Positive Initiative Trust (PIT)

Harare, Zimbabwe

Social Return on Investment Analysis

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"No one but ourselves can extricate us from situations that adversely affect us"

"This report has been submitted to an independent assurance assessment carried out by The SROI Network. The report shows a good understanding of the SROI process and complies with SROI principles. Assurance here does not include verification of stakeholder engagement, data and calculations. It is a principles-based assessment of the final report".

ACKNOWLEDGEMENT

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Josiah Macherenga

CHAIRMAN

PIT BOARD OF TRUSTEES

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EXECUTIVE SUMMARY

"Our programme has changed the lives of a significant number of people in our community including me." This is how one participant described Positive Initiative Trust (PIT) in Harare, Zimbabwe and its impact on those living with HIV (primarily women) and on the broader community. There is a lot of qualitative evidence from numerous PIT participants and local community members to support these claims, but unfortunately very little quantitative evidence to back them up. Funders and policy makers are increasingly looking for figures to match the facts and some way of measuring the 'immeasurable' that many of these type of programmes deliver, such as an increase in self esteem and well-being and a reduction in stigma.

This report is trying to go some way to addressing this gap through providing a forecast of the social return from investing in PIT, a programme that aims to prevent the spread of HIV, tackle the stigma associated with it and to integrate the infected back into community life.

The report assesses the social impact that the project is likely generating for its key stakeholders over a one year period. The Social Return on Investment (SROI) framework is used to structure thinking and understanding. It is an account of value creation that requires a mix of qualitative, quantitative and financial information. It seeks to include the values of people that are often excluded – an approach that was of particular interest to PIT. It tells the story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them for a range of stakeholders.

This SROI report will help PIT understand, manage and communicate the social value that its activities create – particularly as it works in an area with limited research available. It is hoped this will help motivate key stakeholders involved in the programme as well as identify partnership opportunities for its expansion. The report also offers recommendations that can inform the strategic planning for the programme's future.
This SROI analysis has shown that PIT benefits a wide range of "stakeholders" (including participants, their families and the local community) and that **for every dollar invested in the programme by funders, $6.35 of social value is generated**. In other words, it takes just under two months to get paid back the investment in social return.

This value is likely to be an understatement, as the research has been cautious in its calculations as well as limited in resources to conduct a more detailed evaluation that would likely include other outcomes and stakeholders affected. It must be also noted that the value is high due to the fact that the programme is extremely cost effective and working in communities where there is limited support and opportunities.

One can become sceptical when they hear of charities offering such high returns. But the return calculated in an SROI isn't simply about financial returns; it's about the value that is created for society. That is what is so exciting about this approach and the opportunity it offers organisations such as PIT, whose activities are often undervalued as many of their most important outcomes are left unmeasured.

Through this research, PIT has been able to gain a greater understanding of what is working and why. Increased health, wellbeing and confidence for its members were some of the most significant changes for its members. The programme offers a very different approach to other support groups in the community; it is women only, visible in the community and focuses on empowering those living with HIV to live an active and normal life. This had lead to PIT facilitating additional opportunities for its members by accessing other resources available. In addition to this, the research showed that the programme had made a significant difference not only to those infected but to others in the community including the participant's families. In particular, attitudes are being challenged in communities where stigma is one of the main barriers in tackling the spread of HIV and integrating those infected back into community life.

In Zimbabwe, despite being acknowledged as a key sector, meaningful involvement of people living with HIV in the national response has over the years been insignificant. This is attributed to several factors among them the stigma associated with the pandemic which makes people reluctant to disclose their status. In the Zimbabwe National Strategic Plan, (ZNASP 11 2010-2015) stigma is acknowledged as one of the major barriers in efforts to effective HIV prevention. It prevents people to go for voluntary counselling and testing, undermining prevention efforts.

PIT was born from the community due to the needs identified by women living with HIV in existing support groups. PIT's strength is that it is owned by the PIT members themselves and was set up by them to tackle the issues they face on a day to day basis. As one member stated: "***It is our initiative and we have designed it to meet our needs - this is the strength of PIT and we need to emphasis this!"***

It is hoped that this report will go some way to showcasing the spirit of these women and provide a truer indication of the impact they are having amongst themselves and within their community.

SECTION 1: BACKGROUND

Background on PIT

The Positive Initiative Trust (PIT) was founded by HIV positive people in 2008 and registered as a Trust in 2009. The Initiative was driven by a number of community support groups within the Zimbabwe National Network of People Living with HIV (ZNNP+) who wanted to become more active in their communities in reducing the stigma attached to HIV, becoming role models of positive living as well sharing their challenges with other neighbouring districts. The main objective of the organisation is to prevent the spread of HIV, tackle the stigma associated with it and to integrate the infected into community life. The PIT mandate is to work towards empowering women and creating an enabling environment for women living with HIV.

Football has been the chosen medium to facilitate PIT's key objectives. Not only does sport increase the wellbeing (both mental and physical) of its members, it is also an innovative and engaging platform to discuss their challenges of day to day life with HIV as well as tackling the stigma attached to it. The initiative wanted to use football as an opportunity to showcase that those living positively and women in particular, 'can do it too!'

PIT works in the most marginalised districts within Harare Province. Under this research project, it was coordinating 13 teams within 12 districts. However, since the completion of this research, activities have been set up in additional districts which has almost doubled the membership.

A focus group discussion was held at the PIT head office with 12 of their community leaders and they agreed the follow core objectives for their organisation:

- To increase the overall wellbeing (including physical and mental fitness) of people living with HIV
- To fight stigma and discrimination in communities by:
    - Fighting denial and re-infection
    - Providing a positive attitude & perception to HIV
- To increase prevention and awareness of HIV
- To increase the social capital for those living with HIV by:
    - Increasing access to networks, services, friendships etc

Litta Zharare, Epworth, 38 yrs: *" The level of HIV and AIDS awareness in my district like all districts of Harare is fairly high, but several underlying factors continue to fuel the spread of HIV, undermining prevention interventions. The most difficult barrier to effectively fight HIV and AIDS is the stigma associated with the pandemic. Eradication of stigma and discrimination of people living with HIV and AIDS is one of the key objectives of Positive Initiative Trust. As a person living with HIV and AIDS I have experienced its devastating effects. Stigma and discrimination builds a culture of silence and denial around AIDS, undermining the response to HIV and AIDS. The fear of stigma prevents people from getting tested and seeking treatment. Prejudice towards people living with HIV and AIDS can lead to human rights abuses. The eviction of all people who are suspected to be infected with HIV by landlords is still widespread in my community. Some parents still prohibit their children from playing with children infected with HIV. Some church leaders still preach that HIV and AIDS is a result of promiscuity and those infected are being punished by God for their sins.*

To achieve our objective we aim to reduce stigma by challenging social exclusion, promoting visibility of people living with HIV and AIDS and creating opportunities for understanding and openness around HIV and AIDS.

I had always wondered why God gave me a second leases of life while most of my neighbours succumbed to the pandemic, I have since realized that God had a purpose, he selected me to utilize the power of sport to change lives, and indeed our programme has changed the lives of a significant number of people in our community including me."

Purpose of SROI analysis

PIT has been running it activities informally for a number of years but struggles to attract regular funding and support and therefore professionalise as an organisation and scale up its activities. It is aware of the impact it is having for its members and in their respective communities, however it has not had the resources or expertise to capture that impact. It also sees this analysis being an opportunity to be used as a learning tool for understanding what is working and what isn't working, to then improve the programme and plan appropriately.

PIT Staff and members came together in a focus group discussion to define the scope of this SROI analysis and decided that it would:

- assist PIT in facilitating strategic planning for its future;
- build a profile for the organisation and raise essential funds;
- be a forecast SROI analysis to put in place a measurement framework to conduct year on year evaluations in the future
- be a participatory process with PIT members being central to its design and delivery
- be part of the commitment of the 'PIT Team' to contribute to an ongoing process of constant learning and improvement in the delivery of the programme as well as sharing best practice further a field

It is important to acknowledge that it is the PIT members who are driving this process and have specifically requested for assistance in this area. This analysis is based on a participatory approach and is primarily for PIT as an organisation. The whole SROI process is being developed in consultation with key PIT members from the very start to the end. All findings will be presented back to the members in their respective communities and feedback collated.

Albeit the analysis is primarily used for internal purposes, it is also hoped it can influence other stakeholders within the HIV world including the National AIDS Council, the Zimbabwe Network for People Living with HIV (ZNNP+) and UNAIDS. It is hoped that the analysis can challenge key stakeholders on understanding the impact of their programmes better and in particular measuring key outcomes central to the issues surrounding HIV such as stigma, stress and confidence that are often ignored or deemed too difficult to measure.

SROI Methodology

This report bases its approach to measurement on a methodology known as the Social Return on Investment (SROI), which attaches a financial value to all material outcomes that are identified as resulting from an organisation or programme's activities. This allows a fuller picture of the benefits that flow from the investment of time, money, and other resources, to be presented.

The following steps summarise the approach that was taken to completing this Report.

1. The scope, purpose and duration of the subject was agreed with PIT and its leaders.
2. All stakeholders deemed to be material were identified by PIT that was formed to guide the research process.
3. An understanding of the inputs, outputs and outcomes through a stakeholder analysis was identified. This formed part of an Impact Map which shows the relationships between them all.
4. Indicators and financial proxies (means of evidencing and assigning monetary value to outcomes) were assigned to each of PIT's outcomes, again in consultation stakeholders.
5. Both quantitative and qualitative data collection methods were agreed, designed and implemented. All data was then inputted into a database and analysed.
6. The total impact was calculated and then discounted to ensure the social value reflected all factors that influenced the outcomes. A discount rate was then applied to reach the net present value which resulted in an SROI Ratio for the programme.

7. The SROI Report was drafted and finalised, incorporating feedback from all members of the Secretariat. Revisions of the report will be agreed with PIT members in due course.

Resources, timeframe and type of SROI

This research is looking at the main two Positive Initiative Trust activities. This consists of the following:

- The Stop Aids football league throughout the year
- Ongoing outreach activities alongside the football including campaign awareness, information dissemination in the community – drama/distribution and counselling/psychosocial support.

It was agreed that this research would focus on a specific period of funding which supported a full year of the Stop AIDS football league and PIT activities. The dates of the focus are therefore from January 2011 through to December 2011 which coincided with the annual funding allocation from the main donor, New Dawn of Hope.

Although the data is collected retrospectively and based on actual outcomes, the data is not deemed as accurate as it could be. Future analysis conducted would be more accurate if data was collected before and after the activities were conducted and if possible, control groups undertaken. It was therefore agreed that this research should be seen as a baseline study and a forecast SROI analysis, even though the data and period of investment is historical. This will provide a basis for a more comprehensive framework that could be used to capture the outcomes more effectively in future years. It was also deemed important to make it a forecast analysis due to limited data available and the fact that this was the first time the organisation or any organisation within Zimbabwe had conducted an SROI.

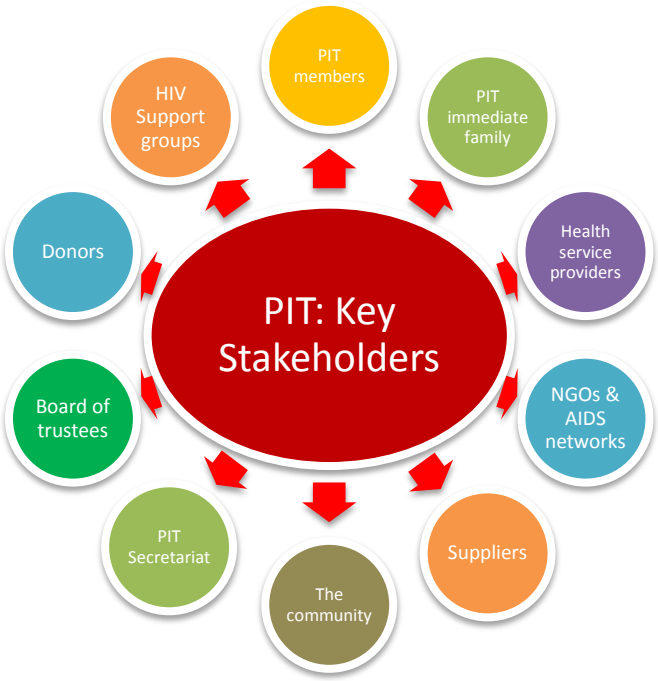
The forecast year for the members will be measured primarily by identifying change retrospectively. However, it is important to note that the majority of its members have been involved in PIT activities for a number of years prior to the New Dawn of Hope funding. This was taken account of within the calculations and assisted in estimating duration of change and drop off rates.

The resources available to PIT for this research were limited. Nonetheless, the commitment from both the researcher and the organisation itself went a long way to conducting a credible analysis. In addition to this there was a small amount of financial support from one donor to enable us to tap into some expertise in data collection and analysis. This was crucial to ensure the process adopted was credible and effective. People involved in the analysis ranged from the researcher, the PIT Secretariat, PIT leaders and participants and a data analysis expert from the University of Zimbabwe. All staff time was voluntary except for the expert in data analysis.

SECTION 2: STAKEHOLDER ANALYSIS

PIT held a focus group discussion with 10 leaders from five districts within which PIT is working to identify the key stakeholders, the process of involvement and expected changes they might experience.

The diagram below summarises the stakeholders that PIT activities are affected by or have an effect upon.



1. **PIT members** are PIT's main stakeholders for whom the organisation exists. They are primarily women living with HIV. During focus group discussion it was discussed whether these stakeholders should be split into different categories. It was assumed that even though the outcomes are similar, members who had received additional training may have been more motivated and active than others. Nonetheless, having assessed the data, the outcomes were consistent across the board with all members interviewed. It was therefore agreed that it was not necessary to split up this group. Please see the appendix for a summary of the aspirations for PIT members and what changes they hoped to experience from such a programme.

2. **Immediate family of PIT members** can be badly affected by having a family member who is HIV+. Living with HIV can bring on stress and depression that will have a knock on effect on the ability of that family member to be able to fend for the family or assist in the household. Stigma and discrimination within the household and community as a whole can also have a negative impact on the family relationships and support network. PIT therefore felt that this stakeholder group was significant for two reasons – one for understanding the impact PIT has on family life and two for validating the changes on PIT members themselves (cross checking).

3. **Donors**
    a. **The Elaine & Lloyd Charitable Trust** has been an important funder for PIT especially in giving unrestricted funding that has been essential for covering PIT's core administration costs that are often difficult to source funding for.

    b. **New Dawn of Hope** is the main funder for PIT's activities within the communities. It is a community based organisation based in Harare that was founded by people living with HIV. It primarily focuses on Home Based Care programmes and therefore partnered with PIT to deliver additional outreach activities outside of its remit.

c. **The British Embassy** was an important supporter in the early stages of PIT's development. It funded training necessary to enable selected PIT members in each community to deliver the programme effectively. Without this support, PIT's activities would not have been as impactful as it is today.

4. **Local HIV support groups** are based in each community for people living with HIV. There is a two-way referral service between PIT and these groups – they mobilise new members for PIT and PIT refers members to local groups.

5. **Health Service Providers** (i.e. Ministry of Health, City of Harare municipality, NGOs such as Medicine Sans Frontier (MSF) are vital to PIT members for ongoing medication, counselling and advice. There is also a two way referral service between PIT and these providers – they provide services for PIT members and their services mobilises new members for PIT.

6. **NGOs and AIDS Networks**
   a. **National AIDS Council (NAC)** is the national coordinating body for HIV and AIDS. They are the custodians of the National AIDS Trust Fund which contributes towards fighting HIV and AIDS. PIT report to NAC district coordinators on their activities to ensure it aligns towards the National Strategic Plan.

   b. **Zimbabwe National Network of People Living (ZNNP+)** is a vital support network for people living with HIV. Partnership with the national network of HIV positive people has enabled PIT members to be linked to several service providers which include Zichire, an organization that is facilitating a behaviour change programme . Most PIT members are behaviour change facilitators in their communities and get a monthly allowance. The programme is playing a complimentary role to PIT activities. It offers PIT members advice, counselling, information. There is a two way relationship between PIT and ZNNP+, their support groups mobilise members for PIT and likewise PIT attracts new members for ZNNP+.

   c. Other NGOS including Zichire, PSI and Adventist Relief Agency (ADRA). Zichire focuses on behavioural change training and PSI on psychosocial support for those affected by HIV. Most districts that PIT deliver in are also supported by Zichire and / or PSI. In addition to this, PIT has developed a partnership with ADRA which resulted in the establishment of garden projects in 3 districts that PIT are working in. PIT members have benefitted through the sale of their produce as well as for family consumption.

7. **The Community** are the local communities that PIT members live in. Acceptance of the programme in the community and in particular from key community leaders is vital for the sustainability of the PIT. In addition to this a core objective for PIT is tackling the stigma and discrimination attached to HIV within the community. This research targeted key informers/ influential people in the community – mostly community leaders.

8. **PIT Secretariat** has three volunteers consisting of the Director, administrative assistant and finance officer who are vital in the day to day running of PIT. It also employs an accountant once a month to assist the finance officer.

9. **PIT Board of Trustees** consists of five trustees who meet every quarter. They have diverse professions linked to health, the legal and finance industry as well as a person living with HIV.

10. **Suppliers and donators** are included because PIT has been fortunate enough to have received some assets in kind. This has included free space allocated by PSI to conducting training and time from Justice AIDS Trust on accounting advice. PIT has also been given equipment from Alive & Kicking, a charity that makes

footballs in Africa with HIV and AIDS messages imprinted on them. If PIT didn't receive this kind donation, they would have had to invest in footballs for the project. This is a significant investment due to the high costs of importing footballs into Zimbabwe.

Materiality of stakeholders

Materiality in SROI is used to determine what information and evidence must be included in the accounts to give a true and fair picture, such that readers can draw reasonable conclusions about impact. The table below presents the rationale of including or excluding PIT's stakeholders in the analysis according to the principle of materiality. No material outcomes are expected to occur for excluded stakeholders.

Those stakeholders excluded were believed to be not material either because the value of the programme to them was minimal (in terms of the social value generated) or the stakeholder groups were too diverse to measure with any accuracy. In addition to this there were insufficient resources to analyse all stakeholders.

It was important to look at non-cash inputs and assess whether they have been significant in allowing PIT's activities to take place. These include donations of footballs and key information that the project can then disseminate.

Stakeholder	Materiality	Rationale
PIT members/participants	Included	Primary beneficiaries who are likely to be experiencing significant outcomes as a result of PIT activities.
The immediate family of PIT members	Included	Improvement in the mental and physical wellbeing of PIT members is likely to have a significant impact on families and their relationships which may have been damaged by stigma and negative attitudes as well as the burden of caring responsibilities. It was also deemed important to include this stakeholder to triangulate data captured by PIT members.
The PIT Secretariat	Included	These people have had a significant impact on PIT. Without their time and expertise, PIT wouldn't have been able to coordinate its activities or attract the funding and key partnerships essential to make the project happen.
Selected group of community members who observe PIT on a regular basis (these include key informers in the local community that can influence others i.e. head teachers, community leaders, church leaders, local politicians etc).	Included	The nature of PIT and its outreach activities as well as the fact that it is one of few visible activities in the community for HIV+ people is likely to have an effect on challenging attitude and behaviour on the local community. It is also a key outcome for the organisation to tackle stigma in the community. It was agreed that there were a select group of community members who had been directly influenced by PIT. In addition it was deemed important to include this stakeholder to triangulate data captured by PIT members.
New Dawn of Hope	Included	Without their support, PIT couldn't run its activities as effectively – when funding hasn't been available activities have continued but at a lower level with less effect
Elaine & Angus Lloyd Charitable Trust	Included	Without their support, PIT couldn't run its activities as effectively
British Embassy	Included	Their support funded key training workshops which enabled PIT members to run the programme effectively. Although this funding/training took place before the year of this review it was deemed significant in the effectiveness of the project and has therefore been

		included.
PIT Board members	Excluded	No significant changes either to the board members were identified or from board members to PIT.
Local HIV support groups	Excluded	Albeit many of the members of PIT come from these local support groups, they are separate and not deemed relevant to this research.
Local health service providers / local government services	Excluded	There are benefits of a two-way referral system between PIT and local health partners. In addition to this many nurses and social workers have stated that PIT members are relieving the burden on their duties by offering counselling to others. However, it was agreed that this wasn't significant or relevant enough for inclusion. There are also different providers and partners in each district so it wasn't consistent across all districts. However, some interviews were conducted to ensure triangulation of data.
All members of the local community	Excluded	The benefit is likely to be too diffuse to measure them in this analysis and difficulties in determining who would properly represent stakeholders in the community
NGOs and AIDS Networks	Excluded	There are benefits to PIT members from their support. Equally PIT has coordinated their members together and enabled them to access the opportunities offered. Nonetheless, it was agreed that this wasn't significant or relevant enough for inclusion. There are also different providers and partners in each district so it wasn't consistent across all districts.
Alive & Kicking, Charity	Included	Alive & Kicking supplied 52 footballs to PIT for the year. This was a significant in kind donation as PIT would have incurred a significant cost to buy these balls for the day to day running of the programme.
Other suppliers and donators	Excluded	Seeing as these were 'gifts in kind' - no significant changes to suppliers and donators were identified. Albeit they have had an impact on PIT and its effectiveness as an organisation, they are not deemed either significant enough to include in this research or not consistent across the programme in all 13 districts.

Stakeholder Involvement

All information for the report was collated through various stakeholders. The objectives, outcomes and key indicators for the SROI analysis were agreed through various focus group discussions with selected PIT members representative of each community, one on one interviews with key PIT leaders and interviews with the PIT Secretariat. Information was also collated from workshops that had been held previously with PIT members.

Careful consideration was given to the questions used to ensure they were not only locally appropriate but a mix of open-ended and closed-ended questions. It was agreed that open-ended questions provided essential qualitative data in the participants own words whereas closed-ended questions provided quantitative data based on the response categories given – both important for this research. It was also agreed that it was important not to use 'leading' or 'loaded' questions that led the participants to a desired response or created an emotional reaction that didn't necessarily reflect the true picture. Development of the questionnaires is outlined in more detail under Section 5 and a list of the questions used in the focus group and one and one interviews can be found in the Appendix.

Due to the nature of the project, it was deemed very important to engage as many community members as possible to not only assess what impact the project was having in their respective communities but to specifically discuss any outcomes and indicators that were deemed relevant for the programme. The community was engaged via focus group discussions, one on one interviews and questionnaires. Due to the limited time and resources available it was impossible to interview all community members, however the PIT members identified a selection of those that were deemed within PIT's sphere of influence (i.e. those that observe & engage with PIT on a regular basis - more than twice a week).

A list of questions used within the focus group discussions can be found in the Appendix.

The table below outlines how the research involves each stakeholder including quantities and timeframes.

Stakeholder Group	Method of involvement	Total number in stakeholder group	Number questioned	Dates
PIT members/participants	Questionnaires Focus Groups One on one interviews	30 people x 12 districts = 360 participants with 5% drop rate = 342 participants	Total: 128 • 128 questionnaires were returned; • 14 one on one interviews conducted (at least 2 from each district reviewed) • 3 focus groups discussion groups held from a cross section of the six districts reviewed	July-Sept
The immediate family of PIT members	Questionnaires	25 x 12 families – some siblings within PIT plus 5% drop out rate = 300 families	Total: 92 Approx 15 families in each of the six districts were interviewed	Aug-Sept
The Secretariat: Sebastian, Tina, John (accountant) and Johannes (finance officer)	Interviews	4	Total: 3	Sept
Select group of community members who regularly observe PIT	Questionnaires Interviews	Within PIT's sphere of influence (i.e. those that observe & engage with PIT on a regular basis). Some districts are larger than others and have a larger target group. 3 big districts = 200 = 600 9 districts = 100 = 900 Total: 1,500	Total: 228 • 228 questionnaires were returned; Approx 30 members in each district except Epworth – the largest district where 83 members were interviewed • 1 focus group was conducted in each of the 6 communities • 4 interviews conducted in 3 of the districts	July-Sept

It is important to note that, during the period of research, PIT had 360 participants across 12 districts. However, due to limited time and resources, it was decided that only a selection of districts would be researched. It was agreed by the PIT Secretariat and key PIT leaders that it would be credible to select six districts that were a broad representation of the 12 districts. Within the six districts identified there were a couple of the best performing and lesser performing districts to give a good set of sample data. The six districts identified are therefore seen as a sample group that could be representative for the whole programme. It is recommended that all districts be monitored on an on-going basis for future analysis.

Below gives a breakdown of the number of those interviewed across the six districts that were identified.

District	**Number of respondents**
Dzivarasekwa (DZ)	17
Epworth	37
Hatcliffe	29
Mufakose	14
Southern Waterfalls	15
Tafara	16
TOTAL	**128**

SECTION 3: MAPPING OUTCOMES

Valuing Inputs and Quantifying Outputs

It was necessary to look at what each stakeholder was contributing to PIT and whether there was a financial value attached to this. All contributions were considered including time and expertise as well as donations.

Stakeholder	Inputs	Investment /input cost
PIT members	*Time, energy and commitment to start and keep going with PIT activities. Time and commitment to engage in additional voluntary counselling and outreach activities as and when necessary	**$0**
Family members	**Courage to allow family member to join PIT ; time, energy and commitment to support family member's participation in PIT	**$0**
PIT Secretariat	***Time, energy and commitment to manage and support the programme and its participants as well as be the 'face' for funders and other supporters	**$5,274**
Key informers of the community	****Time spent observing PIT activities and listening to its members; courage to challenge their attitudes and behaviour towards HIV and HIV+ people	**$0**
New Dawn of Hope	*****Funding over 12 month study period	**$10,000**
Elaine & Angus Lloyd Charitable Trust	******Funding over the 12-month study period	**$6,600**
British Embassy	*******Funding for essential training	**$5,225**
Alive & Kicking	********Donation of 52 footballs	**$1,040**

*Participants had to overcome considerable challenges to commit to the programme. In particular facing the stigma associated with being a part of a visible HIV+ programme in the community and thereby living openly and accepting their status. Participants also had to overcome low self-esteem and have the courage to join in the first place. It was discussed whether we should put a financial value on the peer leaders time within each community as their role was crucial for the day to day running of activities. However, it was agreed with participants and the Executive Board that this research project would adhere to current convention on SROI that time spent by beneficiaries is not given a financial value. In addition to this, it is culturally accepted within the communities that this role would be voluntary.

**Family members also have to overcome stigma they face by the community with a family member living openly through their commitment to PIT.

*** It was necessary to put a value on the Secretariat's time as PIT wouldn't have happened without them. A cost was calculated by estimating the number of hours each Secretariat volunteer spent on PIT a week and valuing that with the average salary for their respective roles.

- Director – 3 days a week (8 hours) = average salary $500 a month = $16.44 a day = 156 days a year = $2,564 a year
- Assistant – 4 days a week (8 hours) = average salary $300 a month = $9.86 a day = 208 days = $2,052
- Finance Officer – 1 day a week (8 hours) = average salary $200 a month = $6.58 a day = 52 days a year = $342 a year
- Accountant – 1 day a month (8 hours) = average salary of $800 a month = $26.30 a day = 12 days a year = $316 a year

****New Dawn of Hope contributed towards the full running costs of the football league and outreach activities.

*****The Elaine & Angus Lloyd Charitable Trust contributed towards covering the administration and management costs of running the PIT office including rental costs, airtime, stationary etc.

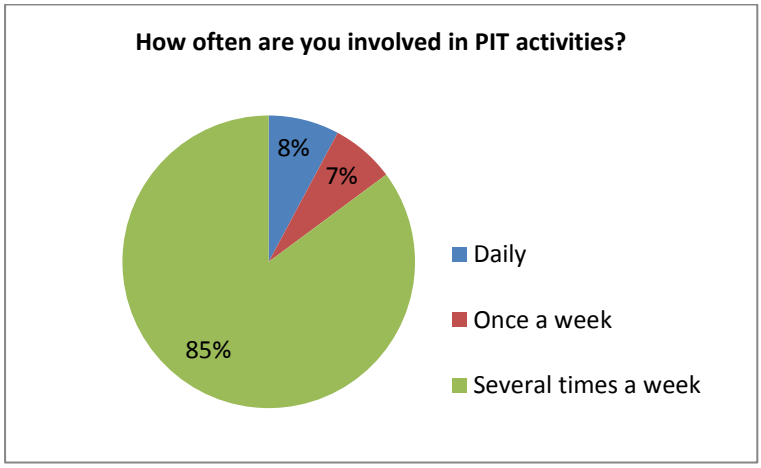
******The British Embassy gave a grant to PIT the previous year to establish the football league and conduct some initial training. This was essential to ensure the PIT leaders were able to run the activities effectively. A total of $5,225 for conducting five training workshops with 148 selected participants in leadership, football coaching, referring, first aid and peer education. In future years refresher training and training of new members may be required.

*******Donations of footballs from the charity, Alive & Kicking. PIT received 52 footballs that resulted in a saving of approximately $1,040 ($20 x 4 x 13 districts). This was deemed significant as the supply of footballs are paramount for the success of the project.

Clarifying Stakeholder Outputs

Outputs are a quantitative summary of the activities. In discussion with the PIT participants via focus groups and one on one interviews and from the research conducted through questionnaires it was concluded that on average football was played three times a week in each district for two hours each session. In addition to this other outreach activities were conducted by the PIT participants twice a week for two hours each session. These included drama, information dissemination and awareness raising. Finally each PIT member participates in one on one counselling at various levels. Some members are more active than others but on average each member conducts two sessions of counselling each week for approximately one and a half hours each.

- Total number of participants = 360
- Total number of activity hours for the year = 13 hours a week x 52 weeks = 676 hours a year per member



The PIT Secretariat gives an output of 3,008 hours per year. This consists of:

- Director - 16 hours a week = 832 hours a year
- Assistant - 32 hours a week = 1,664 hours a year
- Finance Officer - 8 hours a week = 416 a year
- Accountant - 8 hours a month = 96 hours a year

Theory of Change

In this study we are using 'the impact map' as our tool for bringing together the various elements of the programme and illustrating the causal links between them. Nonetheless when discussing outcomes it is important for an organisation to develop a theory of change to provide a better understanding of how its activities have created change as well as capture the complexity of change much better. It can take into account relationships and the interdependence between different programme elements and outcomes – this is of particular importance to a programme like PIT due to the complexity of the issues that it is trying to address.

The theory of change is an ongoing process of reflection to explore change and how it happens. The process adds rigour and transparency, clarifies project logic, highlights assumptions that need to be tested, and helps identify appropriate participants and partners.

The evaluation focused theory of change used by PIT was retrospective to understand what changes have taken place to date and what this means specifically to its members. During a focus group session with selected PIT members from each of the six districts reviewed different dimensions of change were analysed. Members were asked to identify changes since their involvement in PIT and followed through a 'so that…' process to arrive at long-term changes in their lives. This gave a more in-depth understanding of the changes that PIT was having or trying to address.

During the focus group discussion the most significant changes were identified for members and what were deemed to be the main reasons for that change. This helped inform the research in advance of data collection ensuring the questions captured are as relevant as possible. Key outcomes included increased physical and mental fitness, reduction in stress and stigma within both families and the community and an increase in social capital including friendships, access to networks and information.

In addition, it should be noted that all participants reported high stress levels as well as low levels of confidence and self-esteem before joining PIT. The focus group discussion gave insight into the extent and significance of the change experienced and brought the changes to life as they discussed their lives before and after being involved with PIT. Words such as hopelessness, fear, isolation, stress, lack of strength and energy, lack of will to live were used to describe their lives before PIT. However, since involvement in the programme there was an overwhelming positive change in attitude, energy and behaviour.

The following characteristics of the PIT programme were identified as significant in affecting change:

- **The community-based, participant-led nature of PIT's approach**

  PIT was born from the community due to the needs identified by HIV+ women in existing support groups. PIT's strength is that it is owned by the PIT members themselves and was set up by them to tackle the issues they face on a day to day basis. It was not donor led but community led. It was also set up without funding available – this in itself shows the commitment of the members to design a programme that is relevant in addressing their needs. Other HIV organisations are out there but they aren't working in the communities on a day to day basis understanding their everyday lives and challenges and aren't being led by people infected themselves. They dip into communities offering training workshops but don't have any on-going grassroots programmes on the ground.

  Participants are also involved in the day to day running and planning of PIT. This ownership gives them more commitment to make the programme work for them as well as instil a sense of pride.

  Filda Rogers, PIT member: *It is very difficult to point out any negatives as it is our initiative and we have designed it to meet our needs - this IS the strength of PIT and we need to emphasis this!*

  In addition to this, it is worth noting the importance of working with existing local partners. PIT has established some extremely successful referral systems with local partners that have benefitted both parties. These include partnerships with the local clinics, social welfare, police and relevant NGOs within the communities.

- **Organised and structured football being central to the programme**

  Football has been the chosen medium to facilitate PIT's key objectives. Below outlines the key reasons why using football, and in particular structured football, has been the unique element member's value:

  1. Sport enhances physical and mental fitness. There is overwhelming evidence from the PIT members on the health benefits from playing football. Increased fitness has not only led to stronger and healthier bodies but also played a part in reducing stress and increasing self-esteem.

2. Having a structured football team that is solely HIV+ women has been noted to make a difference to the success of the programme and the respect it gets from both its members and the broader community.

    a. Being part of an organised competitive football programme attracted many of the members to join PIT. Inter district matches have been extremely popular with members giving them opportunities to play different teams but also meet others with the same status. This has developed an opportunity for members to socialise, make friends and exchange stories. Being able to socialise with other HIV+ women in other communities has been identified as very important for learning and sharing as well as motivational.

    b. Secondly, HIV+ women are being seen to be able to live a normal life and play competitive matches (and be good players too!) Women playing an often male-dominated sport such as football also challenges the attitudes of men in the community on gender issues. The training sessions and the weekly matches have drawn crowds of people from the community together that has in turn challenged attitude and stigma associated with the disease.

Exposure of people living with HIV and AIDS playing competitive football matches has given the pandemic a human face in our community, breaking the silence that surround it as people openly discuss and disclose their status. Litta Zharare, PIT member, Epworth.

No one is doing what PIT is doing in the community – what makes PIT different is that it is a programme that offers soccer in a public place that makes us stronger and fitter (both physically and mentally). PIT member, Mufakose.

- **The visibility of PIT activities in the community**

The football league has allowed the programme to be incredibly visible in the community. There are local support groups but these are behind closed doors and don't offer the same approach as PIT which encourages positive living, is being active in the community and empowers you to live a normal life. All other HIV projects are often run in isolation to the rest of the community, behind closed doors. This project differs in the fact that it gets HIV+ women disclosing their status in the open and gives them an opportunity to challenge others. Football is also an effective platform to then disseminate messages about HIV to the community through discussions after the matches and dramas.

The most significant change for me was the realisation it wasn't only me who was HIV+ and facing problems . PIT has helped me to accept my condition and live positively. Before PIT I struggled on counselling others because of the stigma but now I have the confidence to help other people. Debra Mambo, PIT member, Tafara.

In addition to the above members have experienced an increased access to other livelihood opportunities such as space allocated to members for gardening or market stalls etc. This accessibility has been a result of PIT allowing these group of women to become visible in the community and therefore able to be 'found' by other NGOs for these opportunities. It is about organising this group of people together in public places.

- **Being a women's only programme**

All other HIV+ support groups and programmes in these communities are mixed and therefore don't always address the needs of women or offer an appropriate space to discuss sensitive subjects.

Barbara Farashisihko , PIT member: *A support group of just women like PIT is an advantage as women we have many things to share together and we understand each other better.*

Tafara - Debra Mambo - *PIT is the only activity in the open in the community and there are no other activities for women only. Before we used to meet in a support group in isolation and they were mixed groups. It was very different – we could talk about our problems but there was never a solution or any activity to help ourselves.*

- **Empowering members to access other opportunities**

A significant change in members since joining PIT was their acceptance of their status which in turn helped increase confidence and has therefore allowed PIT members to be in the right frame of mind and position to take up other training opportunities with other NGOs. In particular members reported taking on additional training in Home Based Care and Behavioural Change Counselling and thereby becoming ambassadors/counsellors in their own community. This has had a knock on affect in the community as well as giving those PIT members more qualifications for potential employment opportunities.

Tarisayi Dandajena, DZ, Age 42 yrs*: I was enrolled in a referees course by PIT and was chosen by an NGO to be trained as an HBC care giver. I was also trained in BC facilitation....PIT gave me the confidence to do these trainings.*

Barbara Farashisihko, Eastern Tafara, 44yrs: *An organisation, Zichare wanted behavioural change facilitators to train so I applied and qualified. I also qualified as an HBC giver from an organisation called the Community Centre and was trained in counselling by the AIDS counselling trust. I wanted to qualify because I had the call to help others because PIT had helped me and had given me the confidence to work with others.*

Both Barbara and Tarisayi received training because, since being involved in PIT, they had the confidence and were both mentally and physically fit enough to go to training. PIT is therefore part of a chain of events whereby its activities enable and empower their members to take up other opportunities available to them.

OUTCOMES

The majority of relevant outcomes described are deemed more 'soft' outcomes such as reduction in stress or stigma or an increase in confidence. Since there are limited means of measurement in these areas, particularly in the African context, we had to be creative in finding ways to measure them. It was therefore essential that we engaged the participants in understanding how they defined each outcome, breaking them down to more measureable indicators that we could then use within the data collection methodology.

When listing the most notable changes themselves four things was sighted by over 80% of participants interviewed. They were:

1. Increase in fitness
2. Reduction in stress (a mental illness associated with those living with HIV)
3. Increase in acceptance on ones status
4. Increase in confidence/self-esteem

With further research and discussion it became clear that there were three core areas within which PIT was seen to be having an impact. However, within some of the areas, some outcomes needed to be broken down further. These are outlined below.

1. Improved health

When the initial analysis was conducted one of the assumptions was that participants would be fitter and healthier. However, during further discussions with participants, it soon became clear that for many this was not where the story ended. In fact, the outcome needed to be split into two different outcomes namely **physical fitness** and **mental fitness (reduction in stress)**. Accepting ones status was indicated as a major factor in reducing ones stress.

2. Increase in the confidence of PIT members

As a result of playing football and being part of the PIT support group participants expressed an increase in confidence and living positively. Accepting ones status was indicated as a major reason behind the increase in positive living and deemed as an essential condition before confidence could be attained.

3. **Reduction in stigma** - with immediate family and the broader community.

Although a reduction in stigma among the community is a key objective of PIT, an unexpected positive outcome on the impact PIT was having on family life for PIT members was identified. This was due to a reduction in stigma within PIT families. Further research suggested that this also contributed to the reduction of stress of participants. Is stigma therefore an outcome in itself or part of the chain of events in the reduction in stress? After much discussion with various stakeholders it was agreed that PIT is playing a role in reducing stigma, attitudes and behaviour within the families of PIT members and the broader community as a whole. Evidence shows changes for families and key community leaders that can be seen as relevant and significant. It is also a key objective for the organisation and one that is often shied away from by other organisations as being too difficult to measure.

By involving stakeholders, PIT indentified an important unintended outcome – by being involved in PIT, participants were getting more support and acceptance from immediate family members which had a knock on effect on reducing their stress levels. However, in addition to this it was noted by many participants that their changes had had a significant impact on their family members and family life in general. Immediate family members were therefore included as a new stakeholder group.

Interestingly, in discussions with some participants, an unintended and negative short-term outcome was that the stigma worsened initially as HIV+ women were openly disclosing their status and publicly becoming active in the community as a group. It took up to a year to change this attitude and now even negative members of the community are wanting to join PIT. This would mean that if the project was to be replicated that it would need to persist for beyond a year to accrue the positive benefits and overcome negative attitudes from others.

The following outcomes were therefore looked at for the research. For some outcomes a table with the chain of events has been outlined. This helps break down the outcome and avoid double counting.

At the end of the section a table outlines their relevance and significance detailing reasons for their inclusion or exclusion.

Stakeholder	**Outcome**
Participants	1. Improvement in physical health
	2. Improvement in mental health (reduction in stress)
	3. Increase in confidence
Families of participants	4. Improvement in family life
Selected community members	5. Reduction in stigma towards HIV

1. **Members report improvement in physical health**

Through the analysis of the outcome the "so what" question was asked and the following train of analysis was uncovered; as a result of playing football, participants were fitter which resulted in a reduction of illnesses.

Activity	Output	Outcome 1	Outcome 2
Football	Weekly football training & matches	As a result participants were fitter	As a result they had less illness

These outcomes are all describing stages of one change – the activity and output are summarised in one column in the Impact Map (please see the appendix) and the outcomes are summarised together in the outcomes description column.

2. Members report reduced levels of stress

PIT activities helped members improve their mental health by reducing their stress levels. Stress was defined as a mental disease developed by living with HIV that induces depression, isolation, hopelessness & lack of energy/will. Again, through the analysis of the outcome the "so what" question was asked and the following train of analysis was uncovered; as a result of PIT involvement, members accepted their status, became less isolated, more active and lived more positively.

Activity	Output	Outcome 1	Outcome 2	Outcome 4
PIT membership	All PIT	As a result	As a result	As a result they had a

	activities	participants accepted their status	participants reported better relationships with others/felt less isolated	better quality of life/increase in overall wellbeing

3. Members report an increase in confidence

This was deemed as different to a reduction in stress. Confidence is defined as being empowered to live openly with HIV and becoming more assertive. For this research it has also been defined as 'being more active and helping others' – talking more freely to others and counselling others. However, it was agreed by PIT participants and the Secretariat that confidence should be seen as a separate outcome to stress. Confidence and self-esteem are, for the purpose of this research, seen as the same.

Activity	Output	Outcome 1	Outcome 2	Outcome 4
PIT membership	All PIT activities	As a result participants accepted their status	As a result participants disclosed their status	As a result they were able to live more positively and become more active in their community

4. Families of PIT members report happier 'family life' – unexpected outcome

As mentioned earlier, this stakeholder was identified only after further discussion with PIT members and the organisation itself. It was discovered that there was a significant impact taking place within the families of the PIT members themselves. This took the form of increased understanding and acceptance of HIV and their family member who was positive which resulted in better relationships and a happier family life.

Activity	Output	Outcome 1	Outcome 2	Outcome 4
PIT membership	All PIT activities	As a result family members have increased acceptance	As a result families have improved relationships	As a result families are happier and better supported by their PIT family member

5. Reduced stigma/negative attitudes towards HIV in the community

After further discussion, it was agreed that it was important to look at how PIT activities has *contributed* to the reduction in stigma towards HIV within the community. It was noted that it would be impossible to interview the whole community as well as attribute any change in attitudes solely to PIT since there were many other influences within the community. Nonetheless, it was deemed relevant and significant enough to conduct targeted research on selected members in the community to ascertain whether a general pattern emerged.

The visibility of the programme and the nature of positive women playing football did have an impact of people's attitudes. Research indicated that PIT was having a difference and had lead to more openness to talk about HIV and, for some, to even get tested and disclose their status. In addition to this it is important to note that this area is deemed of key significance to the organisation itself as stigma is at the heart of the issues surrounding HIV. It is also an area that many organisations find difficult to measure and therefore either make assumptions or leave it out. In the past organisations hadn't involved people with HIV themselves and this has made a difference in tackling measurement. It was therefore agreed that it was essential to try to measure a change in stigma/attitude towards HIV and the outcomes that resulted from any change.

During discussions with selected community members it was clear that PIT was having an influence in reducing the stigma associated with HIV which was leading to an increase in either acceptance on one's status or the knowledge of one's status via the uptake of HIV testing. It was revealed within the discussions that this in turn was having an impact on medical costs for both the local government and the community themselves. A reduction in stigma was encouraging people to go for testing or accept their status which led to getting treatment early as well as increased prevention through behavioural change (via safer sex leading to less re-infection).

Getting medical assistance early allows the infected person to avoid opportunistic infections often related to HIV later in its development such as TB, thrush and diarrhea which in turn leds to the reduction of medical costs for the person in treatment for these infections. In addition to this, research suggests that knowing one's status encourages positive prevention and more responsible behaviour that reduces the spread of HIV within the community and ultimately saves costs for the government on ARV drugs.

Activity	Output	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Observing PIT activities	All PIT activities	As a result key community members reported a more positive attitude to HIV	As a result key community members get tested/disclose their status	As a result key community members seek medical assistance early and/or practice safer sex	As a result both the government and selected community members face reduced medical costs

It is important to note that some of the outcomes can overlap. For instance fitness can lead to a reduction in stress by sleeping better or acceptance on ones status leads to an increase in confidence and / or a reduction in stress. This was discussed in a focus group discussion with a range of PIT participants and the Secretariat and it was agreed that each of the outcomes needed to be separate throughout the data analysis and were important in their own right. The research confirmed this when these outcomes were clearly isolated by all the participants interviewed.

Outcomes not included

Other outcomes considered are outlined below. However, they were not deemed either relevant and/or significant enough for the research.

1. Increased access to other livelihood opportunities – unexpected outcome

For many participants one desired outcome was to obtain more sustainable livelihood opportunities, even though this wasn't one of PIT's core objectives. One unexpected outcome that did arise out of PIT's activities was that many members, due to their visibility through PIT and association with PIT, were able to access specific livelihood opportunities that they had been able to in the past. These include access to additional information and skills as well as key networks and referral services. Access to gardening space was sighted by just under half of all participants as something that was a key positive outcome but something that they wouldn't have been able to access if they weren't part of PIT. Others sighted accessing space for market stalls or selling cell cards. Nonetheless, later research confirmed that assistance in this area from either the local council or other local organisations differed from district to district. It wasn't therefore a consistent outcome that PIT could control across the programme. In addition to this, PIT hadn't been originally been set up to actually deliver these livelihood opportunities and, for the purpose of this research, it is therefore not deemed relevant.

2. Members experienced an increase in integration within the community/reduction in stigma towards them

It was decided that this outcome would not be included in the research since it was already covered in both the reduction in stress and increase in confidence outcomes. Both these outcomes measure whether members report feeling more integrated and/or accepted in their community as well as a change in activities they are involved in within the community. Including this outcome would have lead to double counting. It was also discussed within a focus group and agreed that stigma reduction within the community was inherent in leading a stress free life and in gaining confidence and accepting ones status.

3. Medication through the Antiretroviral (ARV) drugs was more effective with increased fitness – unexpected outcome

It was felt by many participants that their increased fitness had a direct impact on the effectiveness of their treatment. A local doctor also confirmed this saying that he has seen many patients who have, since joining

PIT, increased both their physical and mental fitness which has resulted in responding better to their treatment and ensuring they take their treatment correctly.

Dr Jenje, local clinic, DZ: *HIV is a physical and mental disease and sport helps on both levels. The people in PIT are benefitting a lot – especially on the mental health. PIT members are now mentally stable and this is better in terms of the compliance of their drugs – they take them properly - PIT makes a very big difference here.*

In addition to this it should be noted that there were many participants who were experiencing side effects from the ARVs including leg pains, headaches, backaches and that their increase in fitness had mitigated these pains. This outcome is covered already within the increase in physical fitness – however, it is interesting to note fitness being important not just for overall health but also for mitigating effects from treatment. This is beyond the realms of this specific research but might be of interest for future research.

Negative outcomes

Other than the short-term impact of PIT participants initiating the programme and being visible as HIV+ women in the community there were no other negative impacts that were sighted as part of the programme.

Please see the appendix for a full explanation on the materiality of the outcomes. This includes a table that outlines the relevance and significance of each outcome against the criteria recommended by the SROI network.

Finalising what to measure

It was important to discuss whether there were different chains for different groups of people within a single stakeholder group. This was of particular relevance to the PIT members themselves as many had received different types of training within PIT. Nonetheless, the results showed that a significant impact for all three outcomes outlined above had happened for the majority of PIT members and there was no need to split them into different sub-groups. There was also a discussion on whether some PIT members didn't experience some of the outcomes and this should therefore be reflected in the final quantities. It was agreed, in discussion with the PIT leaders from each community that the three particular outcomes listed above did affect everyone involved. The lack of fitness and good health, intense stress and lack of confidence in PIT members at the start of the programme was common across the membership. It was deemed the main reasons for uptake in membership. This can be backed up by the limited opportunities for HIV+ women in each of the communities to engage in activities that can assist in these three areas. It should be noted that for the first outcome, even though all PIT members reported a reduction in illness and therefore a reduction in monthly medical costs, there was a huge variety of change from $2 up to $200 saved due to an increase in fitness. Given that part of the financial proxy was the reduction in medical costs for PIT members, it was agreed in a stakeholder meeting that a median of the costs was the best reflection for the financial proxy used for this outcome. PIT leaders agreed that this was the most accurate and reasonable way to measure the outcome.

However, reports from each community showed a general drop-out rate of approximately 5% of members that didn't experience significant change. This was evidenced from the attendance registers that were submitted to the PIT secretariat by the PIT leaders on a monthly basis.

SECTION 4: EVIDENCING OUTCOMES AND GIVING THEM A VALUE

The change identified for each stakeholder was explored, measured and valued and recorded on an Impact Map (please see appendix). Appropriate sections of the Impact Map are, therefore, included throughout this report. However, this report is best understood when read together with a copy of the full impact map.

1. Developing outcome indicators

The occurrence of outcomes is often difficult to demonstrate; for example, health and well-being are often subjective and intangible. Indicators are a way to demonstrate that an outcome has taken place. It is important to use a selection of objective and subjective indicators to tell us about change. It was also deemed important to ensure that any data collected was validated and triangulated. Some indictors used where therefore to 'test' and 'validate' the outcome. The indicators were selected in consultation with a group of PIT leaders and the Secretariat over a couple of focus group discussions. In addition to this, one on one interviews with selected participants allowed the research team to cross check and clarify these indicators further. Each outcome was broken down into a variety of indicators – questions such as 'what do you mean by an increase in confidence or a reduction in stress' were asked and 'how has this changed your lives on a day to day basis'. This allowed stakeholders to describe their changes and agree upon realistic and relevant indicators for that outcome. Once the indicators were drafted, they were then turned into questions within the questionnaire and piloted with all the surveyed stakeholder groups prior to commencing the data collection. This was essential to ensure that the indicators were locally relevant and understood. In addition to this it was noted that all indicators were within the scope and the resources available to us.

There was an effort to try to use both subjective and objective indicators to complement each other. However, due to the context of which PIT is working within and the lack of data available, it was difficult to identify as many objective indicators as would have hoped. It was also noted that due to political sensitivities, this type of data is very difficult to get hold of. There are no official figures published on HIV testing or uptake of treatment. Even local clinics are restrained from releasing such information. Nonetheless, it was agreed that for the purpose of this research there was enough data from the selected community members interviewed to base the evidence on. Further research could incorporate more detailed analysis on a broader range of community members if and when resources permit.

The table below outlines the key indicators used for each of the outcomes listed above. It must be noted that a number of indicators in addition to the ones listed below were used to validate the data collected, however the indicators below were identified as the most material and the ones that were most likely to drive change.

Stakeholder	Outcome	Indicator
		How would we measure it?
PIT members (participants)	Members become fitter & healthier	1) Fewer illnesses reported 2) Reduction in medical costs due to illness
	Members have reduced stress	1) Members report increased personal wellbeing since joining PIT 2) Members report improved relationships with others / less isolation
	Members experience increased confidence	1) Increase in disclosure from members 2) Members taking part in new activities/becoming more active in their community
Family of PIT members	Families of PIT members report happier 'family life'	1) Family members report an improved relationship with the PIT member 2) Family members report a happier family life
Key community leaders	Decreased stigmatisation towards HIV within the community resulting in an acceptance/increased knowledge on their	1) Community members report a change in attitude towards HIV and those living with HIV 2) Number of community members getting tested for HIV 3) Number of community members disclosing their status

	status and a reduction in medical costs	

2. Putting a value on the outcome

Putting a value on each outcome is a subjective process. It has been difficult putting a financial proxies on some of the outcomes outlined in this specific research due to the nature of the outcome as well as the context PIT is working within. Lack of data and statistics to call upon within the field of HIV is one barrier. HIV and AIDS is still an extremely sensitive area and in many of the communities PIT works in it is taboo for any data to be published. In addition to this, some concepts such as 'family care' and 'counselling' that would normally be paid for services are taken as voluntary within the context of the communities under research. Further, when PIT members were asked about the value they would attach to the programme it was difficult to discern between what they would put in if they could afford it and what they could afford now over and beyond their day to day basic needs. Nonetheless, despite these challenges, the Secretariat were excited about the challenge of putting a financial value to the outcomes since research always left out measuring these outcomes which were deemed either 'too difficult' or 'too abstract'

Asking the stakeholders themselves seemed the best way to try to understand how much they value the programme and what other proxies we could use that were relevant to the activity within their community. Below outlines each outcome and the rationale behind the financial proxy selected.

Stakeholder	**Outcome**	**Proxy Description**	**Proxy Number/s**
PIT members	Increase in fitness & better health	Reduction in medical bills per month*	$10 per member per month
	Reduction in stress	Willingness to pay for continuation of PIT activities per month**	$2.85 per member per month
	Increase in confidence	Cost of counselling to others within PIT and the community based on 13 hours a month***	$10.66 per member per month
Family of PIT members	Improvement in family life	Cost of family counselling per session based on 12 sessions annually****	$2.47 per family per month
Selected Community members	Reduction in stigma associated with HIV and AIDS	Saving on uptake of ARVs per month. According to the WHO (2009) the weighted median cost per person per year for first line ART was $137.00 in low income countries	$11.42 per person per month

* This was identified by the participants and their families as a key financial saving since joining PIT. The figure was an average from the information collected from the paricipants' questionnaire, one and one interviews and focus groups. The figure combines a mix on the saving costs in travelling to the hospital/local clinic, the user fees local clinics charge for each visit and the cost of medication necessary. There is also the saving in time wasted going to the clinic every week as well as the increase in energy and strength that increases the ability to work and fend for the family. This hasn't been accounted for due to double counting with outcome 2.

** When PIT had no funding members reported in interviews that they were contributing approx $40 a team (14 members) a month to travel to matches and other PIT activities. This is therefore the value of PIT to members. It is worth noting that many members interviewed stated that if they could afford it they would pay more on a weekly basis towards PIT activities. The financial proxy for this outcome was therefore the 'willingness to pay for activities' in the absence of funding as reflected in the impact map. *It is worth noting that it would have been desirable to look at the cost of membership for similar activities within the community – however, there are no other programmes on offer for this target group in the communities.*

******* Being able to accept ones status, talk openly and counsel others is a key indicator of increase confidence. Counselling is becoming more important in communities but there is a gap in supply of services. This contributes to saving time on nurses and social workers as well as filling a much needed service within the community. The proxy is therefore the cost of one on one counselling to others and therefore the respective saving for local authorities to employ this service. It is estimated that all members are counselling approx two

sessions a week equating to three hours a week which equates to 156 hours a year which is 13 hours a month. Local government sources state that a social worker trained in counselling would on average $700 a month however, a fair and average wage for PIT members, who are only part qualified would be around $200 a month. This equates to $6.58 a day and $0.82 an hour which is $10.66 a month per member.

**** The value of increased time family spend together and support each other is key to the overall wellbeing and happiness of a family. HIV has had a huge impact on the disintegration of families through stigma associated with the disease. The concept of counselling is still new for families in these communities, however HIV counselling is becoming more accepted. Local government sources state that family counsellors would, on average be paid $150 month. It is estimated that PIT families would need to be counselled at least for half a day once a month which equates to 12 counselling sessions a year of $2.47 each = $29.58 per family.

*****Saving medical costs for the government/local clinics. A reduction in stigma leads to more people getting tested and disclosing their status which in turn leads to a reduction in re-infections through positive prevention. For each additional person that gets infected it costs the government $137 a year for the first line of ARVs (World Health Organisation 2009). Statistics from the National AIDS Council of Zimbabwe (NAC) indicate that only half the people who are HIV+ know their status. This means that 50% of community members influenced by PIT could be HIV+ and have the chance of not re-infecting as treatment itself is a prevention measure. Once a person is on ARVs it has been proved they are less infectious than before (NAC Statistics). In addition to this once disclosed, protection is most likely to be used. Those who are negative are also encouraged to stay negative. The community questionnaire asked whether the respondent had tested for HIV and had disclosed their status. Out of 228 respondents 153 said they had been tested (67%) - 105 of those were influenced by PIT to get tested (68%). To be conservative, it is estimated that 50% of those 105 who were influence by PIT to get tested were positive. This equates to 52 people who had been influenced by PIT throughout the year. It was agreed in discussions with the community and with the PIT secretariat that this would be the most relevant indicator for the research at present with the limited data available. It was noted that future research should break down the outcomes for the community members further and look into potential changes in personal medical costs and behaviour since being tested and the implications this has financially both on the individual, the community and the local authorities. ***It is worth noting that using this financial proxy may undervalue PIT's overall impact on the community. However, it was discussed and agreed that, with limited research, it was important not to overstate PIT's influence in this analysis. Further research in this area is therefore recommended to ensure more accurate outcomes and proxies can be used in the future.***

SECTION 5: DATA COLLECTION

During a focus group discussion with ten PIT leaders, representing all six districts being reviewed, it was decided that the best way to engage PIT participants was via questionnaires and some one-on-one interviews. Focus groups within the community can often get either hijacked by a few or don't represent the whole story. However, it was agreed that a focus group discussion could be held in each district once the data from the questionnaires was analysed to feedback and validate the data as well as investigate any further questions.

Questionnaires:

The questionnaires were designed by the researcher, Pippa Satchwell Smith, in conjunction with PIT. It was then tested in the community by selected PIT leaders to ensure questions were understood and appropriate as well as reflecting the key outcomes of the project. It was agreed that all questionnaires would be in English as this was the preferred written language for participants.

There were three different questionnaires designed, one for the direct beneficiaries of the project, one for their immediate family members and one for selected community members. Each questionnaire provides a mix of quantitative and qualitative data. Different questions (both open and closed-ended) also offered opportunity for cross checking answers to ensure high reliability and validity. For example, measuring a reduction in stigma towards a participant was measured via a variety of differently designed questions within the questionnaire. This was also strengthened by triangulating the data from other sources.

The design of the questionnaire was adapted from the GRM International's PRP quality of life assessment tool. It also integrated tried and tested indices including the World Health Organisation Wellbeing Index and the Rosenberg Self-Esteem Scale.

The other two questionnaires were designed for identified community leaders who had observed PIT on a regular basis and a random selection of family members from PIT participants in each of the six districts. Each focused on the key outcomes of the project and asked for observations and comments as well as any specific changes in attitude or lifestyle for themselves.

Please see the appendix for more information on the design of the questionnaires and sample templates of the questions used.

Caveats on the questionnaires

There are a number of caveats that should be outlined regarding the research including the issue of language, interpretation of questions, lack of understanding on what is being asked as well as lack of existing data or indicators on HIV in Zimbabwe.

Some districts are better educated than others which affects the understanding of questions and the relevance of the questionnaires to their programme. In addition to this the questionnaires were coordinated by identified PIT leaders from each of the six districts. Each leader had been involved in the design of the questionnaire and had a training session before taking them into the community. Nonetheless, the competency, time restraints and understanding of the volunteers to administer the process might have influenced the quality of the responses. Albeit the questionnaires were self-administered, some answers may have been influenced by their respective PIT leader or fellow members. It must also be noted that reactive effects may occur such as giving answers that is socially desirable or what PIT wants to hear.

Finally, PIT has access to extremely limited resources when it comes to collecting data. It is an organisation based on volunteers who aren't trained in data collection. There is also very limited data available on the livelihoods of the PIT members and therefore no secondary or existing data to draw upon.

Nonetheless, it was agreed that the data was of sufficient quality to use. The majority of members are very open about their situation and honest with their responses.

Case studies/one on one interviews:

In addition to the questionnaires it was felt that one-on-one interviews were crucial for bringing a human face to the data collected through questionnaires as well as providing more in-depth information. This would provide a complementary approach with both qualitative and quantitative data. Numbers and graphs will not give us the complete picture of the impact of PIT's interventions.

The Most Significant Change (MSC) approach was selected as the interview method of assessing the intended and unintended impacts, both positive and negative of PIT activities, at the individual level based on perceived changes in status and self-esteem, social networks and support, and stigma etc.

The MSC is a participatory monitoring and evaluation (M&E) technique that aims to capture the **most** significant changes in the lives and circumstances of a target group through storytelling, resulting from their participation in a particular development intervention or from the broader political, social and economic environment. Participants tell their life stories before, during and after the implementation of that intervention, highlighting changes that have occurred in their lives or circumstances. Several changes are likely to have occurred but the story-tellers are asked to highlight the **most** significant change out of all the changes that could have occurred. The essential steps in MSC include story collection, story selection and feedback. Without these three elements, it is simply the collection of stories about change/narratives, which remains a valid qualitative technique, though not regarded as MSC.

The value of **MSC** is to provide a rich picture of change in people's lives. Additionally, MSC will capture issues on values and explicitly promote organizational learning. As a qualitative tool MSC provides additional context for quantitative data collected through questionnaires and provides both insights in to why changes may be occurring as well as interpretation of what the changes mean to beneficiaries. MSC is an inductive tool through which participants make sense of events after they have happened. It also helps pick up unintended changes.

It was agreed that PIT members would be asked to volunteer for one-on-one interviews to ensure that they didn't feel coerced into telling their story unless they wanted too and felt comfortable in sharing it with others.

Caveats on the interviews

Again it is important to acknowledge the caveats associated with conducting one-on-one interviews. There are issues of translation and interpretation as well as the potential for reactive responses saying what they think PIT wants to hear to ensure the continuation of the project. Nonetheless, it was agreed by the Secretariat that all those who were interviewed wanted to share their story and were extremely honest about their experiences and challenges.

In addition to this, the research pulled upon other sources to triangulate the data and get a truer picture of the impact on the material stakeholders. Examples of this included talking to local clinics, nurses and social services.

PIT felt that they had done more than enough in the short time available to get a clear and unbiased set of results with the resources available.

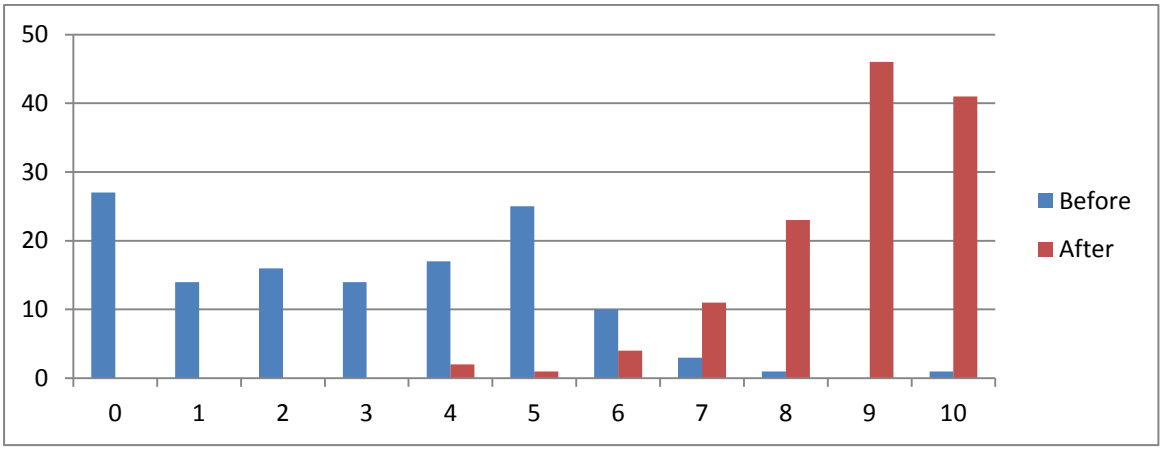
SECTION 6: KEY RESULTS OF DATA

Outcome 1: Improvement in physical health of PIT members which enables them to fend more for themselves

A breakdown on the generic data on the PIT members interviewed can be found in the Appendix.

Indicator 1: Whether members report becoming fitter and more energetic since being involved in PIT

- 85 respondents sighted 'being fitter and healthier' was one of the most significant changes for themselves since being involved in PIT.
- An increase in fitness was highlighted by 87% of members as one of the key changes with a median of approximately 6 months duration for the change to take place.
- Members were asked to write down on a numeric scale the change in their physical fitness and energy levels since being involved in PIT. This was done on a scale from 0 (no fitness/energy) to 10 both before and after. The results are show in the table below demonstrating a dramatic increase in fitness since being involved in PIT.



Fadzai Ndamo, Epworth, 36 yrs: *Playing soccer has made me fit and I am now more active and living positively. I sell vegetables and am able to work in the gardens.*

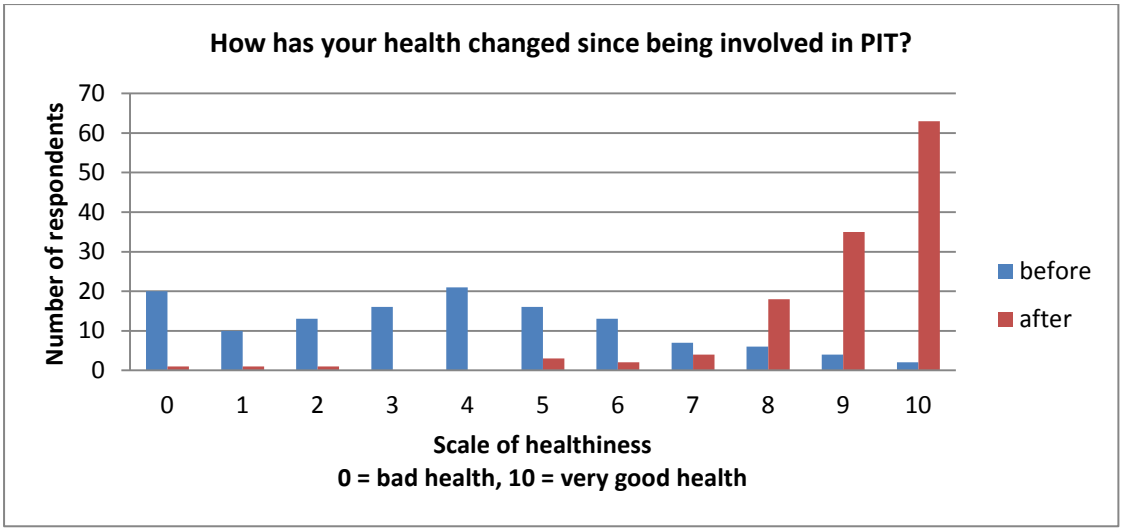
Barbara Farashisihko, Eastern Tafara: *I joined and played football. My health then changed, I slept much better, I was physically fit and through exercise my health was good.*

Fadzai Ndamo, Epworth, 36 yrs: *The physical fitness is all because of the soccer – I know so many people taking ARVs but they are not fit or living positively, they sit at home asking for help. Because of soccer, I am fit and am able to work in the gardens and sell vegetables.*

Sister Florence Tigere, local nurse, Mufakose: *The fitness of most PIT members is attributed to playing soccer, as fitness plays a complimentary role in effectiveness of drugs, it would be safe to conclude that PIT has contributed to the improved overall health of its members.*

Indictor 2: Whether members report improved health since being involved in PIT

- Members were asked to write down on a numeric scale the change in their health since being involved in PIT. This was done on a scale from 0 (bad health) to 10 (the most desired health) both before and after. Below shows the table of results which demonstrates a dramatic increase in improved health since undertaking PIT activities.



Debra Mambo, Tafara: *From the moment I started, my stress levels began to reduce and I have gained weight month after month and now weigh 79 kilos and feel much stronger. The community were surprised to see me running around and looking so healthy – they could hardly believe it.*

Edith Matenga, Epworth: *At first after training I could feel my whole body aching but gradually all my pains disappeared. Even my weight was gaining, I was getting strong and I could see a lot of changes. I could walk without any problem. Before PIT I had sleepless nights and now I can sleep peacefully as my pain has gone.*

Edna Tondwa, Epworth: *PIT's sporting activity is a very important element for my physical and mental fitness. I was on ARVs before PIT but my health is much better since joining PIT.*

Indicator 3) Fewer illness reported
Indicator 4) A reduction in medical bills

When asked to list the most common symptoms that PIT members suffered before PIT the most common mentioned were given:

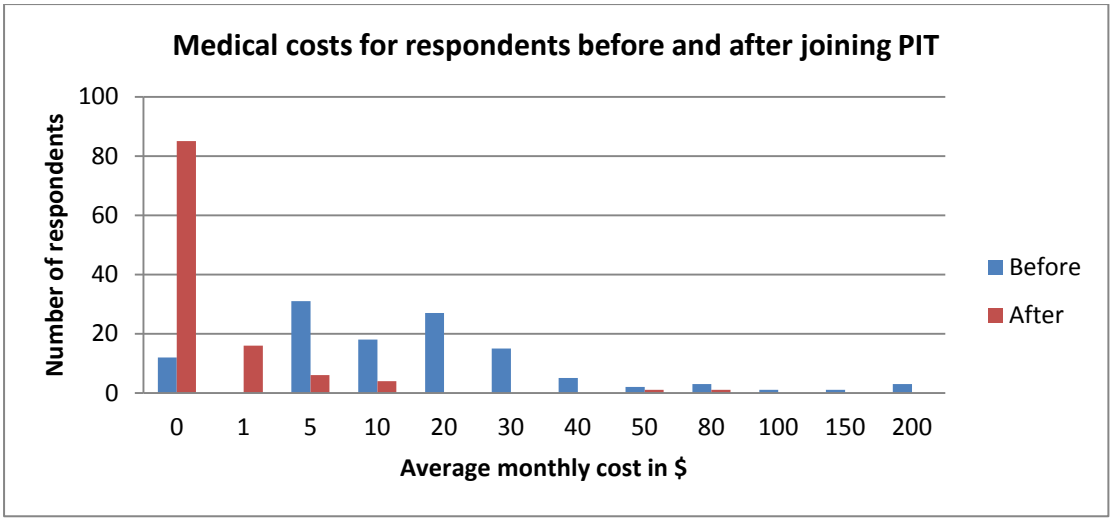
Colds/flu	Coughing	Headaches	Leg pains & aches
Nausea	Rash	TB	

Noreen Makoma, Waterfalls: *I used to have a lot of pains in my legs and couldn't walk long distances but since I started playing soccer my pains suddenly disappeared. I have no more stress now because of the reduced leg pain as I thought it would eventually kill me and stopped me from doing things.*

On average these symptoms were occurring daily, weekly or monthly. However, since PIT all members noted a decrease in the symptoms with many not experiencing the symptoms anymore.

The cost implications for this were also recorded. The graph below gives a summary of the reduction in cost (through medical bills/travel etc) due to their better health. The graph shows an average of around $20 spent a month on medical bills before joining PIT which is reduced to an average of approximately $1.50. When calculating the median of the costs – it goes from $10 before joining PIT to $0 after PIT. The graph illustrates this with the majority of respondents paying no medical bills since being involved with PIT.

Josephine Chigwendere, Hatcliff; 36 yrs: *Before being involved in PIT I had to go to the clinic 3 times a month for infections. Each visit would cost $5. So saving approx $15-20 a month on medical costs.*



Edith Matenga, Epworth, 37 yrs: *I used to have problems walking because my legs were numb. It took me a long time to get used to kicking the ball. At first after training I could feel my whole body aching but gradually all my pains disappeared. Even my weight was gaining, I was getting strong and I could see a lot of changes. I could walk without any problem. Before PIT I had sleepless nights and now I can sleep peacefully as my pain has gone.*

Marian Katsangu, DZ, 39 yrs: *I was on ARVs before PIT which was causing me side effects – I got cramps in my legs and arms. Playing football continually has allowed all my cramps to go. Before PIT I was walking like a cripple and not able to fend for my own kids. Through PIT I have got physically fit and am now able to sell cell phone cards on the street and fend for my own family.*

Before being involved in PIT I had to go to the clinic twice a month to get tablets for the cramp in my legs – it cost me $20 a month for the medication and $10 for transport & user fees. Now I have no costs all because of my fitness from regularly playing football.

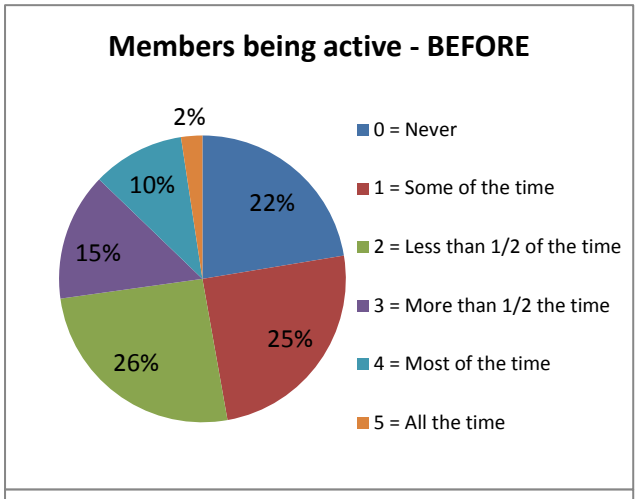
Josephine Chigwendere, Hatcliff; 36 yrs: *I am much stronger now I am doing exercise – everyone's CD4 count is increasing now they are doing exercise – we get tested every 2 months and it is higher each time.*

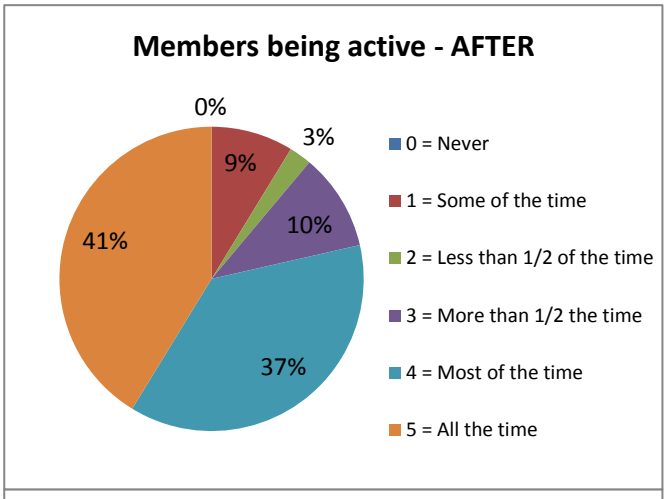
When asked what the main reason for improved health was, football was the overwhelming activity that was perceived by most members as the most important reason for their improved health. 72% sighted football as the most important reason with 95% of members sighting it as their top 3 reasons. The next most important reason was the combination of fitness and medication followed by increased access to health and nutritional information.

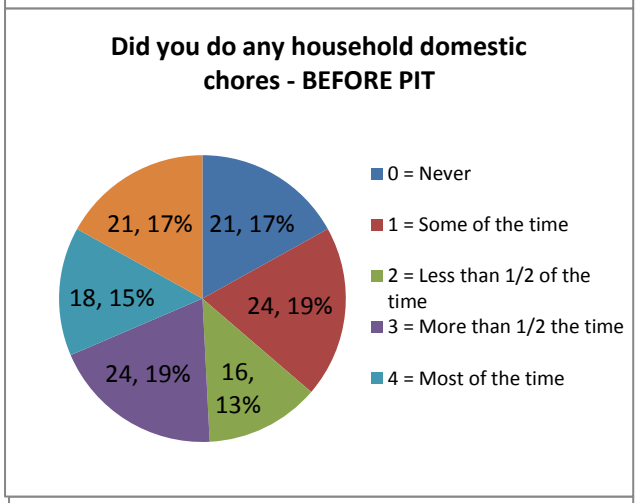
Indicator 5) Members taking part in new activities/becoming more active in the community
Indicator 6) Members being able to fend for themselves (and their families)
Indicator 7) Family members report in a change in the participant's ability to fend for themselves and their families

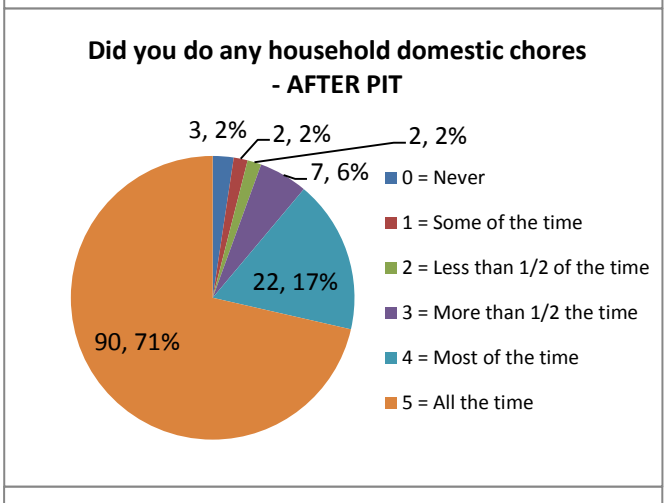
The pie charts below indicate a dramatic change in behaviour from members since being involved in PIT. The data shows that before being involved approximately 12% of members participated in activities often (most / all of the time) which increased to 78% after being involved in PIT. A notable change was from 22% of members being completely inactive and 2% fully active before PIT to no members being inactive and 41% fully active.

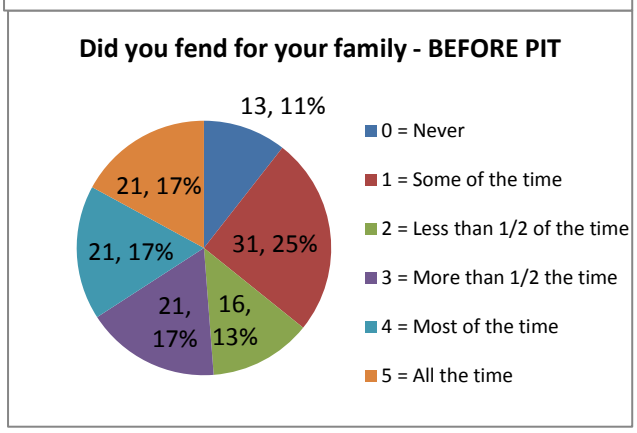
Other data suggests an increase in the participants' ability to fend for their families and ability to conduct the household chores. Only 34% of participants stated they could often fend for their families before PIT increasing to 84% since being involved in PIT. Equally 32% of participants stated they would often do the household chores before PIT increasing to 78% since PIT involvement. Of note is that 36% of participants either never or only some of time fended for their family before PIT which decreased to 3% since PIT. Similarly 36% of participants never or only some of the time did the household chores before PIT which decreased to 4%.

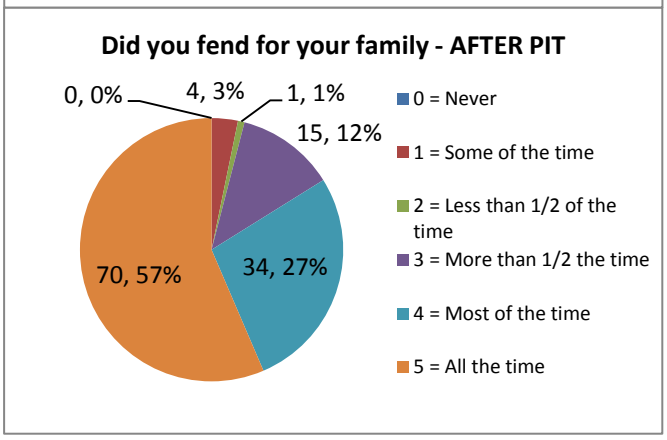












Filda Rogers, Hatcliff, 28 yrs: *Through PIT am now very fit and becoming more and more active. I am 'doing something for myself' at last and am now capable of taking care of myself and my child.*

Edna Tondwa, Epworth, 35 yrs: *The MSC for me is that I am now stress free, active, I can fend for my family and work in the gardens.*

Faith Kabowo, Waterfalls, 33 yrs: *I used to be very weak and found it difficult to do the household chores but now thank you to PIT I am stronger than before.*

Mrs Mumba, Social Work, DZ: *Some of the PIT members were very sick beforehand but when they started PIT they have now become very strong and can run and kick the ball as well as look after themselves and fend for their families.*

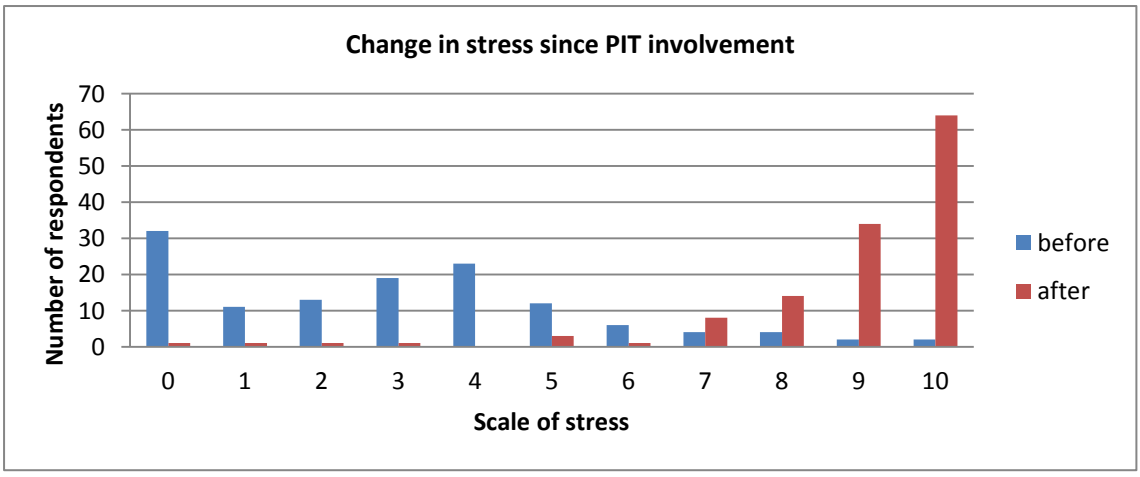
In the questionnaire conducted by a selection of family members of PIT participants they were asked if there were any changes for the PIT member and if so what they were. 99% of family respondents observed a change in behaviour from their family member since being involved in PIT. 84% of family respondents sighted that a main change for their family member since being involved with PIT was the increase in their ability to do domestic chores, fend for the family and ability to work. Below is a table that outlines some of the quotes from the questionnaires.

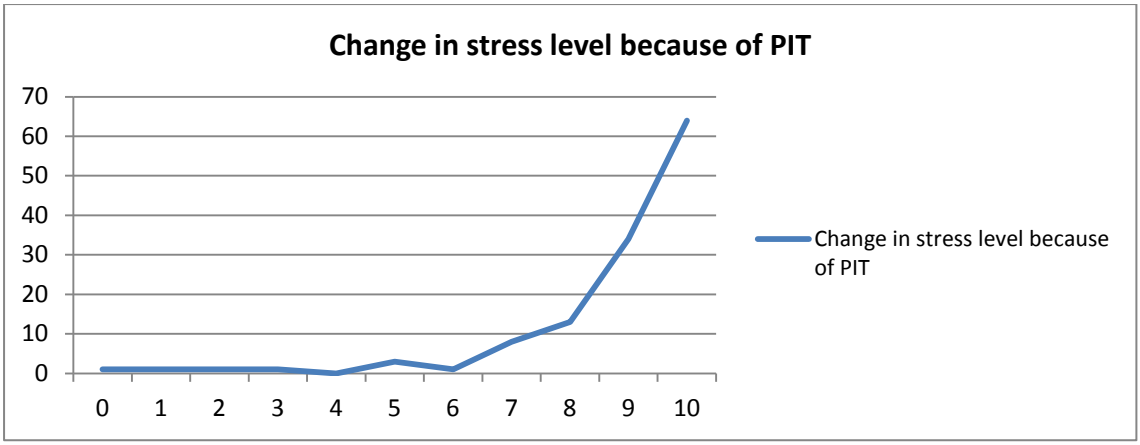
- SHE CAN DO HER HOUSEHOLDS CHORES
- SHE IS LOOKING AFTER HER FAMILY AND GARDENING.
- SHE HELPS ME ON HOUSEHOLDS WORK LIKE WASHING CLOTHES , COOKING, GOING TO THE FIELD.
- SHE IS ABLE TO DO ALL DOMESTIC CHORES AND LOOK AFTER HER CHILDREN.
- CAN NOW WORK FOR HER FAMILY, HARDWORKER. WORKING IN THE GARDEN & HELPING IN ALL HOUSE HOLD CHORES.
- HAS BECOME MORE ACTIVE AND HELPFUL, AND ABLE TO FEND HER FAMILY.
- HER STRENGTH & HEALTH COMPLETELY CHANGED AND BECAME MORE ACTIVE THAN BEFORE.
- HER WORKING SKILLS HAS IMPROVED BECAUSE SHE IS NO LONGER BED RIDDEN ALL THE TIMES. SHE CAN FEND THE FAMILY BY FARMING.
- MY DAUGHTER NO MORE SPENDS HER TIME SLEEPING. SHE WAKES UP EARLY AND DOES HER HOUSEHOLD DUTIES BEFORE PLAYING FOOTBALL.
- SHE CAN CONDUCT BUSINESS AS A VENDOR AND CAN ACTUALLY ASSIST IN PAYING FOR SCHOOL FEES FOR THE KIDS AND OUR DAILY WELFARE.
- SHE CAN EVEN DO EVERY HOUSEHOLD CHORE WITHOUT HAVING ANY PAIN. SHE CAN TAKE HER KIDS TO SCHOOL.
- SHE DOES MORE WORKLIKE HOUSE WORK AND FIELD WORK. I THANK PIT FOR THAT NOW SHE ACHIEVES MORE GOALS AS A MOTHER.
- WE DID NOT BELIEVE THAT SHE WOULD SURVIVE BUT SHE IS NOW FIT AND STRONG ABLE TO WORK AND LOOK AFTER HER 3 KIDS.
- WE USED A RELATIVE TO DO THE HOUSE CHORES FOR HER BUT SINCE SHE JOINED PIT SHE IS NOW ABLE TO DO THEM DUE TO FITNESS FROM SOCCER.

Outcome 2: Members report a reduced level of stress and therefore better quality of life?

Indicator 1) Members report reduced stress since PIT involvement

Members were asked to write down on a numeric scale the change in their stress levels since being involved in PIT. This was done on a scale from 0 (most stressed) to 10 (no stress) both before and after. Below shows the table of the results which show a dramatic decrease in stress since being involved in PIT. When asked how much could this change in stress be attributed to PIT, scoring 0 for no attribution to 10 for fully because of PIT, 88% responded that it was mainly due to PIT (scoring 8 or more).





Edith Matenga, Epworth, 37 yrs: *Before I joined PIT I was so stressed because my relatives wouldn't accept me because of living with HIV. I was introduced to PIT through a support group and found a lot of people with the same status like me. I found out I was among people I could share my problems with.*

Edna Tondwa, Epworth, 35 yrs: *Since joining PIT I discovered I was leading such a stressful life before but now my life is stress free and I am generally very happy. Even my relatives who had taken for granted I was dying are now happy and accepting me.*

Fadzai Ndamo, Epworth, 36 yrs: *My stress levels have also reduced so much – I was the kind of person who spent most of my time thinking about my rape but now I have no time for that with the soccer, drama and gardening.*

Faith Kabowo, Waterfalls, 33 yrs: *My stress has been relieved so much now I meet with others with the same status.*

Filda Rogers, Hatcliff, 28 yrs: *What changed my life most significantly was the sight of people living with HIV playing soccer, being fit and living positively.... I started to realise that HIV+ people can live a stress free life, be active and live positively. This is when I started to accept my situation and that I can live with HIV.*

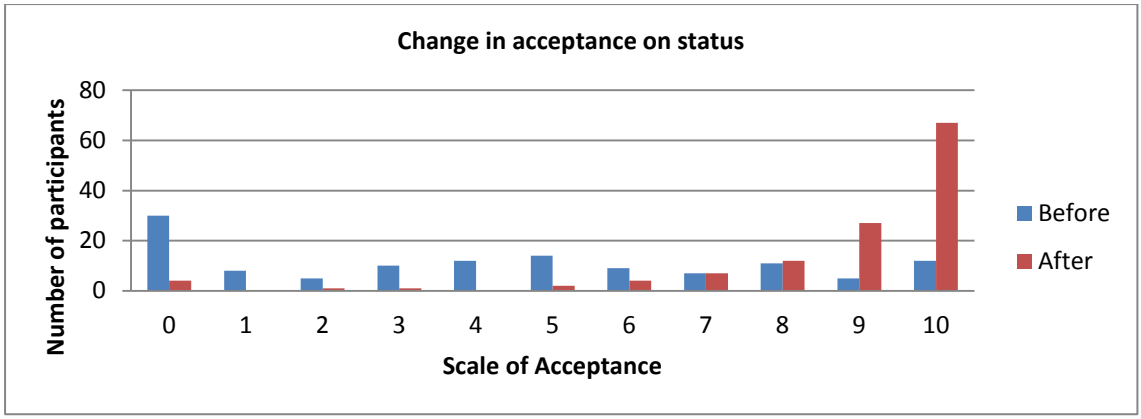
Tracey Chiraere, Waterfalls (Harare South), Age: 35 yrs: *PIT is doing a great job in relieving my stress and getting and keeping fit. Stress is built up from being isolated from others because of stigma and negative attitudes. PIT has encouraged me to get out, meet other HIV+ women, share & spend more time with them and play soccer on a regular basis. I am living more positively and feeling fit and strong.*

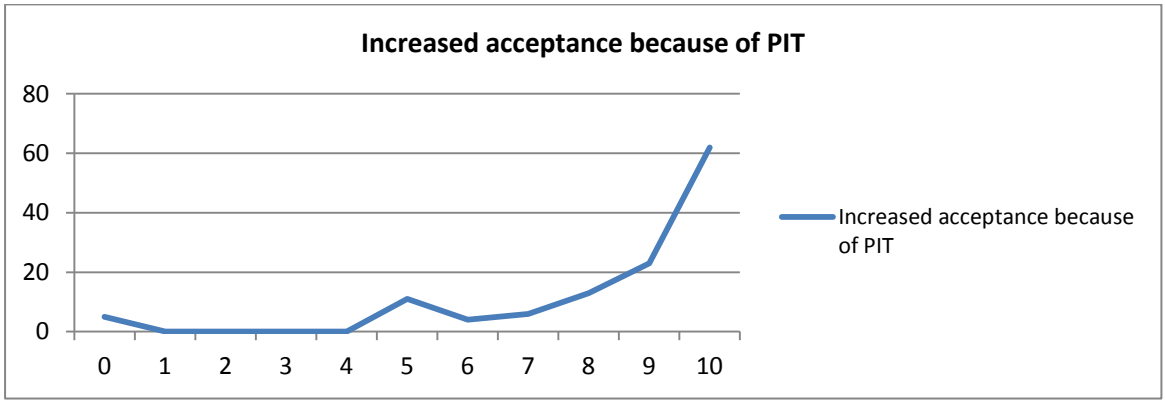
Zhwakine Simao, Mufakosa, Age 39 yrs: *The MSC for me was the fitness and reduction in stress – I now don't usually get sick or experience any stress as I am always with people who understand me.*

Dr Jenje, local clinic, DZ: *HIV is a physical and mental disease and sport helps on both levels. The people in PIT are benefitting a lot – especially on the mental health. PIT members are now mentally stable and this is better in terms of the compliance of their drugs, they take them properly, PIT makes a very big difference here.*

Indicator 2) Members report an increased acceptance on their status
Indicator 3) Members report taking part in new activities/becoming more active (please see data in Outcome 1)

When asked what the most notable changes were since joining PIT, 80% of member sited increased acceptance on their status. Members were asked if they could indicate the level of their acceptance for being HIV+ numerically before and after joining PIT with 0 being the least score for being 'no acceptance' & 10 being the most desired score for 'complete acceptance'. The table below demonstrates a dramatic increase in acceptance on their status since being involved with PIT. Members were then asked how much of this change was because of PIT with a score of 0 for being 'not at all', 5 'partly because of PIT' & 10 being 'completely because of PIT'. The table below shows that 87% responded that it was mainly due to PIT (scoring 8 or more).





In addition to this numerous questions were asked within the questionnaire that implied an increase in acceptance on their status and living more positively. When asked what the most significant change for themselves having been involved in PIT, 69% of respondents stated that either 'being open and comfortable with their status' or 'having people to talk to about their challenges' as the main change. Please see the appendix for additional data.

Indicator 4) Members report increased friendships with people with the same status
Indicator 5) Members report improved relationships with others

Members were asked what the three most important things they liked most about PIT. 69% of respondents sighted making friends and being part of a group with the same status as their top thing. Interviews with selected members highlighted this further where socialising with others who were in the same situation as them had a positive impact. The increase in friendships with people of the same status is therefore seen as key to the reduction in stress.

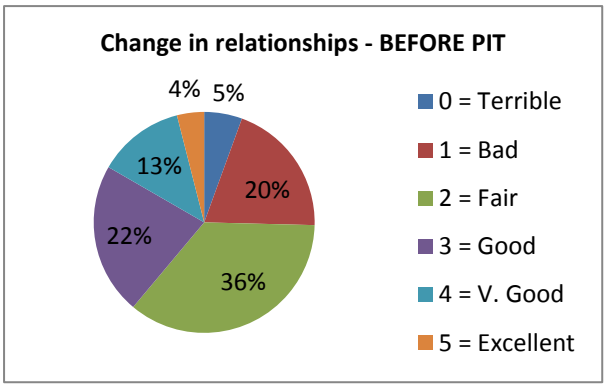
Josephine Chigwendere, Hatcliff: *The most significant change for me is relieving my stress because of more information about HIV and socialising with people with the same status.*

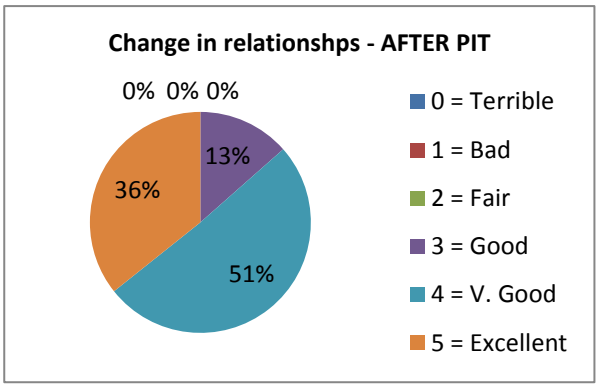
Marian Katsangu, *DZ: my mind was so down before but PIT has encouraged me...I have also met so many different people from different areas with my status and we share together.*

Memory Maurisiyo, West South West: *The most significant change from PIT for me was meeting others with the same status and working together. Before I was living in isolation but PIT has enabled me to meet others in other districts and increase my network.*

In addition to this members were asked about the change in their relationships with key groups including their family members, extended family, friends, neighbours, other community groups etc since joining PIT. The pie charts below indicate a change in relationships for PIT members. The scale was from 0 to 5 with 0 being

'terrible' and 5 = 'excellent'. The figures show a positive change in relationships for PIT members. Before PIT 61% of members reported terrible to fai relationships with key groups which was reduced to 0% since involvement in PIT. Only 17% of PIT members reported very good to excellent relationships with key groups before PIT while this figure increased to 87% since PIT involvement. Further data breaking down these results into different groups can be found in the Appendix.



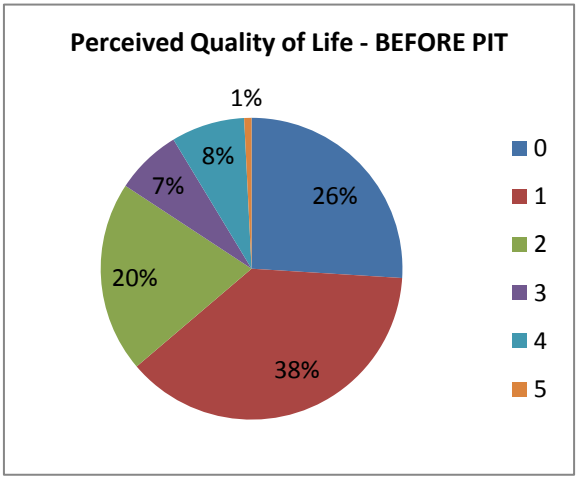


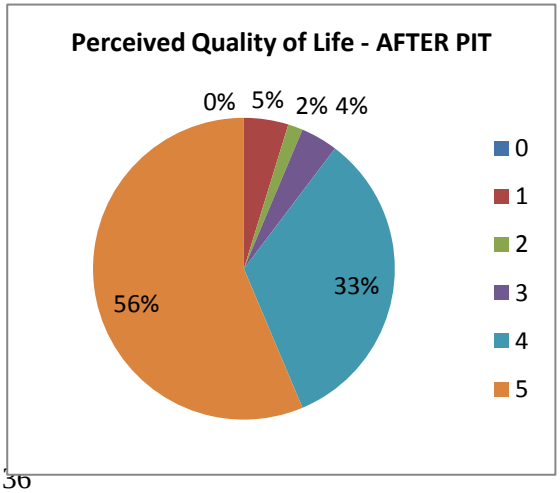
Filda Rogers, Hatcliff, 28 yrs: *My parents were in complete denial about HIV and were very hostile to me. I stayed at home but they wouldn't let me cook or clean or even wash clothes. They didn't want me to eat with them or touch any of their things. They were lead to believe that sharing even plates with me would infect them. My mother started spreading rumours to my relatives and others in the community that I was infected and stating I was a 'moving grave' – this only lead to increased discrimination against me..... My mother's attitude started changing as she saw me playing soccer and taking part in everyday activities. She started appreciating that people living with HIV can lead a normal life. She started counselling my father and some PIT men assisted in this too. They both now understand more about AIDS and my condition and are very supportive. I am much less stressed because of this!*

Josephine Chigwendere, Hatcliff; 36 yrs: *There have been many changes in my life because of PIT. My husband saw me in the paper when there was an article on PIT and saw I was involved. It resulted in my husband coming back because I was strong – he has been back with me since 2010 and we have just had another baby*!

Indicator 6) PIT members report an increase in overall wellbeing

When asked a number of statements on how members had been feeling *before* being involved with PIT & *now* results showed a dramatic increase in their perceived quality of life / overall wellbeing. The pie charts below indicate this change where 0 = low quality of life and 5 = high quality of life. Before being involved in PIT 84% of respondents said they were between 0-2 on the scale whereas only 7% of respondents felt this since being involved in PIT. Flipside, only 9% of respondents felt they had a good quality of life (on the scale of 4-5) before being involved in PIT while 89% indicated a good quality of life since being involved.





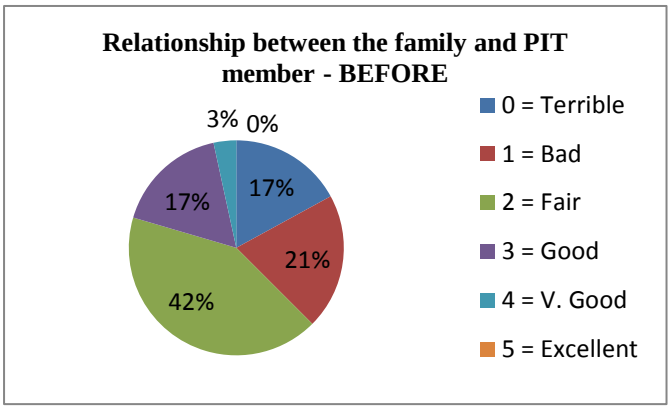
Indicator 7) Family members report a reduction in stress for the PIT participant since involvement in PIT

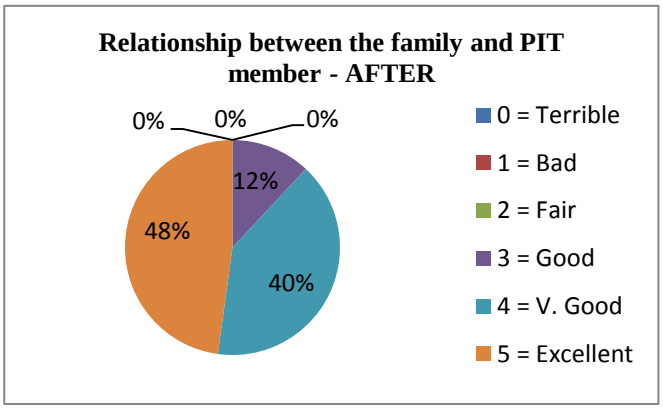
In a questionnaire, family members were asked what the main changes they had observed in their family PIT member since joining PIT. 39% saw the reduction in stress as one of the main changes in their family member while 40% saw their family member being more comfortable and open about their status (acceptance).

Below is a table that outlines some of the quotes from the family questionnaires.

- YES SHE IS LIVING STRESS FREE, SHE CAN GO TO THE COMMUNITY & EDUCATE OTHERS, SHE HAS IMPROVED IN HER HEALTH
- SHE ACCEPTS HIS STATUS, SHE DISCLOSE HER STATUS
- I'VE LEARNT A LOT ON HIV/AIDS FROM HER. SHE IS NOW ABLE TO DO WORK FOR HERSELF. SHE IS ABLE TO FEND HER CHILDREN AND SHE IS NOW ACCEPTED IN THE COMMUNITY AND INVOLVED IN ALL ACTIVITIES.
- SHE IS NOW STRESS FREE
- SHE IS LESS STRESSED AT HOME
- SHE IS NOW COMFORTABLE IN TALKING ABOUT HER STATUS AND NOW MORE ACTIVE
- SHE HAS NO LONGER STRESS AND IS ABLE TO DO THE HOUSEWORK
- SHE IS ALWAYS HAPPY

Family members were also asked about any changes in the relationship between the PIT member and their family. The pie charts below indicate a positive change in the relationships between the PIT members and their respective families. The scale was from 0 to 5 with 0 being 'terrible' and 5 = 'excellent'. Before PIT 38% of family members reported terrible to bad relationships with their PIT family member which was reduced to 0% since involvement in PIT. Only 3% of family members reported very good to excellent relationship with their PIT family member before PIT while this figure increased to 88% since PIT involvement.





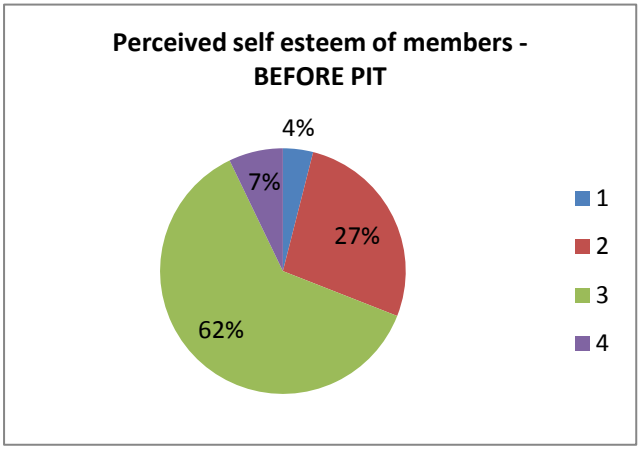
<u>Outcome 3: Members report a increase in confidence</u>

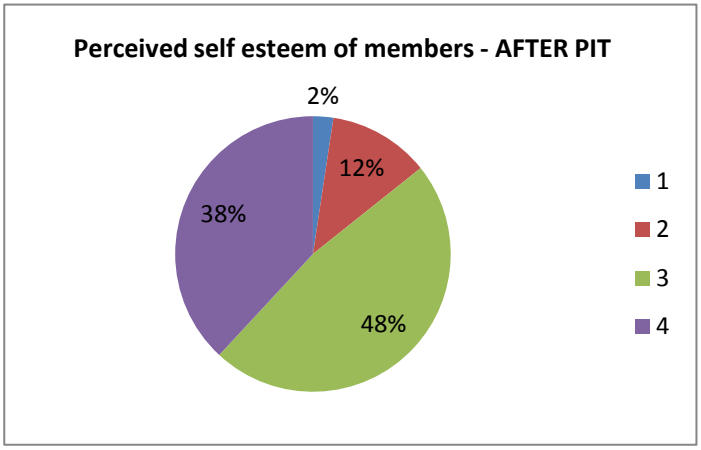
Indicator 1) Members report an increase in confidence since joining PIT

When members were asked if there had been any notable changes since being involved with PIT, 88% of respondents cited an increase in confidence (or self esteem) as a notable change. In addition to this 80% stated an increase in acceptance as a notable change. It is agreed in this research that an increase in acceptance is a necessary condition for an increase in confidence (please see the indicator below).

Another way of measuring the change in confidence was using the Rosenburg scale which is internationally recognised for measuring 'self esteem'. Self esteem and confidence are defined here as one of the same thing. When asked a number of statements on how members had been feeling *before* being involved with PIT & *now* results showed a dramatic increase in their self esteem. The pie charts below show the figures with 1 being low self esteem and 4 high self esteem. Of particular note is the increase from 7% who stated they had high self esteem before joining PIT to 38%. It should be noted that this question was quite difficult as had a mix of

positive and negatives and may not have necessarily been understood fully. Nonetheless, the results indicate a trend that implies a good enough understanding.





Fadzai Ndamo, Epworth, 36 yrs: *PIT gave me the confidence and encouragement to confront my relatives and the relationship has improved because of this.*

Filda Rogers, Hatcliff, 28 yrs: *PIT gave me the support, encouragement and confidence to live more positively.*

Litta Zharare, Epworth, 38 yrs: *I was appointed focal person of Positive Initiative in Epworth and subsequently trained as a peer educator this restored my self esteem and dramatically changed my life. The training sort of opened my eyes and instilled in me the need to be actively involved in the fight against the pandemic that had deprived my children of a father.*

Marian Katsangu, DZ, 39 yrs: *PIT trained me to be a coach and through PIT I was encouraged so much. I was encouraged to stand in front of others and give instructions. Before PIT I was hopeless.*

Tarisayi Dandajena, DZ, Age 42 yrs*: I was enrolled in a referee course by PIT and was chosen by an NGO to be trained as an HBC care giver. I was also trained in BC facilitation....PIT gave me the confidence to do these trainings.*

Merjury Katsogoro, Southern Waterfalls, 19 yrs: *Since joining I am what I am and know what I am and know who I am, and confident as well as leading others in awareness campaigns.*

Indicator 2) Members report an increased acceptance on their status (please see date in Outcome 2)
Indicator 3) Increase in disclosure from members

91% of participants interviewed said they were living openly with HIV and 54% stated that they had disclosed their status since being involved with PIT.

Indicator 4) Members report taking part in new activities/becoming more active in the community (please see data in Outcome 1) A further breakdown on being more integrated into community activities and taking up training courses can be found in the Appendix.

<u>Outcome 4: Families of PIT members report happier 'family life'</u>

A breakdown on the generic data on the family members interviewed can be found in the Appendix.

Indicator 1): Increased acceptance of their family member with HIV

In a questionnaire that went out to a selection of family members from PIT participants, they were asked what have been the main changes for them and their family. The main changes that were mentioned are outlined in the table below. Of note is that 60% of respondents sighted having more acceptance about their family member living with HIV since being involved in PIT.

• Acceptance/less stigma/being open about their family member living with HIV	55
• Happier family life/less stress/more support	30
• More condom use and increased knowledge on HIV	18
• Reduction in medical bills for the family	18
• better communication/relationships within family	15
• Ability to live a normal life (do work, fend for family etc)	15

In addition to this, when asked about what the most important things the family had gained because of PIT, 'being open & comfortable about having a family member living with HIV' was the top change with 44% of respondents sighting that as the most important change in their family life. Please see the Appendix for a breakdown on the three most important things families gained from PIT.

Daughter of PIT member, Epworth: "*Acceptance by children has led to a happier family life."*

Daughter of PIT member, Mufakose: "*We are grateful to PIT because they have provided us with appropriate knowledge and we are now able to accept, love and care for our parents."*

Daughter in law of PIT member, *"There is increased acceptance by the family members...she is able to give advice to others in the community and in the family is our mentor now."*

PIT member, Edith Matenga, Epworth, *"Now relatives are accepting me because PIT members have come to my place and talked to my family."*

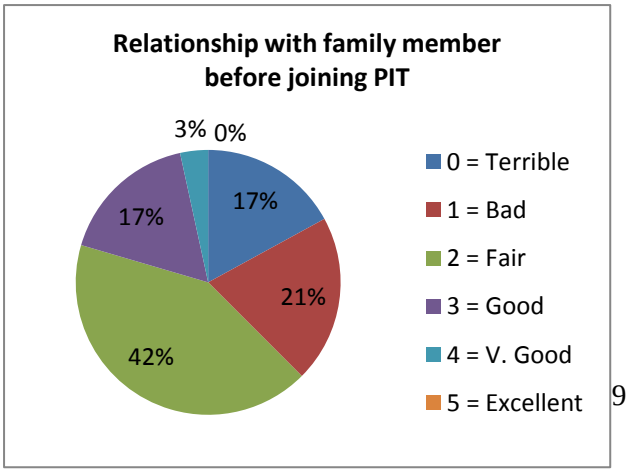
PIT member, Filda Rogers, Hatcliff, "*My mother's attitude started changing as she saw me playing soccer and taking part in everyday activities. She started appreciating that people living with HIV can lead a normal life. She started counselling my father and some PIT men assisted in this too. They both now understand more about AIDS and my condition and are very supportive. I am much less stressed because of this"!*

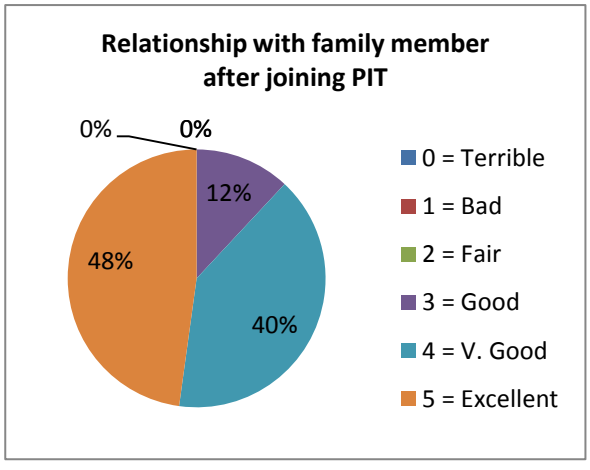
PIT member, Josephine Chigwendere, Hatcliff, *"My husband saw me in the paper when there was an article on PIT and saw I was involved. It resulted in my husband coming back because I was strong – he has been back with me since 2010 and we have just had another baby! I managed to convince him to get tested and he was positive so we are now both living positively. The understanding between me and my husband improved because my friends in PIT counselled him and it has completed changed our relationship.*

Indicator 2): Family members report an improved relationship with the PIT member

Family members were asked on a scale of 0 – 5, with 0 being 'terrible' and 5 being 'excellent' how their relationship with their HIV+ member was *before* being involved in PIT and how is was *since* being involved. They were then asked if there was a change, how much of this change can be attributed to PIT.

The pie charts below show that there was a dramatic positive change in the relationships between the family and the PIT member since joining PIT. 80% of respondents stated they had a terrible to fair relationship with their HIV+ family member – however, this figure was reduced to 0% since that family member joined PIT. Before joining PIT only 20% of families stated they had a good to very good relationship with their HIV+ family member – however, this was increased to 100% stating they had good to excellent relationships with their HIV+ family member since joining PIT with 48% sighting an excellent relationship.





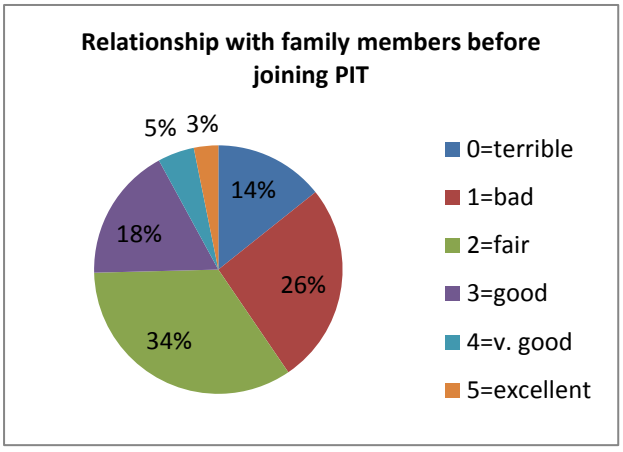
Respondents were then asked how much of this change could be attributed to PIT from a scale of 0-10. with 0 being the least score for being 'not at all', 5 for 'partly because of PIT' & 10 being 'all because of PIT'. An overwhelming majority of respondents saw PIT as at least partly responsible for this change with 67% of respondents sighting a score of 8+. Please see the Appendix for full details.

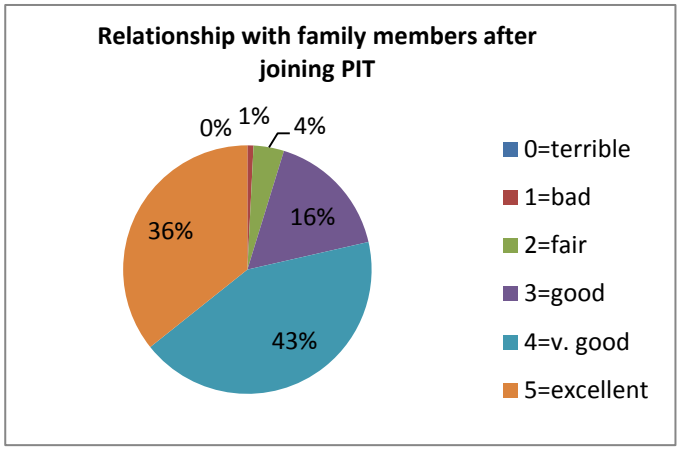
Mother of PIT member, Mufakose, *"My daughter and me discuss and try to solve her problems. We now communicate. This has drawn us closer."*

Son of PIT member, Epworth, *"Thanks PIT for your program, we spend most of the time with our mother, she shares her love and challenges with us."*

Indicator 3) Perceived change by PIT members on the relationship with their family

The pie charts below show the perceived change by PIT members in their relationship with their family since joining PIT. They show a dramatic change from 74% of members stating they had a bad to fair relationship with their family before joining PIT and only 8% stating they had a very good or excellent relationship to 5% having a bad to fair relationship since joining PIT and 79% having a very good or excellent relationship.





Indicator 4) Family members report a happier family

When asked whether the change in their attitude towards their family PIT member had improved their family life, 97% of respondents stated 'yes'.

The table below lists some of the comments made on how this had improved family life.

COMMENTS FROM FAMILY MEMBERS INTERVIEWED:

- THANKS PIT YOU CHANGED MY FAMILY LIFE WE ARE NOW HAPPILY MARRIED
- THANKS TO PIT WE ARE HAPPY AT OUR FAMILY MEMBER IS NOW FIT AND STRONG & SHE CAN HELP US IN MOST THINGS WE DO AS A FAMILY.
- WE CAN LIVE A HAPPY FAMILY WITH MY LIFE.
- WE NOW FEEL OUR MOTHER'S LOVE AND WE ARE LIVING AS A HAPPY FAMILY.
- BECAUSE OF PIT THE QUALITY OF THE FAMILY LIFE HAS IMPROVED. WE THOUGHT THAT WAS THE END OF HER LIFE AND FOUND IT HARD TO ACCEPT HER STATUS.
- LIVING OPENLY AS A FAMILY SHARING IDEAS.
- MY MOTHER USED TO GO TO THE BEERHALL AS A SEX WORKER BUT NOW SHE SPENDS MOST OF HER TIME WITH US.. SHE NOW HAS TIME TO SLEEP IN THE EVENING
- SHE CHANGED NOW, SHE GIVES US LOVE AND JUST PLAY A ROLE AS A MOTHER TO US. IT JUST CHANGED BECAUSE OF PIT,IT REALLY IMPROVED HER BEHAVIOUR.

- SHE HAS NO LONGER STRESS AND ABLE TO DO HOUSEWORK. ABLE TO TALK OPENLY WITH OTHER FAMILY MEMBERS
- SHE IS ALWAYS HAPPY. WE ARE LIVING FREELY & ENJOYING EVERY MOMENT WE ARE WITH HER.
- THE FAMILY IS NOW HAPPY WE NO LONGER TAKE HER AS A PATIENT BUT A STRONG & FIT MOTHER WHO CAN DO ANYTHING FOR HER CHILDREN.
- THERE IS A CHANGE IN MY SISTER'S LIFE, SHE IS NOW LIKE A COUNSILLOR AND SHE ALWAYS GIVES THE FAMILY KOWLEDGE ON HIV/ AIDS.
- WE ARE LIVING OPENILY AND HAPPILY AS ONE FAMILY.
- WE ACCEPT HER STATUS. WE ARE LIVING HAPPILY BECAUSE OF PIT WHICH HAS TAUGHT US HOW TO LIVE WITH PEOPLE WHO ARE POSITIVE.
- WE ARE LIVING OPENLY & SHARING IDEAS.
- SHE IS A LOVING MOTHER OF TWO SCHOOL GOING CHILDREN AND WE THANK PIT FOR THE CHANGES IN OUR LIVES.

Outcome 5: Reduced stigma/negative attitudes towards HIV in the community

A breakdown on the generic data on the community members interviewed can be found in the Appendix. This includes the type of community member interviewed and how often they observed PIT activities.

Indicator 1: Community members report a change in knowledge on HIV
Indicator 2: Community members report a change in attitude towards HIV

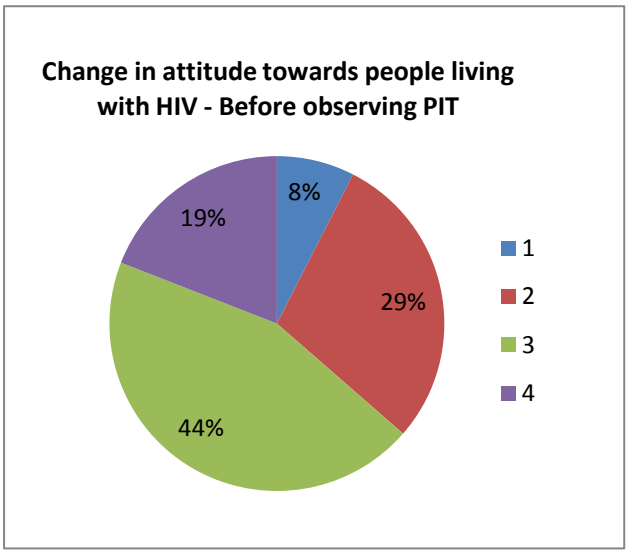
In the community questionnaire that went out to 228 people when asked what the most important things they had been challenged on since observing PIT, an overwhelming response of 151 respondents equating to 67%, stated the knowledge that 'HIV people can live an active & normal life' was the most important observation that had challenged them most.

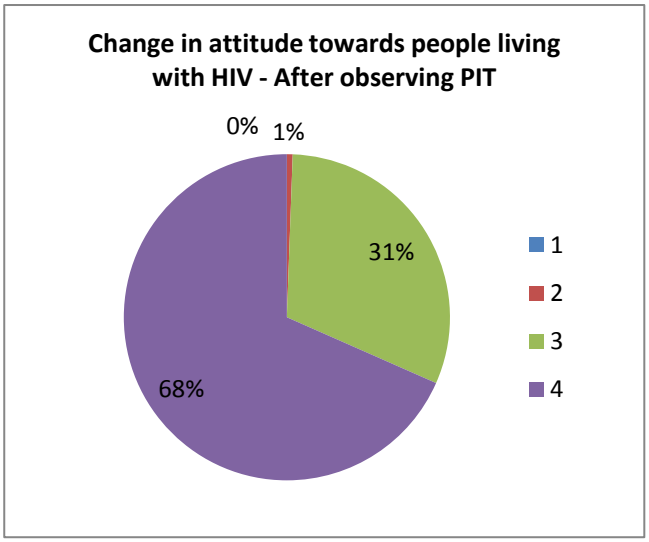
When asked what the most important things the community had gained from PIT, 121 respondents equating to 54%, stated that 'being open and more comfortable about ones status' as the most important change in their attitude. The next most important gain for the community was 'understanding more about HIV and AIDS'.

Mr Garazha, School Head, Tafara (where the PIT team, Immune Boosters holds its sessions 4 days per week): "*The PIT forums are regarded as community dialogue meetings where social challenges are collectively addressed. The forums have gone a long way in addressing issues to do with stigma associated with HIV, issues to do with negative cultural practices and basic understanding of HIV and AIDS."*

Mrs Mumba, Social Work, DZ: *It is very helpful for me because they are role models in the community and the community see they are not sick now. They help counsel many others in the community. I can't do the work alone – it is a mammoth task. PIT plays a very important role to my work. They mix with other women to share ideas and meet at other community centres and exchange. Some who aren't infected are even mixing with PIT members and wanting to join in – the stigma in this community is being challenged by the programme.*

The questionnaire asked numerous questions on the respondent's attitude towards HIV, those living with HIV and women in general. The questions were asked on a scale of 1 to 4 with 1 being a negative attitude towards HIV and those living with HIV and 4 being a positive attitude. The pie charts below show a dramatic change in attitude towards those living with HIV from 19% with a positive attitude before observing PIT to 68% recording a more positive attitude since observing PIT. Conversely, 37% of respondents had a more negative attitude before observing PIT which was reduced to 1% since observing PIT. In addition to questions about HIV and stigma some questions focused on a change in attitude towards women since observing PIT. It is widely accepted that gender equality/negative attitudes towards women is central to challenging the stigma associated with HIV and AIDS.





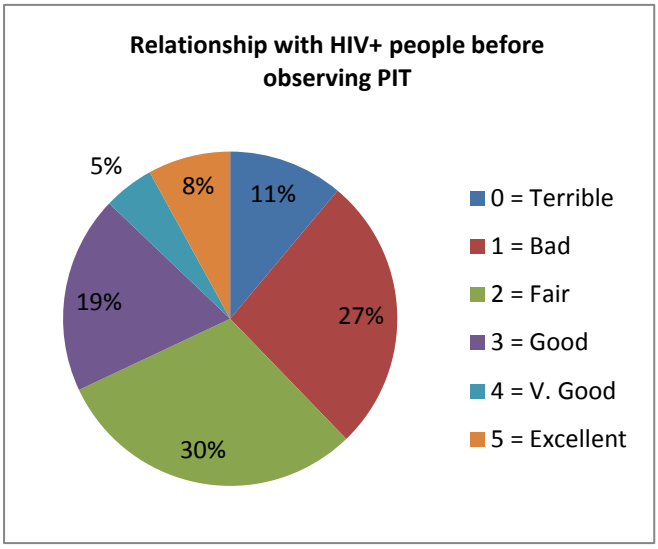
COMMENTS FROM COMMUNITY MEMBERS INTERVIEWED:

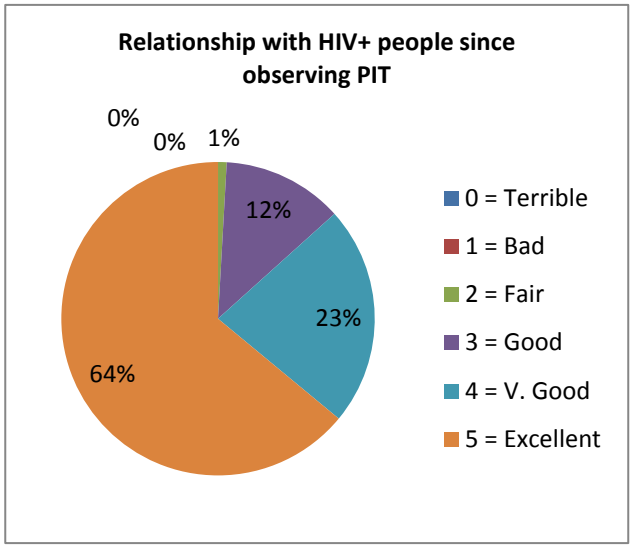
- I EXPERIENCED THAT IF YOU GO FOR EARLY TEST YOU HAVE MORE CHANCES OF SURVIVING, KEEP IT UP PIT
- I EXPERIRENCED THAT WOMEN ARE AS TALENTED THAN MAN
- IF YOU ARE HIV IT DOESN'T MEAN YOU ARE DEAD YOU LIVE A LONG LIFE
- PIT MEMBERS ARE ALIVE AND KICKING AND THERE IS A BIG CHANGE BETWEEN THE NEGATIVE AND THE POSITIVE. THEY ARE TEACHING US THAT THERE IS LIFE AFTER TESTED POSITIVE
- OUR COMMUNITY HAS NOW CHANGED DOING AWAY WITH NEGATIVE CULTURAL LAWS AND UNDERSTAND THAT ONE CAN LIVE WITH HIV AS LONG AS YOU TAKE YOUR DRUGS CONSISTANTLY AND DO AWAY WITH NEGATIVE TRADITIONAL BELIEFS.
- THE PROGRAMME IS HELPING KIDS WHO ARE GROWING UP TO BEHAVIOUR CHANGE
- WITH THE EXPERIENCE GAINED BY OBSERVING PIT MEMBERS, I THINK IT IS IMPORTANT FOR PEOPLE TO SOCIALIZE WITH PEOPLE LIVING POSITIVELY AND PEOPLE LIVING WITH HIV SHOULD NOT BE ASHAMED OF BEING POSITIVE. PIT IS DOING A WONDERFULL JOB.

Litta Zharare, PIT member, Epworth, 38 yrs: ***Stigma Eradicators Women Football Team has significantly changed people's attitudes towards people living with HIV and AIDS in my community.*** *Football is the most popular sport in Zimbabwe and it draws crowds when or wherever it is played more so in resource constrained communities with no other recreational facilities. Women playing football attract even more public attention as this is still largely regarded a men's domain. Stigma Eradicators practice sessions draw crowds which create an enabling environment for dissemination of information on Health Education. Exposure of people living with HIV and AIDS playing competitive football matches has given the pandemic a human face in our community, breaking the silence that surround it as people openly discuss and disclose their status.*

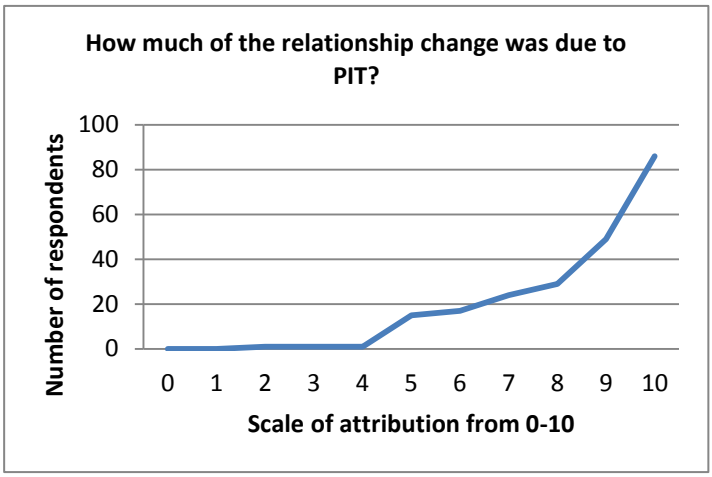
Indicator 3: Community members report a better relationship with those living with HIV
Indicator 4: PIT members report a better relationship/increased support from the community

The Community questionnaire asked respondents what their relationship was like with people living with HIV before observing PIT and afterwards. The pie charts below show that 68% of respondents had a terrible to fair relationship with HIV+ people before observing PIT and 32% had good to excellent relations. Since observing PIT these figures changed to 1% and 99% respectively.

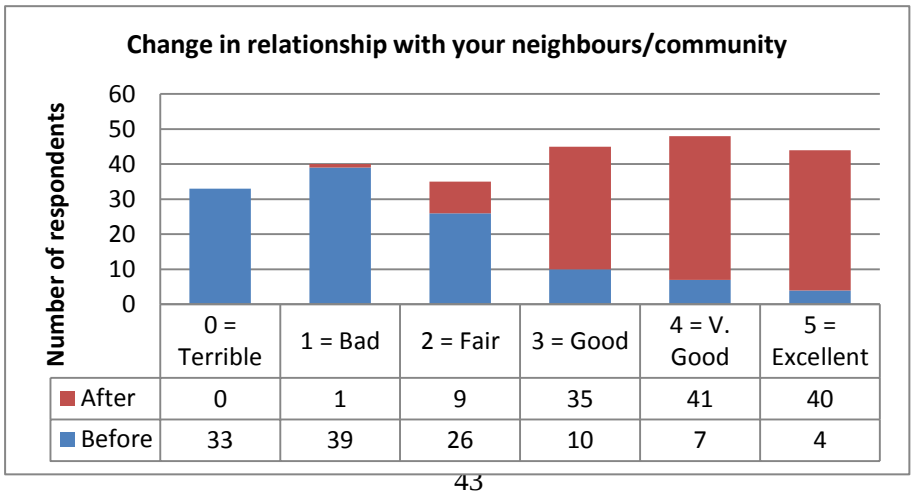


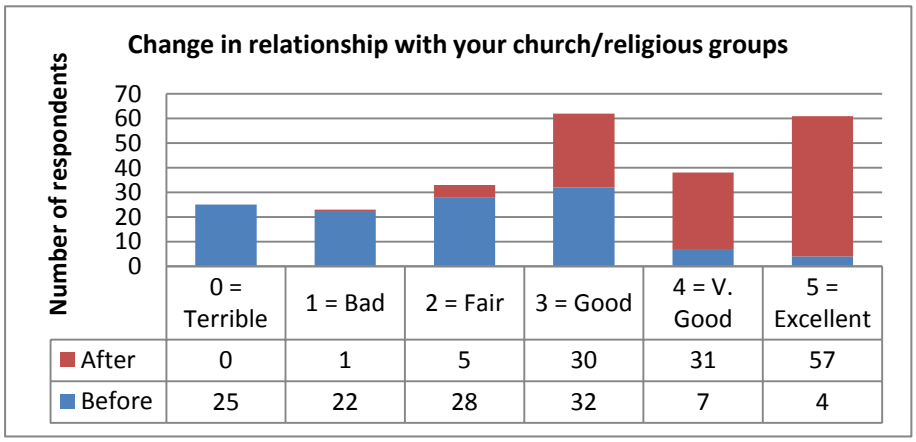


Respondents were then asked how much of this change could be attributed to PIT from a scale of 0 to 10 with 0 being no attribution at all, 5 being party due to PIT and 10 being fully due to PIT. The graph below shows that 84% of respondents stated that the change in relationships with HIV+ people were from 7 upwards with 39% stating the change was 100% due to PIT.



In addition to this, PIT members were asked about the change in their relationships with key groups in the community since joining PIT. The graphs below indicate an equally positive change in relationships for PIT members. The scale was from 0 to 5 with 0 being 'terrible' and 5 = 'excellent'.





PIT members were also asked to state the type of support they received from neighbours, community leaders and churches and how this had changed since joining PIT. The results are equally as positive showing a dramatic increase in support from the key community groups. All responses are shown in the graphs in the Appendix. Further data to validate this change can be shown by the change in behaviour of PIT members to becoming more active in community activities since being involved in PIT such as attending church and community meetings. Also, in a separate question, when asked what the three most significant changes since being involved in PIT, 'feeling more accepted by the community' was noted as an important outcome. Please see the Appendix for more details.

Memory Maurisiyo, PIT member, West South West (Farcose), Age 43 yrs: *Long back the community would shy away because they heard we were HIV+ but now they want to join. People are drawn by soccer and this is an opportunity for us to talk to others about HIV.*

Tracey Chiraere, PIT member, Waterfalls (Harare South), Age: 35 yrs: *I am very happy with PIT because it has encouraged us to live positively in the community and live together with those who are negative. There has been a change in stigma within the community because of PIT. PIT has contributed the most to this change as it has got us together in public spaces. PIT takes us to the soccer ground where we share & play, other support groups just teach about HIV and AIDS behind closed doors.*

Indicator 4: Number of community members getting tested/increase in VCT
Indicator 5: Number of community members disclosing their status

The community questionnaire asked whether the respondent had tested for HIV and had disclosed their status. Out of 228 respondents 153 said they had been tested (67%) - 105 of those were influenced by PIT to get tested (68%).

110 stated they are living openly with HIV and 98 of them said they were influenced by PIT (89% of those living positively were influenced by PIT).

Community member: *PIT is encouraging more people to go for testing and reduces stigma in the community.*

Memory Maurisiyo, West South West (Farcose), Age 43 yrs *PIT has contributed to the number of people coming in for testing. Last year we went to 22 churches to testimony on HIV. The churches are now asking us to come again.*

Sister Florence Tigere, local nurse, Mufakose: *While a significant number of people have been referred to the clinic by PIT members, it may not be accurate to attribute the ever increasing numbers to PIT alone as there are other NGOs who do the same.....however, the acceptance and eventual disclosure of status by most of the members has encouraged community members to come for voluntary counselling and testing.*

The Health delivery system is facing a number of challenges one of which is the brain drain which has left clinics and hospitals critically short staffed. PITs peer educators have taken a load off the shoulders of nurses by holding group counselling sessions at the clinic.

Dr Jenje, local clinic, DZ: *PIT has initiated more testing – I can't say by how much but there has in part been some people coming for testing through PIT.....There is also the social aspect that PIT is making a difference on tackling stigma – they are good role models in the community and meeting others giving good exposure in our environment. PIT has some influence in our community because they are revealing their status in the open – no other projects do that.*

All PIT volunteers conduct outreach, awareness raising and counselling to others in the community as well as new and existing PIT members. This isn't accounted for but is key to reducing stigma, challenging attitude & behaviour in the community as well as assisting others infected with HIV. It is clear in the case studies and in other discussions that the counselling done by PIT members is having an influence not only with fellow PIT members but also in the community. Further research is however required in this area.

SECTION 7: ESTABLISHING IMPACT

Duration of change

The effect of some of the outcomes will last longer than others and some will depend on the continuation of the activity while others won't. For example an increase in physical fitness is attributed to the nature of the activity and the opportunity it provides for ongoing fitness training. If the activity stopped, their fitness would deteriorate unless other fitness activities became available. However, acceptance on ones status will continue beyond the life of the activity. It is therefore important to estimate the duration of change for each outcome to calculate the benefit accrued from the activity more accurately.

When applying an SROI analysis the time period of the investment has direct correlation with the time period of the change, in this instance, one year's worth of investment is used to understand one year's worth of accrued benefits. This is a forecast report based on some real data historically held looking back over a specific time period of one year. However, it should be noted that most participants interviewed have been involved on average for 2-3 years. This meant that the duration of change was estimated retrospectively asking the various stakeholders about change after a year. All participants noted that notable changes occurred within their first year of involvement within the project. It was agreed that in future research undertaken it was important to try to establish a more accurate measure for duration of change over a longer period and therefore a better understanding on the drop off rate due to other external influences.

Stakeholders were asked in the questionnaires, focus groups and during one on one interviews about how long it took to reach each change identified and how long they felt it lasted/would continue to last. Unfortunately, again due to the context of this project, there was not additional research data to draw upon. The majority of stakeholders asked stated that many of their changes happened within the first year but were 'continuous' year on year. However, it was agreed that some changes, due to the nature of the project would have a drop off in future years. The duration of change for each outcome is estimated in the table below with a rationale attached to each one. The benefit periods vary according to the outcomes and the final modelling is performed over a 20 year period.

Outcome	Duration of change	Rationale
Fitness	3 years	Albeit sport needs to be regular in order to maintain fitness and accrue its benefits, it was agreed that only since being involved in PIT have participants seen and experienced the benefits of fitness. It is expected that they would continue to keep fit and play football even if PIT ceases to operate and funding isn't available. Funding has been on and off over the past couple of years and PIT members have ensured activities continue – even if only at a limited level. However, it is expected that without, ongoing support this motivation might dwindle over time or other activities taken up.
Reduction in Stress	2 years	A reduction in stress would continue for a couple of years after due to the friends made from the programme, the ongoing acceptance of one's status and as long as members keep interacting with others. However, it is recognised that stress is a life-long condition and one is always consistency conscious that they are HIV+. It is anticipated, without funding, PIT members would continue to meet for a few years but this would reduce over time and other influences would take over.
Increase in confidence	5 years	Confidence is deemed more sustainable than stress. PIT members have accepted and disclosed their status. This in turn has encouraged others to come out and disclose their status. They have a strong commitment to counselling others in their condition and being role models in their community with or without PIT.
Improved family life	20 years (lifetime)	The evidence from interviews shows improved family life due to PIT. It is agreed that the benefits accrued from this can be long-lasting due to better relationships within the family, a better understanding of HIV and a more healthy attitude from the PIT member on their status. These changes are unlikely to be reversed.

Reduced stigma within community	1 year	There are likely to be other influences within the community after the programme has finished. It is the ongoing observation of watching PIT members play football and the discussions which take place before/after the football that engages the community. This engagement wouldn't happen without structured PIT activities.

Discount factors

It is necessary to 'discount' the values generated by each of the financial proxies. The following methods are most commonly used with the SROI model:

a) **Deadweight and displacement**

Deadweight is a measure of the amount of the outcome that would have happened even if the activity had not take place. It is measured as a percentage and then that percentage of the outcome is deducted from the total quantity of the outcome. There is no data available from other sources such as local clinics or national statistics. It was therefore estimated on the best available information through discussion with existing PIT members and the Secretariat.

Displacement is an assessment of how much of the outcome has displaced other outcomes. It was agreed that displacement was not relevant to this specific project and its activities. There are no other activities or outcomes that PIT is displacing within the community.

b) **Attribution**

Attribution is an assessment of how much of the outcome was caused by the contribution organisations or people. It is calculated as a percentage i.e. the percentage of the outcome that is not attributable to PIT. It has been noted that some of the attribution is captured in the deadweight already. However some outcomes can be, in part, attributed to other organisations in the communities.

c) **Drop-off**

Drop off considers how long the outcome lasts. In future years, the amount of outcome is likely to either be less or influenced by other factors, so attribution to PIT will be lower. Drop off is calculated for outcomes that last more than one year – in this case all the outcomes expect for the community members. It was agreed within PIT that in future, questions to evidence drop-off will be included.

The table below outlines the estimated discount factors for each outcome.

Stakeholder	Outcome	Deadweight	Attribution	Drop-off
Participants	1. Improvement in physical health *	15%	0%	10%
	2. Improvement in mental health (reduction in stress)**	25%	30%	20%
	3. Increase in confidence***	30%	30%	15%
Families of participants	4. Improvement in family life****	55%	10%	10%
Selected community members	5. Reduction in stigma towards HIV*****	40%	40%	n/a

***** Participants were asked to estimate how much of their change in physical fitness was due to PIT activities rather than other opportunities that could have been available to them in the community. Since there are no other structured sporting activities available in the community, it was agreed that their improvement in physical health wouldn't have happened without PIT. However, it was noted that there is medication for those living with HIV in the form of ARV drugs which are available to PIT members. These can improve the health and

energy of those living with HIV – nonetheless, the side effects of these drugs often in the form of leg pains and headaches were debilitating and for some members they lacked the courage to access medication due to stigma. It was agreed by participants that PIT activities mitigated these side effects as well as improving the effectiveness of the medication through increased fitness. When asked what the three most important reasons for their improved health, albeit football was cited as the most important reason by an overwhelming majority of participants, the combination of increased fitness through football and medication was also deemed important. A deadweight of 15% was therefore estimated.

There are no other organised sporting activities or fitness opportunities available to HIV+ women within the communities so the attribution to other organisations was 0%.

It is estimated that this outcome would last 3 years beyond the activity with a drop off of 10% each future year. It is already been proved without funding that the structured football activities continue on a voluntary basis. The vision is to hand over the project to the community in the future.

** Participants were asked to estimate how much of their change in stress levels was due to PIT activities. 93% of participants stated that is was 70-100% due to PIT alone while 50% of participants stated that is was 100% due to PIT alone. It was also noted that being part of a women only group of people with the same status was key and PIT is the only activity offering this. It was estimated on average then that participants were 75% less stressed because of PIT giving an estimated deadweight of 25%.

In addition to this participants were asked about whether other organisations or people had attributed to their change in stress levels. Albeit most participants sighted PIT activities as the main contributor there were other organisations that could, in part, attribute towards the outcome. These included NGOs that offer counselling training and gardens for PIT members as well as support from existing support groups, social welfare, local clinics and churches within the community. It was therefore agreed that 30% be attributed to other organisations.

It is estimated that this outcome would last 3 years beyond the activity with a drop off gradually because the interaction might become less and less of 20% each future year.

***When participants were asked what the most notable changes were since being involved in PIT, 88% sighted an increase in confidence one of the main changes. Another notable change sighted by 80% of participants was acceptance on their status which is deemed as a precondition to increased confidence. Finally 91% of participants stated they were living openly with HIV with 50% of these disclosing their status since being involved with PIT. It was estimated on average then that participants were 70% more confident because of PIT giving a deadweight of 30%.

Most participants also noted other organisations that, in part, attributed towards this outcome. These included NGOs that offer counselling training and gardens for PIT members as well as support from existing support groups and churches within the community. It was therefore agreed that 30% be attributed to other organisations.

It is estimated that this outcome would last 5 years beyond the activity with a drop off of 15% each future year.

****When family members were asked about the reason for the positive change in relationships within family, 67% sited PIT and attributed 80-100% to PIT towards this change. It was estimated on average that families were 45% happier because of PIT giving a deadweight of 55%.

There are organisations working in Home Based Care (HBC) within approximately half of the districts. In the other districts there are no other organisations involving family members. ZNNP+ train support group members in HBC which includes basic counselling. However, HBC concentrates on the person with HIV rather than the family as a whole. It was therefore agreed that a small percentage of 10% be attributed to HBC organisations.

It is estimated that this outcome would last 20 years beyond the activity with a drop off of 10% each future year.

***** PIT is an initiative led by HIV+ people themselves and it is delivered in public spaces within the community. This is unique among other HIV programmes and therefore has the ability to influence large members of the community. In addition to this the fact that the programme supports HIV+ women to play football and become more active in the community has challenged the attitude towards women. This is the only programme of its kind. 87% of community respondents sited football as one of the main activities they observed. The community questionnaire asked whether they tested for HIV and/or had disclosed their status. 67% had been tested and 68% of those were influenced by PIT to get tested. In additional to this 89% of those who were living positively were influenced by PIT. When asked what the most important things they had been challenged on since observing PIT, 67%, stated the knowledge that 'HIV people can live an active & normal life' was the most important observation that had challenged them most. A deadweight of 40% was therefore estimated.

There are other awareness campaigns and HIV programmes within the communities that can also be attributed to a change in knowledge and attitude. These include organisations such as PSI, Zichire and ZNNP+ as well as local clinics and health workers. It is therefore estimated that 40% be attributed to other organisations.

This outcome is estimated to only last the year of the activity and therefore has no drop off.

SECTION 8: KEY FINDINGS

This section presents an analysis of the results from the representative sample **if** it were applied to all of PIT's stakeholders. Extrapolation of our sample findings helps demonstrate what change may look like across all stakeholders.

Representative sample All stakeholders

Representative sample		***All stakeholders***
128 PIT members		*342 PIT members (with 5% drop off rate)*
92 Families of PIT members		*300 Families of PIT members*
228 Community members		*1,500 Community members (however with the financial proxy chosen this is reduced to 52 – see previous section)*

The previous sections explained the calculations and rationale used for the technical aspects of the evaluation: deadweight, attribution, benefit period, drop-off, and the selection of financial proxies. Please refer to the Impact Map in the Appendix to gain a full understanding of the calculations and the robustness of this analysis.

Top-line results for social value created are presented below, followed by a breakdown of social value by stakeholder group and outcome.

Calculating the SROI

There were various steps in calculating the social return on investment ratio (SROI Ratio). These are briefly outlined below.

Step 1 - Calculate Impact:

The first step was to calculate the impact for each outcome. This was done by taking the financial proxy and multiplying it by the quantity of the outcome giving you a total value. This total value was then deducted by any percentages given for deadweight or attribution.

For example: Outcome: Increase in fitness

342 members *(quantity)* x $120 per annum per member *(financial proxy)* = $41,040

Less deadweight = $42,000 – 15% (or 85% of $42,000) = $34,884

In this case there was no attribution but in other outcomes you would then deduct the attribution.

Step 2 - Projecting into the Future:

The second step is to copy the impact from each outcome across the number of years it will last (as recorded in the Duration column on the impact map) and to then subtract any drop-off that was identified for each of the future time periods after the first year.

For example: Outcome: Increase in fitness

Impact in year 1 = $34,884

This is the same as the impact calculated at the end of the project. The model only accounts for the outcomes in the year after the activity and only calculates drop-off in following years.

Impact in year 2 = yr1 impact less drop-off; $34,884 less 10% ($34,884 x 0.9) = $31,396

Impact in year 3 = yr2 impact less drop-off; $31,396 less 10% ($31,396 x 0.9) = $28,256

Step 3 – Calculating the Net Present Value (NPV):

The third step is to calculate the NPV of the total amount of costs and benefits paid or received in different time periods. In order for these costs and benefits to be comparable across different time periods it is necessary to use the process of 'discounting'. A discount rate is a critical parameter in cost-benefit analysis and recognises the value society attaches to present, as opposed to future, consumption. It is a controversial area – particularly where one is discounting social or environmental outcomes which could possibly increase in value in the future.

Discount rates are generally higher in developing countries than in the UK as there are more immediate needs and returns to investments are typically higher. The Zimbabwe office for the UK Government Department for International Development (DfID) applies a discount rate of 10% to all their projects. This is the standard across most developing countries. Please see the Appendix for more information on the calculations for this rate. A discount rate of 10% was therefore applied to this model over the 20-year period.

It is therefore necessary to calculate the Present Value for each outcome first. This is done by discounting the value of impact each year by 10%.

For example: Total benefits for Year 1, 2 and 3

	Year 1	Year 2	Year 3
Benefits	$68,628.09	$57,770.53	$46,661.17
Discounted Values	$68,628.09/ (1+10%) +	$57,770.53/(1+10%)^2 +	$46,661.17/(1+10%)^3
Present Value	$62,389.17	$47,744.24	$35,057.23

The Total Present Value to all PIT's stakeholders, produced over a 20-year period and attributable to PIT was **$170,667**

Having calculated the Total Present Value of your benefits, it is then possible to deduct the value of the inputs (the total investment of the project) to arrive at the NPV.

NPV = Present value of benefits ($170,667) – value of investments ($28,139)

The Net Present Value = **$142,528**

Step 4 - Calculating the ratio

SROI Ratio = Total Present Value ($208,158)/Total Inputs ($28,139)

SROI Ratio = 1:6.07

So for PIT, there is $6.07 of value for every $1 of investment.

Summary of calculations:

Total Present Value (PV)	$170,667
Net Present Value (PV minus the investment)	$142,528
Social Return $ per $	**6.07**

Payback period

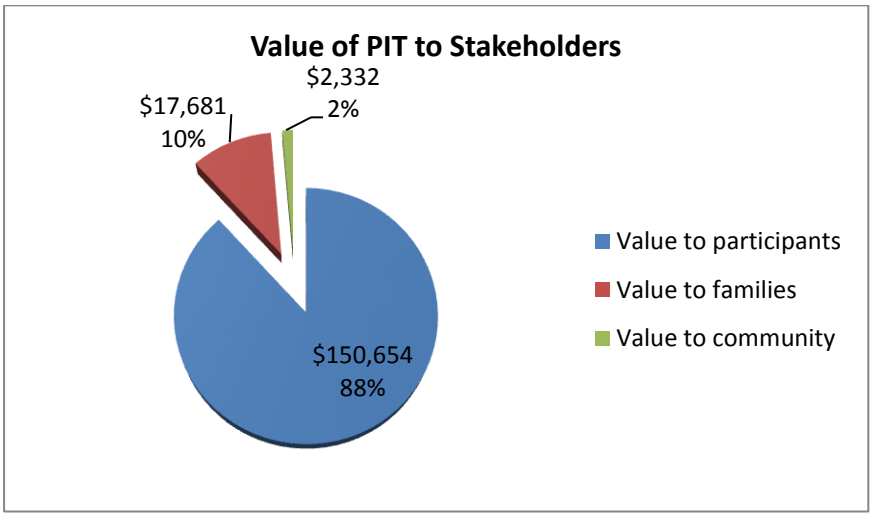
Another way of looking at this investment is looking at the payback period i.e. at what point in time does the value of the social returns start to exceed the investment? This is often used to determine the risk of the project. It is calculated by dividing the annual impact for all participants by 12 to get an impact per month and then dividing the total investment by the impact per month.

For PIT, the annual impact in months was $14,222 which produces a **payback period of 1.98**. ***It therefore takes just under two months to get paid back the investment in social return. The project can therefore be seen as extremely low risk and cost effective.***

It should be noted that the SROI for PIT is relatively higher than many projects that have undertaken an SROI analysis in the UK or other developed countries. It is important to note the context within which PIT is working in and hence the reason behind a higher rate of return. PIT works within communities where there are limited opportunities, activities and resources available, in particular to those living with HIV. In addition to this PIT is based on a volunteer concept and run by the individuals affected themselves who are extremely motivated to make a difference. This not only makes the programme relevant to the local community but also very cost effective.

Summary of Results

A breakdown of the Total Present Value per stakeholder is presented in the pie chart below.

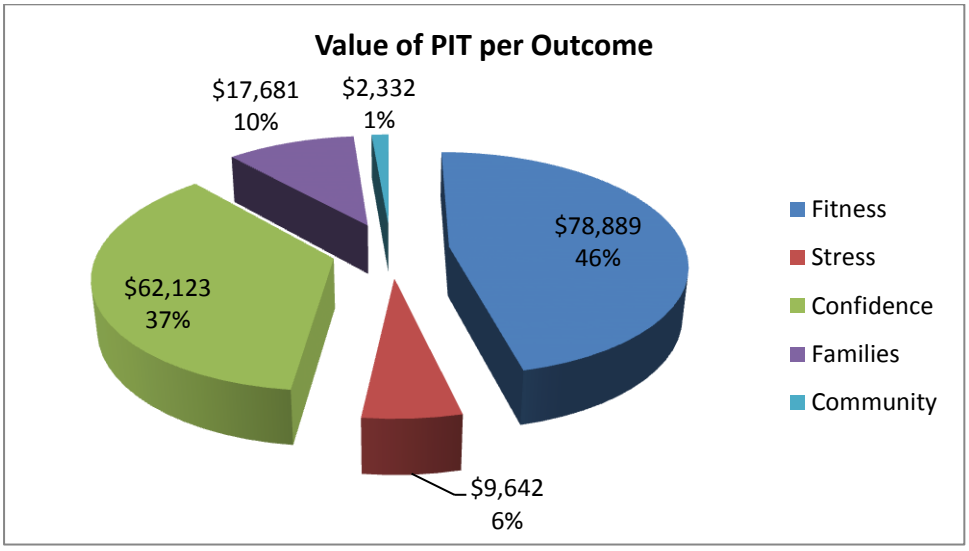


The majority of the value (88%) is created for the participants as PIT members, in line with expectations and PIT's key aim. The PIT members' families are the second largest beneficiary, accounting for 10% of the value whilst the broader community accounts for 2% of the total value produced. In terms of beneficiaries, the impact of PIT on the family life of PIT members is an unexpected result and a positive externality of the programme. This result has highlighted the gap and need in the communities to address the issue of stigma and discrimination within families. The qualitative research also confirms this and underlines the importance of these benefits to a family member infected with HIV as well as the positive impact that the HIV+ family member can have on their family if in better health both mentally and physically.

It was expected that PIT would have a more significant impact on the broader community and the total value of 2% is not necessarily considered a true reflection of the impact PIT is actually having. The qualitative research also highlights additional impacts PIT is having in the community. However, as mentioned before, it is important to conduct further research into this area before additional benefits can be accrued to PIT.

The pie chart below breaks down the value of PIT for each outcome. The most significant outcomes were the increase in fitness (46%) and the increase in confidence (37%). These are in line with PIT's expectations and key objectives as an organisation. It is noted that the reduction in stress is valued in this model as a lot less than the increase in confidence. This is mainly due to the financial proxy used for each. This was discussed and due to the subjectivity of the financial proxies used it would be necessary to conduct further research to ensure a more accurate value. Nonetheless, it was agreed that even though confidence and stress were defined as

separate outcomes many of the indicators overlapped and it was necessary to ensure there was no double counting.



Sensitivity analysis

In an initial analysis with key stakeholders it was agreed that some figures should be adjusted to reflect a more realistic figure. These could then be reviewed at a later date when a more thorough analysis takes place.

In particular it was agreed that the financial proxy for the outcome looking at increase confidence for PIT members should be lowered from $299.40 per member per year to a total of $127.92 per member per year. This gave a more realistic figure for an average salary of a part-skilled counsellor in the local community. In addition, the attribution for the same outcome was revised from 20% to 30% to reflect the realities of other organisations contributing towards their counselling skills. Finally the drop off for the same outcome was revised from 10 years to 5 years. This was discussed in length and it was agreed that albeit confidence will most likely be maintained for a longer period, the impact PIT specifically has on the members will decrease dramatically after 5 years beyond the programme. It was also agreed that the investments into the programme should be revised. The specific focus was on the salaries of the Secretariat and the need to increase them to more realistic levels equating to other programmes working in similar areas. This increased the investment from $25,300 to $28,139. All other assumptions were discussed and it was agreed that they gave a fair and honest reflection of the programme.

With the final figures in place a further sensitivity analysis was undertaken to highlight any particular areas that would have a significant impact on the overall ratio and therefore considered as priority areas for future planning and research. In this analysis, the impact on the SROI ratio of changing some of the assumptions used was explored. A systematic approach was taken by taking a selection of assumptions, changing them and seeing how that altered the ratio. The areas altered for each outcome were the financial proxy, attribution, deadweight and drop off discount factors as well as the quantity of the outcome. It was deemed particularly necessary to measure the quantity of PIT members as this would have an impact on three of the key outcomes as well as on family members affected. It was also deemed necessary to look at the duration of change for the two outcomes that produced 83% of the total value of the programme, namely the increase in fitness and confidence. In addition to this the inputs were reviewed to ensure a fair financial value was attached to the running of the programme.

Stakeholder	Outcome	Assumption chosen	Changed to	Ratio Changed to
PIT member	Increase in fitness and health	Financial Proxy	$5 a month	1:4.66
		Attribution	20%	1:5.50
		Deadweight	30%	1:5.57
		Drop off	30%	1:5.56
		Duration of change	1	1:4.39

Stakeholder	Outcome	Assumption chosen	Changed to	Ratio Changed to
PIT member	Reduction in Stress	Financial Proxy	$1.43 a month	1:5.89
		Attribution	60%	1:5.92
		Deadweight	50%	1:5.95
		Drop off	40%	1:6.03

Stakeholder	Outcome	Assumption chosen	Changed to	Ratio Changed to
PIT member	Increase in confidence	Financial Proxy	$5.33 a month	1:4.96
		Attribution	60%	1:5.12
		Deadweight	60%	1:5.12
		Drop off	35%	1:5.43
		Duration of change	2	1:5.09

Stakeholder	Outcome	Assumption chosen	Changed to	Ratio Changed to
Family of PIT member	Happier family life	Financial Proxy	$1.24 a month	1:5.75
		Attribution	30%	1:5.93
		Deadweight	95%	1:5.51
		Drop off	30%	1:5.76

Stakeholder	Outcome	Assumption chosen	Changed to	Ratio Changed to
Selected Community member	Reduced stigma in the community	Financial Proxy	$5.71 a month	1:6.02
		Attribution	80%	1:6.01
		Deadweight	80%	1:6.01

Stakeholder	Assumption chosen	Changed to	Changed quantity of family members impacted to	Ratio Changed to
PIT member	Quantity	250	208	1:4.43
		200	166	1:3.56
Selected Community member	Quantity	30	n/a	1:6.03

This sensitivity analysis produces a range of ratios from 1:3.56 to 1:6.03 by either halving the proxy or by at least doubling each of the discount factors in turn. The quantity of PIT and community members affected was also reduced between 30-40%.

The most dramatic change in the sensitivity analysis was when changing the quantity of the PIT members affected which had a knock on effect on the number of family members affected. This was not a surprise since the majority of outcomes (88% of the total value) affect the PIT members themselves. In addition to this, it would be expected that if the PIT membership fell, the investment required to run the project would drop too. If it was because the PIT drop-out rates were increasing on a regular basis then this would be cause for concern seeing as the project's key stakeholders were the members and their families. It is therefore essential that attendance registers are taken regularly to measure any dramatic changes in membership throughout the year.

Aside from the quantity of PIT members, the change in the financial proxy and the duration of change for the first outcome gave the most dramatic difference to the ratio. However, in further discussions, it was agreed that there was confidence in using these figures since it was given as an accurate assessment of the average savings for the majority of PIT members and it was agreed that they would benefit at least an additional year beyond the lifetime of the project (which would increase the ratio to 1:5.31). This was backed up in the one on one interviews conducted. It was also the most significant outcome for members.

With even a 50% change in the proxy or discount factors a ratio of at least 1:4.66 was calculated which demonstrates that the model does not have a high degree of sensitivity for one particular area – nonetheless, it is acknowledged that it is a forecast analysis with some subjective areas and estimated figures. It is therefore strongly recommended that further research is conducted with more in-depth data capture to ensure a more accurate calculation

SECTION 9: CONCLUSION AND RECOMMENDATIONS

Alongside the SROI of PIT's activities, this analysis highlights a number of key findings:

1. That PIT is delivering on the key outcomes it set out to achieve
2. That empowering those living with HIV through increased fitness and confidence makes a significant difference not only to those infected but to others in the community including their families.
3. That PIT can facilitate additional opportunities for its members by empowering participants to be in the right frame of mind and state of health to access other resources available in the community

It is worth noting that the benefits attributed to PIT are likely to be greater than currently reported, as it was beyond the scope of this study to measure the true impact on the local community, longer-term outcomes for the PIT members, and the extent to which PIT members were better able to meet the needs of themselves and others in the community as a result of PIT's support and networks.

Reporting, using and embedding learnings

There are a number of approaches to using this information to inform decision-making, from programme improvements to advocating for changes in policy and research to attracting additional funding and support for the organisation and its expansion. This report makes a number of recommendations and encourages PIT to seek how this analysis can not only prove the difference that the organisation makes, but also improve it. It also hopes to be able to influence and challenge others in attempting to measure subjective social outcomes associated with HIV such as empowerment, stigma and discrimination.

Data collection

- Albeit the financial proxies used in this report were deemed the best available at the time. It is recommended that PIT conduct further research into ensuring all proxies used are relevant and appropriate for future research.
- Similarly the discount factors were estimated in this analysis. It is therefore strongly recommended that PIT conducts further research in this area to ensure more accurate percentages are adopted as well as a means of tracking previous participants to gather sufficient information about their social activity beyond the lifetime of the programme.
- The outcomes, quantities and proxies used for the local community were limited by the resources available. This area is not only a key objective for PIT but also one where there is a sense that PIT is having a bigger impact. It is therefore strongly recommended that PIT undertakes more thorough monitoring in this area.
- There was an unexpected outcome from the counselling that PIT members conduct in communities that wasn't measured in this analysis but is strongly recommended to be included in future research. It was clear from both the questionnaires and interviews conducted that PIT members are having a significant influence not only with fellow PIT members but also in the community through their one on one counselling.
- The methodology employed to understand change was extremely effective for this analysis but contains a degree of complexity that can be challenging to a non-statistician. This report strongly recommends that PIT undertakes further training in this area and creates a longer-term evaluation system that is conducted on a regular basis by trained PIT leaders to monitor the impact of its work.
- As with all analyses, this evaluation has taken a representative sample and illustrated the impact if that sample were to be scaled up to all stakeholders with whom PIT engages. It would be beneficial to PIT to continue to conduct monitoring and evaluation on as large a representative sample as possible in order to monitor change over time. In particular it is recommended that as and when new members register that there is a process of pre and post evaluation over certain time periods.
- There are further areas of research that might be of interest to PIT if time and resources permit. These include more research on the correlation between fitness and the effectiveness of treatment for those infected with HIV.

Strategic planning

- This analysis has highlighted that PIT needs to continue to ensure that structured football is central to its ongoing programme activities. Fitness was the most significant outcome which has come directly from playing football. A structured league has also been noted to have attracted more and more members.
- Empowerment through increased confidence and reduced stress has also been highlighted as a significant outcome. It is therefore worth PIT continuing to invest in the leadership skills of its members and considering other relevant training.
- Some comments coming out of the interviews have stressed the desire by other community members to join the programme, these include youth, men and those not living with HIV. It will be something for PIT to consider with the knowledge that one of the many strengths of PIT has been that it has offered a space for women living with HIV who are going through similar experiences to come together and offer each other support.
- Even though the unexpected outcome of improved livelihoods was not included in this research, it is worth PIT integrating it into its future strategic planning. Many members feel strongly that gardening projects and income generating opportunities should become part of PIT's activities offered even though it is beyond its current remit. It is obviously deemed very important to stakeholders and offers great benefits in terms of saving and making money, eating a more nutritionally balanced diet, fending for their families etc. PIT can build key partnerships with other organisations best positioned to assist their members such as those that set up income generating projects or offer other training opportunities.

Dissemination (with stakeholders and beyond)

It is important that the findings are reviewed by PIT's stakeholders and the information acted up to inform future decision making.

- The report has been undergone an independent peer review to ensure verification of the results indicated within the report. This has been conducted by PIT itself by the Director of PIT and the Chairman of the PIT Board of Trustees. It has also been reviewed by an independent research consultant and an independent development advisor.

- The report is being presented to the Secretariat, the Board of Trustees and all PIT members in each community. A presentation will be made in the Community Centres in each district to all PIT members and key stakeholders in each community. In addition to this, a leaflet summarising the report has been designed and will be circulated to each team and their respective communities for people to read and feedback. It is expected that the findings will influence PIT's data collection, its ongoing programming as well as support opportunities for additional funding, partnerships and scale up.

  Most importantly, it is hoped that the research will be extremely motivational for the PIT members and leaders themselves. It is their programme and they can now use these results to attach a value to their work. It is essential that the community as a whole understands this value to ensure the project is self-sustaining in the future. The ultimate vision is for PIT is to hand the programme over to the communities with the Secretariat facilitating partnerships and trainings.

- The report will also be presented to the various supporters of the programme including the donors, in-kind contributors and other local partners such as the National Aids Council and the Zimbabwe Network for People Living with HIV (ZNNP+). ZNNP+ have just launched research into creating a 'stigma index'. It is hoped that this analysis can contribute towards this research.

- Since this is the first SROI analysis conducted in Zimbabwe, it has been agreed that it would be important to share the framework and PIT's experiences with other influential partners within the field of HIV and AIDS. These include UNAIDS, ZANZIM, the national network for AIDS service organisations as well as at the regional level with NAPSAR, a network of people living with HIV in Southern Africa.

- Stigma and discrimination remains a challenge for people living with HIV and Zimbabwe is committed to "Zero discrimination" by 2015. There is therefore a need for the development of policies that addresses

stigma and discrimination reduction and their implementation. Meaningful involvement and participation by people living with HIV should be considered a pre-requisite in stigma reduction. It is hoped this analysis can be used to support this and challenge the status quo.

Social Return on Investment - The Impact Map

Stage 1		Stage 2			
Stakeholders	**Intended/unintended changes**	**Inputs**		**Outputs**	**The Outcomes (what changes)**
Who will we have an effect on? Who will have an effect on us?	What do we think will change for them?	What will they invest?	Value $	Summary of activity in numbers	Description How would we describe the change?
PIT Members	Members become fitter & healthier	Time , energy and commitment to start and keep going with PIT activities	$0	1. Football training and matches for 360 participants 3 times a week for 2 hours each session; 2. Other group activities for participants 2 times a week (drama, information and awareness sessions) for 2 hours each session; 3. One on one counselling by participants twice a week equating to 3 hours a week for 1 1/2 hours each session	As a result of playing football, participants were fitter which resulted in a reduction of illnesses
	Members have reduced stress				As a result of PIT involvement, members accepted their status, became more active and lived more positively.
	Members experience increased confidence				PIT activities has helped members build confidence & increase their self esteem
PIT family members	Families of PIT members report happier 'family life'	Time, energy and commitment to support family member's participation in PIT	$0		PIT activities increased understanding and acceptance of HIV and their family PIT member which resulted in better relationships and a happier family life
Community members	Decreased stigmatisation of people living with HIV or of HIV/AIDS as a whole	Time spent observing PIT activities and listening to its members	$0		PIT activities has contributed to the reduction in stigma towards HIV within the community resulting in an acceptance/increased knowledge on their status and a reduction in medical costs
PIT volunteers (Exec Committee)	PIT activities managed effectively and participants given support to run programme	Time, energy and commitment to manage and support the programme and its participants	$5,274		Material outcomes for participants, family members and key community members only. All outcomes considered above
New Dawn of Hope	Positive impact on HIV+ women	Contract (funding)	$10,000		
Elaine & Lloyd Charitable Trust	Positive impact on HIV+ women	Contract (funding)	$6,600		
British Embassy	Positive impact on HIV+ women	Contract (funding)	$5,225		
Alive & Kicking	Positive impact on HIV+ women	In kind donation	$1,040		
Total			**$28,139**		

Social Return on Investment - The Impact Map

Stage 3

The Outcomes (what changes)

Description	Indicator	Source	Quantity	Duration	Financial Proxy	Value £	Source
As a result of playing football, participants were fitter which resulted in a reduction of illnesses	1) fewer illnesses reported 2) reduction in medical costs due to illness	Questionnaires, focus groups, one on one interviews	342	3	1) **Local Clinic Fees** (average visit was twice per month per member at $1 a visit = $24) 2) **Local Bus Fares to Clinic** (average visit was twice per month per member at $2 for a return fare each visit = $48) 3) **Average Medical Costs for PIT member**s (average per month spent $4 = $48)	$120	1) Current average costs for Clinic user fees 2) Current average costs of a local return bus trip 3) Stakeholder questionnaire and interviews (PIT members)
As a result of PIT involvement, members accepted their status, became more active and lived more positively.	1) Members report increased personal wellbeing since joining PIT 2) Members report improved relationships with others / feeling less isolated		342	2	Willingness to pay for the continuation of activities in absence of funding on an annual basis	$34.20	Stakeholder interviews (PIT members)
PIT activities has helped members build confidence & increase their self esteem	1) Increase in disclosure from members 2) Members taking part in new activities/becoming more active in their community		342	5	Cost of individual counselling for those affected by HIV on an annual basis	$127.92	Local authority interview (current average salary for government social worker)
PIT activities increased understanding and acceptance of HIV and their family PIT member which resulted in better relationships and a happier family life	1) Family members report an improved relationship with the PIT member 2) Family members report a happier family life	Questionairres	300	20	Cost of family counselling for those affected by HIV on an annual basis	$29.64	Local authority interview (current average salary for government local counsellor)
PIT activities has contributed to the reduction in stigma towards HIV within the community resulting in an acceptance/increased knowledge on their status and a reduction in medical costs	1) Community members report a change in attitude towards HIV and those living with HIV 2) Number of community members getting tested for HIV 3) Number of community members disclosing their status	Questionairres, focus groups, one on one interviews	52	1	Cost of the supply of ARVs drugs for an individual on an annual basis	$137.04	World Health Organisation (WHO) 2009

Social Return on Investment - The Impact Map

	Stage 4					Stage 5				
The Outcomes (what changes)	**Deadweight %**	**Displacement %**	**Attribution %**	**Drop off %**	**Impact**	**Calculating Social Return**				
						Discount rate		10.0%		
						Year 1 (after activity)	**Year 2**	**Year 3**	**Year 4**	**Year 5**
As a result of playing football, participants were fitter which resulted in a reduction of illnesses	15%	0%	0%	10%	$34,884.00	$34,884.00	$31,395.60	$28,256.04	$0.00	$0.00
As a result of PIT involvement, members accepted their status, became more active and lived more positively.	25%	0%	30%	20%	$6,140.61	$6,140.61	$4,912.49	$0.00	$0.00	$0.00
PIT activities has helped members build confidence & increase their self esteem	30%	0%	30%	15%	$21,436.83	$21,436.83	$18,221.31	$15,488.11	$13,164.90	$11,190.16
PIT activities increased understanding and acceptance of HIV and their family PIT member which resulted in better relationships and a happier family life	55%	0%	10%	10%	$3,601.26	$3,601.26	$3,241.13	$2,917.02	$2,625.32	$2,362.79
PIT activities has contributed to the reduction in stigma towards HIV within the community resulting in an acceptance/increased knowledge on their status and a reduction in medical costs	40%	0%	40%	0%	$2,565.39	$2,565.39	$0.00	$0.00	$0.00	$0.00
					$68,628.09	$68,628.09	$57,770.53	$46,661.17	$15,790.21	$13,552.95
Present value of each year (after discounting)						**$62,389.17**	**$47,744.24**	**$35,057.23**	**$10,784.93**	**$8,415.31**
Total Present Value (PV)										**$170,667.46**
Net Present Value (PV minus the investment)										**$142,528.46**
Social Return $ per $										**6.07**

Stage 2	Stage 3	Stage 5														
The Outcomes (what changes)		**Calculating Social Return**							**Discount rate 10%**							
Description	**Duration**															
		Year 6	**Year 7**	**Year 8**	**Year 9**	**Year 10**	**Year 11**	**Year 12**	**Year 13**	**Year 14**	**Year 15**	**Year 16**	**Year 17**	**Year 18**	**Year 19**	**Year 20**
As a result of playing football, participants were fitter which resulted in a reduction of illnesses	3	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
As a result of PIT involvement, members accepted their status, became more active and lived more positively.	2	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PIT activities has helped members build confidence & increase their self esteem	5	$2,127	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PIT activities increased understanding and acceptance of HIV and their family PIT member which resulted in better relationships and a happier family life	20	$0.00	$1,914	$1,722	$1,550	$1,395	$1,256	$1,130	$1,017	$915	$824	$741	$667	$601	$541	$486
PIT activities has contributed to the reduction in stigma towards HIV within the community resulting in an acceptance/increased knowledge on their status and a reduction in medical costs	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total		**$2,127**	**$1,914**	**$1,722**	**$1,550**	**$1,395**	**$1,256**	**$1,130**	**$1,017**	**$915**	**$824**	**$741**	**$667**	**$601**	**$541**	**$486**
Present value of each year (after discounting)		**$1,200**	**$982**	**$804**	**$657**	**$538**	**$440**	**$360**	**$295**	**$241**	**$197**	**$161**	**$132**	**$108**	**$89**	**$72**