how it is transmitted, treatment, preventive measures etc. Fortunately, many communities and countries in Africa have utilised most of or all of these avenues of communication to varying degrees with varying outcomes. Resultantly, a lot of notable strides have been made in the fight against HIV as reported by UNAIDS (2014:8-9) that in the past decade, 7.6 million deaths were averted globally, including 4.8 million deaths in sub-Saharan Africa; 87% of people living with HIV who know their status in sub-Saharan Africa and are receiving antiretroviral therapy; nearly 76% of them have achieved viral suppression; 36% Tuberculosis related deaths were averted and more pregnant women are receiving treatment to prevent mother-to-child transmission. However, although main gains have been achieved in the fight against HIV, the challenges ahead are still many, as new infections among women are still high – with almost 380 000 [340 000–440 000] new HIV infections among adolescent girls and young women (10–24 years old) around the world every year; young women 15–24 years old in sub-Saharan Africa are twice as likely to be affected as young men; sex workers having a 12 times greater chance of acquiring the disease (UNAIDS 2014). Some women in Africa are still failing to access preventative and treatment tools due to varied reasons, some economic, cultural, religious and educational among others. This simply means there is still need for more innovative and robust ways of spreading the message in a manner that touches the hearts and minds of people on what HIV/AIDS is, how it is spread, prevented and treated so that women may take action in the fight against the disease. This then brings the language issue to the centre of the fight against HIV and AIDS. That is, in order to influence women in an effective manner leading to change in behaviour, there is a need to speak to them in languages they understand and identify with. In simpler terms, educational or communicational information that is targeted at women should be translated into languages that women understand so that they may make decisions that are based on truth and not speculation about the disease.

## 2. Language, translation and women

The quest for this study is threefold:(1) translation should be at the centre of the fight against HIV and AIDS as it provides information in languages women understand; (2) education and communication programmes

with women in mind should be developed so as to speak to the experiences of women as a collective and as individuals and (3) translated documents should be comprehensible to the target readers and translators should take into account the needs of the target audiences. The rationale for such a gendered and targeted approach is that in Africa, due to historical and cultural injustices that kept women out of the educational and economic sector, many women and girls, especially in rural areas, remain at the bottom of the information chain making them more vulnerable to the disease. Additionally, the continuance of cultural injustices and economic imbalances in modern societies in Africa ensures that women continue to be vulnerable to the disease, at a younger age when compared to men. With the majority of women not being literate in English – the language of information production in many Southern African countries – women continue to suffer unnecessarily. An example of a country where English is the language of information production is Kenya. According to Waitiki (2010:61 “the two languages that are largely used for education on HIV and AIDS are not languages which majority of Kenyans are competent in”, meaning the majority of people have no access to information that can save their lives due to linguistic barriers. If change is to take place in the fight against HIV/AIDS, information should be presented in languages that women and girls understand and this information should be widely made accessible. As Ngugi Wa Thiong’o (1986:99) observes, “every language has its own social and cultural basis and (is) instrumental in the formation of mental processes and values judgments”. In other words, people are conditioned to think and understand life issues in a particular manner due to the conditioning of their cultures expressed through language.

In Southern African countries, since most information production is done in English – a language that is far removed from the experiences of many women, there is need for information about HIV/AIDS to be translated into indigenous languages so that women may understand the information that is presented to them. Translation therefore is vital in the fight against HIV/AIDS because it takes into account both the linguistic and cultural needs of the target group – hence its role as a tool for empowerment. Language and culture are important in the fight against HIV/AIDS because language acquires its meaning from culture and culture finds expression through language. Kalawole and Salawu (2008:3) explain this relationship saying, “the meaning of a single word or expression is largely derived from its culture”. Thus by speaking to women in languages that they understand from within their cultures, there is a possibility that positive change may take place as language is “central to the interactive processes and meaningful construction of realities in human societies” (Bewaji 2002). This means “language is not a neutral medium for the formation of meanings and knowledge about



an independent object world ‘existing’ outside of language. Rather, language is constitutive of those very meanings and knowledge; it gives meanings to material objects and social practices that are brought into view and made intelligible” (Ademowo 2016:40). In simpler words, our worldview is shaped by our environment, expressed through language, thus, for effective change to take place, information has to be presented using identifiable mediums that correlate to people’s mental processes.

Where language is, culture is. Culture is important in information dissemination because it touches the core of readers – who they are, how they view the world, how they express themselves and what they believe in, among other things. UNESCO (2002) captures the essence of culture saying, “culture should be regarded as the set of distinctive spiritual, material, intellectual and emotional features of a society or social group, and it encompasses in addition to art and literature, lifestyles, ways of living together, values systems, traditions and beliefs”. If cultural issues are taken into cognizance in information production and dissemination, then there is a chance that the disseminated information may speak to the hearts and minds of the people with regard to HIV and AIDS. A classic example of the importance of culture in medical information is the presentation of “taboo words” which often have to do with body parts and functions, sicknesses and death. If “taboo” words are not handled properly, these can result in a text being accepted or not accepted by the target readers (Ndhlovu 2012) depending on how open the readers are to change. This is because “different cultures have differing degrees of openness with respect to communication” (Haslet 1989). In the light of the argument above, it is apparent that translation has the capacity to reach different groups of people and speak to them in a more meaningful way than any foreign language, and if the African continent is to make meaningful headways in the fight against HIV/AIDS, it has to start conversing in languages people understand and identify with. Mohochi (2003:86) sums up the argument succinctly: “for Africa to maintain its identity and attain meaningful development, African nations must use their languages to empower their people who will then be able to contribute to their full potential”.

### 3. Methodology

This study was foregrounded by Functionalism, a translation theory that focuses on the functions of translations in target environments and African Womanism, a gender-based theory that focuses on the liberation and empowerment of women in Africa. Functionalism or *skopos* theory as it is commonly known, emerged in the late 1970s as an antithesis to equivalence-based theories (Nord 1991). The term *skopos* explains the underlying



concept of this theory, that is; that the purpose of a translation is the guiding factor. Functionalism is a target-oriented approach that takes into account the function of the target text (TT) in the target culture so that translations are purposeful. As a result of its focus on the target text and its functions or roles in a target environment, this theory is ideal for analysing and understanding translated texts in Zimbabwe with the aim of understanding how translations as products contribute to educating women and empowering them with knowledge on HIV/AIDS.

Functionalism was complemented by African Womanism. African Womanism is a theory that was developed by Clenora Hudson-Weems in the 1990s and it specifically focuses on the liberation of women from cultural, economic, political and religious servitude. Ogunidipe (1994:7) explains that “Black Womanism is a philosophy that celebrates black roots, ideas of black life, while giving a balanced presentation of black womanhood”. As a theory, African Womanism fights for the liberation of women from racial as well as cultural injustices. In its fight for equality, it takes into cognisance that the experiences of black women is different to white women owing to historical, cultural, racial and economic factors. The theory also acknowledges the roles of women as wives, mothers, and sisters and seeks to pave spaces in the private and public spaces without having to destroy the family or communal structures.

Since this study deals with issues of empowerment, it is important to define what empowerment is. Empowerment is not a new concept but can be traced back to the civil rights movement in the USA in the 1960s (Singh 2013:14). The concept is located within the discourse of women liberation and equality though it has been used in many fields and disciplines leading to varying definitions. According to Singh (2013:14), the different definitions of empowerment range between defining it as a largely individual process of taking control of and responsibility for one’s life and situation, and defining it as a political process of granting human rights and social justice to disadvantaged groups of people. In this study, empowerment is viewed in terms of granting the right to information on HIV/AIDS to women as a collective and the power to make informed decisions as a result of access to factual information – an individual process. In the light of this information, empowerment in this study refers to women’s capacity to access information on HIV/AIDS as a collective, and their capacity to make informed decisions about their health and lives – as individuals.

#### 4. Data collection and analysis

Seven English source texts and their corresponding translations were selected for analysis and these are:

1. Changes in Midwifery Practice in the Face of HIV/AIDS, Publisher: Matabeleland AIDS Council (MAC) (NGO). Year: **1998** / *Amagcikwane e-HIV lomkhuhlane we AIDS sekuze kwabangela inguquko kuzindlela zokubelethisa.*
2. Safe Motherhood: Pregnancy is Special; let's make it safe. Publisher: Matabeleland AIDS Council (NGO). Year: **1998** / *Ukuzithwala kuyinto eqakathekileyo: asikwenzeni kube yinto engelangozi.*
3. Breast Feeding and HIV, Publisher: Matabeleland AIDS Council (NGO). Year: **1998** / *Ukumunyisa kuQhudelenwene lodaba lwamaG-cikwane e-HIV.*
4. The female Condom – for whose use? Publisher: Speak Out/Taurai/Khulumani Magazine. Year: **2000** / *Ikhondomu Labesifazane – ngelabobani?*
5. Home Care of the Terminally ill. Publisher: Island Hospice Service. Year: **2001** / *Ukonga Lokukhathalela labo Asebegulela Ukufa Emakhaya.*
6. Sexually Transmitted Infections and their Management. Publisher: Speak Out/Taurai/Khulumani Magazine. Year: **2003** / *Indlela ezingasetshenziswa ngomama abalamagcikwane eHIV e kongeni ingane.*
7. Women's Treatment Literacy Toolkit. Publisher: SAfAIDS (NGO). Year: **2005** / *Isikhali sokwazisa abesifazane ngendlela zokwelatshwa.*

The 7 texts were selected because they are targeted at women and the information contained addresses the needs and experiences of women. Content analysis was used to analyse the selected texts that are targeted at women to determine their aims, themes contained therein and their contribution to the empowerment of women. Hall and Wright (2008:64) define content analysis as a method of systematically reading and analysing texts. That is, it is a method that is used to deduce and give meaning to content in a systematic manner so that generalisations may be reached about the data. The relevance of this method in this research is that it will help to illuminate how translation contributes to the empowerment of women in Zimbabwe by analysing the aims and purposes of translated texts and their ability to communicate effectively the intended message. A comparative approach was used to determine the extent to which Ndebele translations are accessible to women. This was done by analysing the translation of specialised terms, focusing on pure loaning as a strategy and its effects. Twenty five (25) women were interviewed

to identify views on the accessibility of translated HIV/AIDS texts that they receive. Access to translated material was a criterion used to identify participants.

## **Background information on Zimbabwe**

Like many African countries, in Zimbabwe more females are affected by the HIV/AIDS pandemic than men. ZimStat (2012:19) states that “among women and men, HIV prevalence increases with age from the 15 to 19 year age group up to the 35 to 39 year age group. Prevalence is generally higher for females than males”. The fact that HIV/AIDS is a gendered disease is recognised by the Zimbabwe Public Service HIV and AIDS Implementation Strategy (ZNAPS I) (2006–2010) and ZNAPS II (2011–2015:4–5) who state that:

The epidemic has a gender bias, with women more affected than men; the Ministry can intensify advocacy work, education and awareness of gender-related drivers... Different needs of men and women and empowerment of all workers should be addressed in the design of workplace programmes whether they belong or not to a vulnerable group. Gender equality should be promoted in all workplace prevention, care and support programmes.

As a result of this observation, Zimbabwe went into an over drive to produce information that is targeted at women as a specific group with specific needs and this information is produced in English and translated into Shona and Ndebele (national languages spoken by the majority). Some of these texts were analysed in this study. Another reason why Zimbabwe was selected as a case study is because it has managed to reduce the prevalence rate of HIV infection by an estimated 15% (Zimbabwe DHS 2011). This means that the strategies that have been adopted to fight the epidemic are working to some extent, though it has to be mentioned that the fight is still on and innovative solutions are still needed to eradicate the virus. Among the many strategies used to fight HIV/AIDS are education and information dissemination and translation plays an important role in this arena.

## **The role played by translation in empowering women in Zimbabwe**

From the beginning it is vital to state that Zimbabwe has a high literacy rate, which is estimated to be at 97% (LFS 2011) for people 15 years and older. Although many people have the capacity to read and write, for the majority in the older generation it is the ability to read and write their home languages (indigenous languages). This statement is supported by the LFS in ZimStats (2012) who reveal that 6.6% of women have no primary education,

16.3% have some primary education, 7.6% completed primary education, 8.7% have some secondary education and 10.4% completed secondary education. Only 2.9% women have tertiary education. If 39.2% women in the country only have primary education or below, this means approximately 3 million women in the country depend on translated documents for information. This estimate is based on the assumption that those who completed secondary education have the capacity to read and comprehend English texts, though this may not be true of all women in this category. With such figures, it is clear that translation is not only necessary but it plays an important role educating women about HIV/AIDS.

In the context of HIV/AIDS, translation plays an important role in making crucial information accessible to women. Many organisations that deal with HIV/AIDS and women issues disseminate information that is targeted at women and these include: SAfAIDS, NewStart Centre, SpeakOut Magazine, National AIDS Council, and Matabeleland AIDS Council. Concerning making information accessible in indigenous languages through translation, SAfAIDS (2005) says:

The toolkit will be translated into various vernacular languages in Southern Africa to ensure wider use. It is hoped that it will motivate other stakeholders to invest in the development of more materials that explore and document specific topical issues on treatment literacy for women in southern Africa.

Translation promotes wider usage because it opens room for women who are not literate in English to partake in decision-making processes that affect their lives. In order to promote the education of women on HIV/AIDS SAfAIDS published and disseminated a toolkit titled *Women's Treatment Literacy Toolkit* which translated into Ndebele as *Isikhali sokwaziza abesifazane ngen-dlela zokwelatshwa*. This toolkit focuses on the specific and unique treatment needs of women and aims to empower girls and women in communities with accurate and relevant information to enable them to make informed decisions in terms of accessing and demanding their rights to full participation in antiretroviral treatment programmes, fortify their coping mechanisms in adhering to ART, and be able to support their counterparts within the same continuum of care.

The toolkit shows that Zimbabwe as a country took the initiative to treat women as a unique group with unique needs which is a positive step towards women empowerment through access to information and education. Language also was taken into cognizance, ensuring that women access information in languages they understand which is a commendable step that should be emulated by other countries on the continent. Even though Zimbabwe has not managed to make information accessible in all the 17 languages of the

country, by producing information in the 3 official languages of the country, the government and its partners have taken a positive step that is bound to bear more positive fruits in the fight against HIV. An overview of the SAfAIDS (2005) toolkit shows that the following topics are covered:

What is HIV and AIDS, how is it prevented, condom use (step-by-step use of female condoms), adherence to treatment, women-specific opportunistic infections, effects of treatment, their biological (physical and emotional) life-cycle and PMTCT Plus programmes, stigma and discrimination relating to treatment, women and girls. Gender-based violence associated with disclosure, adherence to treatment etc.

The information that is contained within the toolkit speaks to the experiences and challenges that women encounter on a daily basis in relation to HIV and AIDS. For example, many women contract the virus because of their dependence on men when it comes to protection. By teaching women how to use female condoms and making them accessible, the toolkit is empowering women and girls with preventive skills that can help save their lives. By teaching female condom use, the toolkit is also passing a strong message that women should take protection against HIV into their own hands so as to be safe from the virus. This is a powerful lesson to many African women, as knowledge on condom use can promote behaviour change, thus, protect women from re-infections and acquiring the virus. What is commendable about the Zimbabwean approach is that knowledge is complemented with access to female condoms. In 2010, approximately 15 million female condoms were distributed (ZNASP 11 2011:26). These numbers though not very high, demonstrate the government's commitment to programmes for women.

The toolkit also promotes testing and knowing one's status as a means of protection and accessing treatment and support for the positive. HIV testing is one of the crucial drives of keeping the disease in check as it ensures that people get the necessary help they need, and those who are negative continue to protect themselves from the disease. As a result of information dissemination and other educational projects, in 2014 it was noted that testing rates among females of 15-19 years were higher at 49% and that 91% women knew where to access HTC services (MICS 2014). These statistics support the claim that access to accurate knowledge promotes decision-making, thus information dissemination among women should be prioritised.

Another sensitive issue that is dealt with in the toolkit is that of gender-based violence associated with disclosure and treatment. Gender-based violence is a unique problem that is commonly faced by women as a group and a gendered approach to information dissemination ensures that such issues are discussed. The SAfAIDS (2005) toolkit states that "there have been

a number of cases where women and girls have reported violence as a result of disclosing a positive HIV status or being discovered to be on ARV medicines without the knowledge of their spouses or partners”. Such cases prove that women experience HIV differently from men, thus the toolkit addresses what gender-based violence is, coping measures that can be adopted by women, seeking help and where to seek help and the importance of support structures at home and outside. Addressing such important issues with regards to women, can help them take action to end the abuse and seek help before it is too late. Presenting such information in languages that many women understand can promote comprehension and therefore positive decision-making.

The SAfAIDS (2005) toolkit also educates women about their bodies and how they react to HIV and AIDS at various stages of life. This is done through the topic biological (physical and emotional) lifecycle of women and HIV and AIDS. This section teaches how women are affected by HIV at different stages of their lives, for example, how teenage girls are affected physically, psychologically and emotionally by HIV and AIDS and how women of child-bearing age or menopause are affected. This information can help girls and women understand not only their physical state but also their emotional state, as such women can understand better what they are going through and why. This information can help them cope better with the challenges as they realize they are not alone in this battle. SAfAIDS (2005) sums up the importance of information dissemination saying:

Although there is no cure for HIV/AIDS, this booklet helps women to live longer and healthier even if they are positive. By making information accessible in languages women understand, translation helps them to make informed choices about their lives and health thus delaying orphan-hood of their children. As women live longer they contribute to the development of their families, communities and nations.

SAfAIDS therefore proves that a gendered approach to HIV and AIDS can help women deal better with the challenges they encounter and help them to make better decisions about protection, getting tested, seeking treatments, adhering to treatment and eating right which are central issues in the fight against HIV. It is clear that the combination of improved comprehensive knowledge, improved risk perception and people knowing their HIV status will enable people to make informed decisions and choices on their sexuality (ZNASP II 2011:21).

Another document that was analysed, is a newsletter by the Matabeleland AIDS council *Breastfeeding / Ukumunyisa kuqhudelwene lodaba lwamagcikwane e HIV*. The article deals mainly with issues pertaining to breastfeeding



for HIV positive mothers and other possible options. Important issues such as how to reduce the risk of infecting your child during breastfeeding and when to start and stop breast feeding are covered. Some of the information was presented in question and answer format in order to deal with some of the most ask questions. For example:

ENGLISH	NDEBELE
<p><b>Question.</b> How can mothers, who know they are HIV-positive, decide how to feed their babies?</p>	<p><b>Umbuzo.</b> Kambe omama asebezazela kambahlophe ukuthi bona ngokwabo sebelawo amagciwane e HIV, bangazikhethela njani indlela abangamunyisa ngazo insane zabo?</p>

This text promotes breastfeeding for HIV positive mothers, and it recommends that HIV positive women should breastfeed exclusively to prevent infecting their babies with HIV. Such information, when given accurately can also help women make important decisions on whether or not to breast feed their children to protect them from infection. Wider knowledge on how HIV is passed on during breastfeeding can save the lives of children born to HIV positive mothers, hence a gendered approach.

Another interesting translation that was selected is: *Changes in midwifery practice in the face of HIV/AIDS / Amagciwane e HIV lomkhuhlane we AIDS sekuze kwabangela inguquko kuzindlela zokubelethisa*. This document, which was produced and disseminated by the Matabeleland AIDS Council addresses issues of pregnancy, delivery and postnatal care in the face of HIV. It teaches women on the importance of hygiene and protection from bodily fluids and blood during examination – bringing an understanding why health workers have to wear gloves during examination procedures. The document also teaches women of various delivery options and the challenges of each and the importance of testing and seeking treatment when you are pregnant to prevent mother-to-child transmission. The document explicitly states that “safe motherhood is more than just a matter of health. Saved lives and healthier women and children mean a more productive society”. This statement is true in that when women access factual information that helps them to make informed decisions about their health, it means they can live longer and contribute to their families, communities and nations.

As a result of access to knowledge and programmes that promote testing and treatment for pregnant women in Zimbabwe, more pregnant women have tested and sought treatment. According to the Global Aids response report (2015) HIV transmission from mother to child was reduced from 21% in 2009 to 6.6% in 2014 indicating that Zimbabwe is close to achieving the



global elimination target of less than 5%. The targeted approach has not been without results as shown by the Global Aids response progress report (2015) that comprehensive knowledge of HIV among young females in Zimbabwe increased by 13.7 percent (43.7% in 2005, 51% in 2010 and 56% in 2014). These statistics are commendable because as more and more women know about HIV and AIDS, what it is, how it is transmitted, prevented and treated, more and more women can make better choices.

In this paper, it is important to state that it is not enough that texts are translated and disseminated to women, these texts have to be functional and accessible and the following section focus on variables that promote accessibility.

### **Accessibility of translated texts**

Accessibility as stated previously refers to the extent to which translated texts are comprehensible to women. To measure accessibility the researcher analysed the functionalist of the texts, comprehension and presentation of information. Twenty five women were interviewed to determine if the texts they were asked to read are understandable and the challenges they encountered in reading the texts. Following are the results.

### **Functionality of HIV texts**

During the process of collecting data, the women participants were asked to comment on the role played by translated texts in their lives and all of them were of the view that translated documents are important in making information accessible to them. In summary they said:

- They educate women on issues that related to HIV/AIDS, how to prevent and how to live healthily.
- They educate women about domestic violence and necessary measures of addressing it
- They contain valuable teachings but are encoded in bad language
- They teach women on safe feeding practices.
- They empower women with skills of dealing with different life situations.

From the above statements, it is clear that Ndebele translations from NGO/GOs play a crucial role of making information accessible and educating women which promotes better decision making skills leading to their empowerment.

## Comprehension of translated texts

To measure comprehension women were given texts to read and comment on. In terms of the language used, 22 out of the 25 interviewed women said the translated texts they were asked to read are understandable but were marred by errors – spelling, use of English words, use of Shona spelling structure etc. WP4 stated that “the texts are full of spelling mistakes, use wrong words and some words are not translated making the text difficult to understand for someone who is not educated”. WP 11 concurred that “in some cases there is too much reliance on English terms which are not easy to understand, and the ‘shonalised’ Ndebele impacts negatively on the purity of the Ndebele language. The researcher fully agrees with these observations because upon analysing the selected texts it was noted that Ndebele translators resort to pure loaning (retaining the English term) when they encounter difficult medical terms (Ndhlovu 2014). Below are some of the examples drawn from the selected texts:

Source Text	Target Text	Back translation
<p><b>1. Pelvic Infammatory Disease</b></p> <p>I had a lot of pain under my umbilicus and the doctor said I had a boil inside me because of what he said was Pelvic Inflammatory Disease (PID).</p>	<p><b>Yi Pelvic Inflammatory Disease</b></p> <p>Ngangisizwa ubuhlungu phansi kwenkaba njalo udokotela uthe ngilethumba esiswini kubangelwa ngumkhuhlane ohlasela iqolo okuthiwa yi <b>Pelvic Inflammatory Disease.</b></p>	<p><b>Pelvic Inflammatory Disease</b></p> <p>I felt pain under my umbilicus and the doctor said I have a boil in the womb because of a disease that affects the back called <b>Pelvic Inflammatory Disease.</b></p>
<p><b>2. Pap smear</b></p> <p>As an HIV positive woman you are more likely to have abnormal cervical cells therefore you need to be checked for these cells (<b>pap smear</b>) every six months</p>	<p><b>Pap Smear</b></p> <p><b>Target text:</b></p> <p>Njengowesifazane olegcikwane le HIV ulakho ukuba lesibeletu esingamanga kuhle yikho kuqakathekile ukuyahlolwa okuthiwa yi <b>pap smear</b> ngemva kwenyanga eziyisithupha</p>	<p><b>Pap Smear</b></p> <p>As an HIV positive woman you can have a uterus that is not right, thus it is important to do a test called <b>pap smear</b> every six months.</p>
<p><b>3. vertical transmission</b></p> <p>This is sometimes referred to as <b>vertical transmission</b></p>	<p><b>yi vertical transmission</b></p> <p>Kwesinye isikhathi ukuthelelwa kosane lokhu kubizwa ngokuthi yi <b>vertical transmission.</b></p>	<p><b>yi vertical transmission &gt; vertical transmission</b></p> <p>At times the transmission of the virus to the baby is called vertical transmission.</p>

The participants were asked to underline the words they didn't understand the following English terms were identified as difficult to understand:

- Thyroid gland
- Helper T lymphocytes
- vertical transmission
- Candida
- Polyetherane
- Human Papilloma Virus

Contrasting the level of education of the target audiences who utilise translated texts and the level of language used in the texts whereby technical terms are maintained in English shows that Ndebele translators are failing to meet the needs of their target audiences as pure loaning results in partial comprehension. In other words, some of the necessary information is lost to the target readers which defeats the purpose of education. There is need for Ndebele translators to identify strategies that promote the accessibility of translated texts. From the table above, another notable factor is that in some instances Ndebele translators omit information when they fail to find corresponding terms. In example 3, the translator omitted the terms **oestrogen** and **progesterone**. Omission of information without any form of compensation is not acceptable as it defeats the purpose of making information accessible. WP16 concurred that "there are variations in terms used across the pamphlets, for example: *igciwane* and *igcikwane*, *ikhondomu* and *umncwado*; bad/poor Ndebele, wrong spellings and some terms remain in English making the text difficult to understand". Another problem that limits the accessibility of Ndebele translations is the presence of mistranslated information. The next section elaborates on this.

### Misinterpretation of information

In line with the observations made by the participants, the researcher noted that there were cases whereby Ndebele translators presented information in the target texts that was at times contrary to the source text (mistranslations). For example:

Source text	Target text	Back translation
1. A baby requires 12 kg (24 tins) full cream powder for the first six months of life.(Infant feeding choices 2003)	Umntwana usebenzisa amagabha e 12kg angamatshumi amabili lane (24tins) ochago lolu ngenyanga eziyisithupha	A baby uses tins that are 12kgs that are 24 in six months

2. The female condom... combines features of both the diaphragm and the male condom.	Icondom leli libambaniswa umumo we condom lesilisa lendlela yokwelamisela khatshana eye diaphragm.	This condom is joined together by the status of the male condom and the method of family planning the diaphragm.
3. Use an alternative method of feeding	Sebensiza ezinye indlela ekongeni umntwana	Use other methods in raising your child

In example 1, the English text clarifies that a baby requires 12kg or 24 tins of full cream powder in the first six months. This statement is misinterpreted by the translator to mean a baby requires 12kg x 24 tins of milk in six months. The quantities that are mentioned by the translator entail that a baby needs 288kg of milk in six months and this is illogical. Furthermore, the English version clearly states that these quantities are for the first six months, but this message is lost in the Ndebele translation as it is stated that a baby needs these quantities in six months, which implies any time of the baby's life. Such misrepresentations of data have a capacity to impact negatively on the target readers. Had the measurements been for drugs, the translator would have been responsible for destroying the lives of people. Example 2 does not make sense at all. The translator should have used the term *impawu* to mean features. The inclusion of the term *umumo* (status) diminishes the meaning of the sentence. Evidently, there is need for trained translators in the Ndebele language who will respect the responsibilities that come with being a translator.

### Technical errors

During the analysis of the selected Ndebele texts, the researcher also noted that most texts were marred by faulty spellings, inappropriate words and incorrect concords that corrupt the Ndebele language text. The examples in the table below show this:

Incorrect term	Corrected version
1. ongikazi (wrong word)	umongikazi (nurse)
2. (spelling error)	udokotela (doctor)
3. othingisa imithi (spelling error)	othengisa imithi (pharmacist)
4. Imhuli (Shona orthography)	imuli (family)
5. ngenyama aziyisithupha (wrong agreement) (Ministry of Health and Child Welfare)	....ngenyanga eziyisithupha

6. .ukulala ngomhlane izandla lenyawo kuvuliwe, kumbe ukuhlala <b>isitshakana...</b> (inappropriate Ndebele variant meaning to lie on your back with your arms and legs spread out, or sit with your legs crossed....)	Ukulala unabile inyawo ziye emacele-ni....
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Errors in Ndebele translations

Although Ndebele translations to a large extent are intelligible, they are still marred with too many errors, such as the omission of words, sentences and phrases, spelling errors, wrong words, and wrong concords. Some however, are marred with mistranslations and wrong words). These errors, point to a need for a more professional environment whereby translations are proofread before dissemination.

### Translation of taboo words

Medical texts generally deal with matters that are considered taboo in the Ndebele language: sexual, body parts, sicknesses and death among others. In dealing with these matters, Ndebele translators general resort to euphemism as a norm and strategy. The euphemism norm derives from Ndebele culture and tradition and it stipulates that sexual matters are presented in a respectful and round-about manner. In respect of the Ndebele culture, Ndebele translators resorted to euphemism when dealing with women issues as shown below:

Source text	Target text	Back translation
1. <b>vagina</b>  Rash or irritation around the <b>vagina</b> (Speak Out Magazine 2003).	<b>esithweni</b>  Amaqhutshana abakhona <b>esithweni</b>	<b>vagina &gt; esithweni &gt; body part</b> Rash on the organ/body part
2. <b>Periods</b>  Missing periods or heavy	<b>enyangeni</b>  Ukungayi <b>enyangeni</b> kumbe ukopha kakhulu.	<b>enyangeni &gt; time of the month</b> Not going at the time of the month or bleeding a lot.
3. <b>Vaginal infection</b>	<b>Isifo Sentuba Engaphansi Kwabomama (Vaginal Infection)</b>	<b>A sickness that affects the opening of the underneath part (vaginal infection).</b>

In example 1, the term *esithweni* is derived from the noun *isitho* which is defined as *ingxenye elilunga lomzimba* (an organ which is a part of the body) (ISN 2000). The contrast between the two definitions shows that the English term is specific and the Ndebele term is general, if not vague. *Isitho* is any body part and does not specifically refer to the female sexual organ(s). by using the term *isitho* it is possible that the translator was trying to make the text acceptable to the Ndebele readers. When it comes to women's sexuality, all the 7 translators use euphemistic terms when referring to women's private parts:

vagina	<ul style="list-style-type: none"> <li>• isitho sikamama</li> <li>• isitho sikamama sangaphansi</li> <li>• isitho sowesifazane</li> <li>• intuba engaphansi kowesifazane</li> <li>• isitho sensitha</li> <li>• isitho esiyimfihlo</li> </ul>	<ul style="list-style-type: none"> <li>• a woman's organ</li> <li>• a woman's organ that is underneath</li> <li>• female organ</li> <li>• an opening that is underneath a woman</li> <li>• private organ</li> <li>• organ that is private</li> </ul>
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Although taboo words are generally used to refer to women's reproductive parts and sicknesses, there are instances when translators defy this strategy and lay things bare (explicit). This strategy of explicitness has a capacity to alienate the target readers as shown by the comment from one of the participants: "the pamphlets use vulgar language, taboo and offensive words which make it difficult to discuss the pamphlets in a family set up. They are punctuated with spelling mistakes, unfriendly statements to HIV positive people, for example *asebegulela ukufa* (those who are sick and are about to die" WP7). Some participants underlined the following as vulgar words in the texts:

- umdidi (anus)
- angabhotshi (pass stool)
- umchamo (urine)
- uthuvi (feces)

Most of the target readers felt that the use of these terms undermined their cultural values and they found them offensive. Making taboo issues explicit has a capacity to alienate the target readers thus, translators should know their target readers and respect the cultural codes of the target language.

Even though Ndebele translations are marred with mistakes, mistranslations and omissions, to a large extent they are intelligible and they play an important role of educating women on important issues. The raised issues

need to be addressed to promote the accessibility of texts. Producing and translating gender-oriented texts into African languages helps to promote the development of gender based and gender sensitive language. Through the translation of gender based texts, new terms get created to cater for lack of terminology in the Ndebele language. Terms such as the ones listed below are now part of the Ndebele lexicon:

1. Candidiasis > umkhuhlane wemvubelo,
2. Women – specific opportunistic infections > imikhuhlane ehlasela abalegciwane le HIV eyande kwabesifazane,
3. Gender-based violence > dlakela lwezindlini oluqopha abesifazane
4. Exclusive breast-feeding > ukumunyisa uchago lwebele qha
5. Mother-to-child transmission > ukwedlulisela igcikwane umntwana ngumama

These terms are tiny reflection of the development and growth of the Ndebele language through translation of gender – oriented texts. Translation therefore goes beyond the empowerment of women to the development of African languages. In light of the findings stated above, the researcher recommends the following:

- **Knowledge of the target audience:** Initiators of translations and translators should ensure that they translate for known audiences in terms of gender, age, location and needs. This would ensure that the translators chose the relevant strategies that are applicable to the target readership, making Ndebele translations more functional. Ndebele translators should desist from the use of pure loaning especially for target audiences who have limited understanding of English.
- **Term development** is a necessity in the health sector hence language practitioners should focus their energies on the development of term.
- **Editing and proof-reading** are a necessity to prevent spelling errors, wrong concordial agreements, omissions and mistranslations
- Other African countries that are still lagging behind in developing and disseminating information that is targeted at women specifically in languages that women understand, should develop women-oriented educational and communication programmes so as to empower women with the relevant and necessary knowledge.
- Men as a unique group with unique needs also need educational programmes that speak to them as men so that they can also make informed decisions about HIV.



## Conclusion

This article examined the role played by translation in empowering women through information dissemination for informed decision-making. In the study it was argued that HIV and AIDS is a gendered disease that mostly affects women in Africa, with girls as young as 15 prone to the disease. That being the case, it was noted that women, due to their genetic and physical makeup and social roles as mothers, sisters, wives, girlfriends and caregivers, experience the disease differently from men, thus pointing to a need for education and communication programmes that target women as a unique group with unique needs. It was also noted that the socio-economic, cultural, religious and educational factors that contribute to the spread of HIV/AIDS differ between men and women, thus the need for programmes that speak to the experiences of women as a collective and as individuals. In the article, the use of indigenous languages in the fight against HIV and AIDS was emphasized because the majority of African women, due to historical, cultural and economic injustices that kept them out of the education sector remain outside the language of information production – English. Zimbabwe, a country that has managed to reduce HIV infection by more than 15% in the past three decades was used as a case-study and it was demonstrated that a gendered approach to HIV can help empower women in making informed decisions about getting tested, seeking treatment and support and protecting their children from infection. The article also shows that translation plays an important role in information dissemination and empowerment of women, thus other African countries that are lagging behind, are urged to adopt a gendered approach in the fight against HIV by making information accessible to women in languages that women understand. However, in the translation of gender-oriented texts, it is important for translators to take into account the educational level and needs of the target users. The use of pure loaning strategies when translating for women who are not literate in English results in partial comprehension which defeats the purpose of education. It was also noted that Ndebele translators should utilise user-friendly strategies when translating taboo terms as explicitness can result in the texts not being acceptable among the target audiences. Additionally, for information to be accessible, there is need to take avoid mistranslations and omissions. In a nutshell, translation is an important tool in the empowerment of women with information that can help them make informed choices about their lives and the lives of their babies.

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