Sida Evaluation 03/17

National Railway (NRZ) of Zimbabwe's HIV/AIDS Prevention Program

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We are also indebted to the peer educators and their peers – those we interviewed – for their active participation and frank responses during group discussions and the SWOT analysis we did with them. We got to learn a lot about how the program operates at the shop floor level.

This study was made possible by the financial support from SIDA. We thank SIDA for giving us the opportunity to carry out the assignment, and hope that the findings and recommendations herein will make an important contribution towards strengthening the HIV/AIDS prevention program at NRZ.

Hope Chigudu & Associates

February 2003.

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List of Acronyms

AIDS	Acquired Immuno-Deficiency Syndrome
CBO	Community Based Organization
GM	General Manager
HIV	Human Immune Virus
IEC	Information, Education and Communication
KABP	Knowledge, Attitude, Beliefs and Practice
LFA	Logical Framework Analysis
M&E	Monitoring and Evaluation
NRZ	National Railways of Zimbabwe
NGO	Non-Governmental Organization
O&M	Operation and Maintenance
PLWHA	People Living With HIV/AIDS
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
SWOT	Strength, Weaknesses, Opportunities and Threats

Executive Summary

Program Description

In 1992, NRZ, a large parastatal employing about 10 000 people, introduced a policy to promote HIV/AIDS awareness and prevention at the workplace through a corps of peer educators. The increasing number of employees succumbing to HIV/AIDS, many of them skilled artisans, prompted this move. However, financial constraints hinder the training of a sufficient number of peer educators and the production and /or procurement of IEC materials and implementation of IEC activities. NRZ greatly appreciated the Sida support in these respects in the period January 2002 – December 2002.

Program Purpose

The purpose of the Sida support was to enable NRZ to increase the number of peer educators by 75 – that is, 25 workforce members; 25 spouses; and 25 youth. NRZ aims ultimately to reach a target ratio of 1 peer educator to 20 clients to service the information needs of 10 000 workers and 30 000 dependants.

Location

NRZ is the sole operator of railway transport services in Zimbabwe. The HIV/AIDS prevention program is implemented across the country, wherever NRZ employees are found. However, the greatest concentration of workers is in the city of Bulawayo, where NRZ is headquartered.

Purpose of Evaluation

The objective of this evaluation is to assess the relevance, effectiveness, impact and sustainability of the workplace HIV/AIDS prevention program, and to recommend ways in which Sida could further strengthen HIV/AIDS prevention and care activities at the workplace. The full Terms of Reference for the study are at Annex 1.

Findings and Recommendations

Organizational growth

NRZ is a long-established, large and very mature organization. The structure for implementing the HIV/AIDS prevention program is therefore embedded within an organization with long-standing and time-tested operational guidelines and accounting procedures. Advantages of this include a stable internal organizational environment, with clear policies and operational procedures, and systematic supervision of financial accounting and program management processes.

There are disadvantages also. Within a large organization, a division or department is often a large bureaucracy. Decisions may take long to make because of the sheer depth of the bureaucracy. Bureaucracies also get stuck to traditional ways of doing things and lack flexibility to support innovativeness at program level. E.g. IEC strategies have remained the same since 1992.

Recommendations:

For the program, we recommend a stand-alone structure, where the AIDS Program Coordinator reports directly to the General Manager (GM), so that HIV/AIDS-related policy and administrative decisions requiring inputs from all divisions are made quickly.

To motivate and bring excitement into the work of peer educators, NRZ should organize competitions for the peer educators – and give suitable prices for innovative, creative and replicable strategies in the promotion of HIV/AIDS prevention and care.

Mechanism for accountability

As a manager, the AIDS Program Coordinator is located at the bottom of the management structure. She reports to a Senior Medical Officer, who reports to the Human Resources Manager, who in turn reports to the General Manager. The junior rank has disadvantaged the Coordinator when competing with senior managers for access to common assets such as company vehicles.

An Assistant Coordinator, 12 Site Coordinators, 10 peer educators per Site Coordinator, and a Secretary support the Coordinator. Only the Assistant Coordinator and the Secretary report directly to the Coordinator. The others report in separate chains of command and are not fully accountable to the AIDS Program Coordinator. Some peer educators have neglected their duties to the extent that the Coordinator needs to train replacements for what she termed *deadwood*.

Recommendation:

We reiterate the earlier recommendation that the project implementation structure be a stand-alone structure where the AIDS Program Coordinator reports directly to the General Manager (GM). This would facilitate early resolution of accountability and other issues by the GM where actions by divisional/departmental heads is needed.

NRZ as a learning organization

NRZ capitalizes on its experiences to improve its strategies for HIV/AIDS prevention. However, the learning process has not been explicit. The lessons since 1992 have not been documented and repackaged to facilitate dissemination. AIDS prevention strategies focus on promoting sexual abstinence, mutually faithful relationships and correct and consistent use of condoms. Many newly infected people have heard about these good pieces of advice. There is no attempt to understand why they did not heed the advice.

Recommendation:

NRZ should document experiences and lessons learnt with a view to identifying and disseminating best practices to other players in the fight against HIV/AIDS at the workplace. It should also encourage peer educators to be creative in addressing socio-cultural hindrances to change towards safe sexual behavior.

Gender issues

NRZ observed that for men, long-standing traditional and cultural factors stand in the way of change to safe sexual behavior, and that despite all that women now know about HIV/AIDS, they are still not empowered to negotiate safe sex. We find that this is so because the AIDS prevention program is a gender-neutral program.

Recommendation:

NRZ should mainstream gender in its HIV/AIDS policy and prevention program. To do this, NRZ should have a working knowledge of gender issues in the Zimbabwean society. We recommend a male inclusive approach because of its potential of renegotiating masculinity. Men need to learn that privileges premised on masculinity impose their own burdens. E.g. some men derive pride from contracting STDs – "*Bhuru rino onekwa nemavanga aro*" (Battle scars are the mark of brave men). But, as a famous actress observed: "Fooling around isn't fooling around anymore" (Whoopie Goldberg).

Program Relevance

HIV/AIDS infection rates in Zimbabwe are estimated at 35–38.5% for those aged 15–49 years and around 27% for those aged 15–19 years. Most of those in the latter age group are women. The infection rate could still be rising. The situation is decimating the economically active section of the population. The healthcare system is already over-burdened by the demand for healthcare facilities,

medicines and personnel. There is need to create opportunities for people in all walks of life to participate in HIV/AIDS prevention activities. Through dissemination of information and knowledge on HIV/AIDS, the NRZ program creates these opportunities at the workplace.

Components of the IEC program at NRZ

The full range of program components is as follows:

- HIV/AIDS awareness workshops for managers, officers and supervisors
- HIV/AIDS awareness workshops for managers' spouses
- Training of Site Coordinators based at the 12 NRZ clinics across the country
- Training of Peer Educators (75) and capacity building for all peer educators
- Production/procurement and distribution of IEC materials
- Treatment of, and collecting data on STDs at the 12 NRZ clinics
- Provision of voluntary counseling and referrals to testing services.

Gaps in the program strategies

The program has neglected socio-cultural factors of sexual behavior e.g. the need to prove one's manhood; culture-based gender inequalities; etc.

Managers do not seem to be actively involved. Peer educators cited the exception of a senior manager who has attended several HIV/AIDS-related meetings to participate in the debate as well as give moral support to the workers.

The gender perspective is weak. For example, all condom distributors in the company are men and they distribute male condoms only.

HIV/AIDS is a cross cutting issue that affects all departments of NRZ, but accountability for progress in HIV/AIDS prevention seems to be the responsibility of the AIDS Program Coordinator alone. Managers are not proactive in promoting HIV/AIDS prevention.

Recommendations:

In addition to disseminating information about the *AIDS facts*, there is need also to engage women and men to dialogue on how to deal with the *social/cultural facts* that hinder efforts to stem the spread of HIV/AIDS.

To mainstream gender into the IEC program NRZ needs to design needs assessment formats that capture the problems and concerns of men and women and incorporate these in the training and communication materials.

NRZ should facilitate organizational capacity building for the communities so that they can utilize the IEC messages in community-based HIV/AIDS prevention and care activities, and to negotiate resources from other support systems.

To mainstream HIV/AIDS prevention throughout all the structures and activities of NRZ, the divisional/departmental/unit heads should be accountable to those above them for the access to HIV/AIDS-related messages by all those below them.

Worker Participation

Policy decisions are in the hands of management, who decide on the nature and extent of company support to HIV/AIDS prevention at the workplace. However, peer educators are the backbone of the IEC activities. A ratio of one peer educator for 20 workers has been suggested. For a workforce of

10 000 employees, the ratio would yield a large number of peer educators. Is there capacity to train and supervise their work?

Recommendation:
The target number of peer educators should match the financial capacity of NRZ for training, supervising and servicing the needs of the peer educators.

Objectives and Outputs

The overall strategy of NRZ is to ensure that management, employees, their families and apprentices have access to HIV/AIDS information, counseling services, condoms, and STI management skills. Among others, the specific objectives are:

- To prevent and control the spread of HIV/AIDS/STI through information dissemination to achieve attitudinal and behavioral changes among the workforce
- To train 75 elected peer educators from all grades of employees, their spouses, youth and apprentices who will be responsible for the daily campaign against HIV/AIDS.

Generally, the program was well on course towards meeting targets in terms of HIV/AIDS awareness sessions targeting top executives, officers and supervisors, and in terms of the training of peer educators. Accomplishment rates ranged from 50% to 112%. However, peer education activities reached only 3000 (30%) of the target of 10 000 employees and 8000 (27%) of the target of 30 000 workers' dependants. The shortage of peer educators is the key factor. There are only 480 trained peer educators.

The shortage of transport facilities is a serious hindrance to the AIDS Program Coordinator's supervision of the program, to the extent that field trips have often been postponed because of competition for the available vehicle.

Recommendations:
The importance of NRZ's HIV/AIDS prevention program and its nationwide coverage makes a program-specific vehicle strongly desirable. Sida should provide funding for the purchase of a suitable vehicle, and for the vehicle's running and maintenance (O&M) costs for one year. Thereafter, NRZ should assume responsibility for the O&M costs.

Impacts on Workers KAPB

Knowledge*:* In its Project Proposal Document (Jan. – Dec. 2002), NRZ reproduces some of the results of a post-intervention KAPB survey of 1999. The report claims that from July 1998 to July 1999, knowledge of HIV/AIDS improved from 58% to 97%.

Recommendation:
It is advisable to record the proportion of respondents mentioning *each* HIV/AIDS fact correctly. The pattern of knowledge would indicate the areas where more information and education are needed.

Impact on workers' sexual behavior*:* Data at NRZ show that condom use contributed to an overall decline in the prevalence of STI among the workers, from a running average of 1335 infections in 1997/98 to that of 469 in 2000/01. NRZ also observed a 20-fold increase in the number of people seeking counselling.

Recommendations:
Disaggregating data by age, sex etc would be helpful in future targeting of IEC activities.

NRZ should motivate the target groups to buy condoms when the free supply runs out. Charges covering a percentage of the cost of condoms should be introduced and progressively increased. Meanwhile, appropriate IEC materials and methodologies should be developed to address socio-cultural hindrances to a shift towards safe sexual practices.

Impacts on Management

The NRZ program arose from the management's awareness of and concern about the impacts of HIV/AIDS on NRZ human resources and on the company's ability to maintain its transport services. NRZ did not do a cost-benefit analysis of the program, therefore the totality of its financial contribution to and financial gains from the program are unknown.

Sustainability / exit strategy

The HIV/AIDS program has existed since 1992. The following measures are in place:

- A policy on HIV/AIDS, introduced in 1992
- A budget allocation for implementation of the policy
- Full-time staff employed to spearhead the HIV/AIDS prevention program.

The program is thus internally driven and supported. However, the current financial crisis at NRZ has weakened capacity to implement the HIV/AIDS program on self-reliance.

M&E systems – effectiveness

Monitoring*:* There is capacity to report on *actual* achievements in comparison with *planned* targets and timeframes. However, progress monitoring is long on the IEC process and its products (activities, outputs and implementation targets) and short on impact indicators (outcomes).

Evaluation*:* Effective evaluation starts with the establishment of baseline data on those indicators that NRZ seeks to influence through the HIV/AIDS program, e.g.

- Prevalence of condom use by sex, age and marital status

Because NRZ did not establish these baselines, the magnitudes and significance of program outputs cannot be fully assessed.

Recommendation:

Baseline data should be established to enable NRZ to define change-oriented operational objectives for the program, e.g. "*to improve condom use prevalence from 15% to 90%.*" This indicates where the target group is (15%) at the beginning and where it should be (90%) at the end of the program.

Overall assessment and recommendations

NRZ greatly appreciates the Sida support during a period when the parastatal is in dire financial straits. Prospects for early financial recovery of NRZ are not bright. An optimistic view is that it might take 3–5 years to rehabilitate the agricultural sector after the land redistribution program, and for the economy as a whole to begin to turn around and create employment opportunities. This turnaround is critical to generating demand for goods and passenger transport services that NRZ needs for its own turnaround to begin. Meanwhile, gains made in the fight against HIV/AIDS should be maintained. Therefore, we strongly recommend that:

- Sida should continue funding the NRZ HIV/AIDS prevention program in a 3-year partnership program during which NRZ should, hopefully, recover from its financial crisis and rebuild self-reliance.

- Sida should provide funding for a program specific vehicle to build capacity for monitoring program activities in and outside Bulawayo. A four-wheel drive pick-up truck, with a canopy, is recommended; it can also be used to deliver IEC materials.
- The program implementation structure should be a stand alone structure, with the AIDS Program Coordinator reporting directly to the General Manager, in line with the fact that program activities cut across NRZ and require oversight from a position that can effectively demand accountability from all divisions of NRZ.
- To mainstream HIV/AIDS, all levels of management should be accountable for progress in promoting HIV/AIDS prevention activities in their divisions, departments and units, as the case may be. Accountability should be visible through formal annual performance appraisal of the managers.
- Annually, NRZ should create a moment of reflection on program experiences and lessons involving all levels of employees, in the search for more effective strategies for promoting safe sexual behavior. The program budget should include this activity.

1 Program Context

1.1 HIV/AIDS in Africa

Recent UN reports show the extent to which HIV/AIDS is eroding economic, health and educational development in Africa by wiping out its human resource base. Africa's population has never suffered as much shock as is being experienced now with the threat of HIV/AIDS. While in most western countries HIV/AIDS is mostly a homosexual disease, in Africa the disease is transmitted heterosexually. This means that HIV/AIDS is hitting Africa where it hurts most - the family.

From the early eighties of outright denial or nervous acknowledgement of the disease, to the late nineties acceptance and hypocritical enforcement of 'non disclosure' policies, African countries allowed the dreadful HIV strains to permeate their societies. Waking up from self-delusion, many African countries found their societies decimated by the loss of their young and most productive populations to HIV/AIDS while numbers of AIDS orphans skyrocketed with the attendant social welfare implications. Since then, southern and eastern African countries such as Uganda, Nigeria, Botswana, Zimbabwe and South Africa have taken steps towards curbing the incidence HIV/AIDS through bold policies and open and aggressive campaigns against the spread of the disease. The efforts, assisted by foreign aid, churches and civil society organizations have gone a long way towards educating the public, rehabilitating the already infected and curbing infection rates.

In response to the scourge, the Government of Zimbabwe put in place a National HIV/AIDS Policy. Some of the guiding principles were as follows:

- HIV/AIDS is a serious public health, social and economic problem requiring to be addressed as a major priority through appropriate individual and collective actions
- Information and behaviour change are cornerstones for the prevention and control of HIV/AID/STI
- Sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies.

The government also put in place the National AIDS Council (NAC) of Zimbabwe Act, to facilitate creation of a mechanism for spearheading and coordinating the national effort to combat the HIV/AIDS scourge. The government created the National AIDS Trust Fund (NATF) to enable the NAC to mobilize and administer the financial resources for supporting HIV/AIDS-related projects and programs.

The Ministry of Public Service, Labour & Social Welfare also introduced Statutory Instrument 202/1998 (Labour Relations Regulations on HIV/AIDS and Employment), to establish the rights and responsibilities of both employers and employees in respect of the prevention and management of HIV/AIDS and its employment consequences. The SI 202/1998 stipulates that:

- It is incumbent upon employers to ensure that employees have adequate information and education on HIV/AIDS/STI and on existing preventive and care support services.
- Employment cannot be terminated because of the worker's HIV status
- Whatever the HIV status of the worker, s/he is entitled to all benefits available to other employees of his/her grade
- Sick leave provisions in the Labour Relations Act apply to all employees, including those with HIV/AIDS.

Most of the companies have not done much to implement the statutory instrument 202/1998. At NRZ, however, a foresighted management introduced a policy on HIV/AIDS prevention at the workplace as early as 1992.

1.2 NRZ Program

The main objective of NRZ is:

To prevent and control the spread of HIV/AIDS and STDS through information dissemination from the shop floor workers to management and all their dependants and apprentices through a corps of trained peer educators drawn from all workplaces and the provision of counseling services.

The main components of program activities are peer educator training; peer education; promoting condom availability and use; procurement and distribution of IEC materials and promotional materials; and counselling and referrals to testing services. From 1994 to December 2001, the program could boast these achievements (among others):

- 480 peer educators trained – 390 employees, 51 spouses and 39 youths.
- 90% of the officers reached by HIV/AIDS awareness training sessions.
- 92% of the workforce reached through peer education.
- Increase in male condom use (from 14 500 in 1997 to 175 500 in year 2000).
- A 20-fold increase in number of workers seeking counselling services. Etc.

1.3 The Sida Component

Sida support to NRZ was expected to enable NRZ to:

- Train an additional 75 peer educators – the ultimate target is to have 1 peer educator for 20 clients.
- Disseminate AIDS prevention messages at all levels of NRZ's structure.
- Hold training workshops and seminars for top managers, officers and supervisors and for their spouses.

Factors considered for support to the program included these:

- Despite the fact that the Government of Zimbabwe had introduced the AIDS levy and set up the National AIDS Council set up to coordinate the national response to the HIV/AIDS scourge, little took place on the ground. The AIDS levy is in any case not accessible to companies. It is mainly up to NGOs to deal with the HIV/AIDS pandemic.
- Studies have shown that workplace-based HIV/AIDS prevention programs can reduce HIV infection rates by as much as 30%
- NRZ already had an HIV/AIDS program under way, but had difficulty financially to maintain the program.
- NRZ employs a large number of people (around 10 000). A successful HIV/AIDS prevention program would benefit not only the NRZ employees but their families and many other Zimbabweans as well.

Sida support to National Railways of Zimbabwe's peer education program amounted to SEK 105 000 (Phase 1) and SEK 580 000 (Phase 2).

1.4 Purpose, Methodology and Approach of the Study

The overall objective of this evaluation is to assess the relevance, effectiveness, impact, and sustainability of the NRZ program. The full Terms of Reference (TOR) for the study are presented as Annex 1 of the report.

One member of the team met with the NRZ AIDS Program Coordinator to discuss the terms of reference for the evaluation and to work out a schedule of meetings with key informants – NRZ managers, peer educators and peers.

The team also collected such documents as were available and relevant to the exercise, from both Sida and NRZ.

The team met with four managers and with the Program Coordinator in one-to-one interviews.

Two focus group discussions were held, one with the peer educators and the other with a smaller group of peers. A SWOT analysis was carried out with each group.

The approach was designed to capture views from the policy-making level as well as from implementers and beneficiaries of the program. Annex 2 lists all the people met.

1.5 Focus

The analysis mostly focused on those areas that need improvement. NRZ is a long-established, large and very mature organization, with systematic and time-tested operational and accounting procedures. Our focus was on the location of the program's implementation structure and impacts of this on efficiency in decision-making and accountability. In terms of programming, the focus was on the linkage and goodness of fit between program objectives, activities, outputs, outcomes and the program goal. Because attitudinal and behavioral change is key to the success of the program, we also looked at the extent to which the program was people-centered in its design.

1.6 Constraints/Limitations

At the time that the study started, just before Christmas, Zimbabwe was hit by a very serious fuel crisis. NRZ was in the center of the emergency measures taken to bring fuel across the borders from Mozambique and South Africa. This scuttled the schedule of meetings with the managers, such that some scheduled meetings did not take place. However, we believe that those we saw provided sufficient information for adequate insight into the operational arrangements and experiences of the HIV/AIDS program at the NRZ workplace, to enable us to address the issues identified in the terms of reference.

2 Organisational Analysis

2.1 The Stage of Growth

NRZ is a long-established organization and one of the largest employers in Zimbabwe, employing about 10 000 workers. The HIV/AIDS prevention program and the implementation structure are therefore housed in an organization with long-standing and time-tested operational guidelines and accounting procedures. Advantages of this include:

- A stable internal organizational environment, for smooth program implementation.
- Clear policies and operational procedures, enabling smooth tracking of progress.
- Skilled, systematic supervision of financial accounting and management processes.

Disadvantages include:

- Embedding the program implementation structure within a large bureaucracy developed for a large parastatal organization in the transport business. Decisions take long to make because of the sheer depth of the responsible department's bureaucracy and the sheer breadth of organization wide consultations.
- Tendency towards conservatism – large bureaucracies get stuck to traditional ways of doing things. This results in lack of flexibility at program level, lest innovativeness and creativeness upset the traditional ways of doing and accounting for things.

For instance, the use of a corps of *volunteers* from among the workforce working as peer educators and peer leaders is a new experience with its own dilemma:

On one hand, there is no doubt that NRZ benefits from the HIV/AIDS prevention program, otherwise NRZ would lose many of its technical and other staff to HIV/AIDS. NRZ's ability to carry out its core business of transporting people and goods would be seriously eroded. On the other hand, an HIV-positive status in most cases and especially among men is *self-inflicted* since it can be traced to the individual's sexual behavior. To some managers, the HIV/AIDS prevention program seeks to protect people who should know better than expose themselves to a health hazard. There is thus some uncertainty over whether peer education should be formally incorporated in the job descriptions of peer educators and formally remunerated. Currently the peer educators only get a token of appreciation for their labor.

Recommendation

- A cost-benefit analysis of the HIV/AIDS prevention program at NRZ might help to boost support for the program at all levels of management. Positive results from such an analysis would motivate management to continually re-dedicate itself to supporting and facilitating a vigorous HIV/AIDS prevention program.
- NRZ should continuously search for ways to improve compensation for the corps of volunteers. In this respect, the cost-benefit analysis mentioned above would be helpful in indicating the monetary value of the volunteers' contributions to NRZ's survival and operation. Allowances commensurate with the value of their contribution can then be worked out.
- To further motivate and make the work of peer educators exciting, NRZ should organize competitions for peer educators – and give suitable prices for innovativeness and creativeness in the promotion of HIV/AIDS prevention and care.

2.2 Mechanism for Accountability

The Program Coordinator heads the implementation structure for the AIDS prevention program. She reports to a Senior Medical Officer, who in turn reports to the Human Resources Manager, who in turn reports to the General Manager.

The Coordinator is supported by, in that descending order, an Assistant Coordinator, 12 Site Coordinators, Peer Educators (about 10 per Site Coordinator), and a Secretary.

The Coordinator, Assistant Coordinator and Secretary work full time on the AIDS prevention program. Site Coordinators belong to the Health, Safety and Welfare Department and work on the AIDS prevention program from their respective clinics on a part-time basis.

Peer educators are volunteers who have been trained and designated as such. Peer education is an ongoing process during and after the working hours. Moments are also created for HIV/AIDS-related meetings and training sessions or workshops. The peer educators are not remunerated for their services save for the allowances to cover subsistence, traveling and accommodation costs when on their HIV/AIDS-related duties. They also receive promotional materials such as T-shirts and caps and calendars.

An NRZ Accountant has also been attached on a part-time basis to provide accounting services to the AIDS prevention unit. The accounting procedures are therefore the ones used organization wide.

Thus, the AIDS Program Coordinator is located at the bottom of a management structure. In terms of program operations, and as will be elaborated later, this has disadvantaged the incumbent in terms of access to means of transport when there is competition with other, more senior managers over the few vehicles that are road-worthy. In terms of decision-making, peer educators observed that an issue takes long to resolve, as it has to go through several management levels. Although no specific example was given, the fact is that the Program Coordinator has no direct access to the General Manager, and any issue initiated by her must pass through two managers before it lands on the desk of the General Manager. The mediation of first the Senior Medical Officer and then the Human Resources Manager involves some censorship and editing of the information.

Potential problem areas can also be identified as follows:

- While the Site Coordinators (12) and the Accountant devote some of their working hours to the HIV/AIDS prevention program, they belong to a chain of command separate from that of the Program Coordinator.
- Peer educators also belong to chains of command separate from that of the Program Coordinator. They work as volunteers. This role is not fully recognized but is acknowledged through payment of some allowances to cover travel, accommodation and subsistence costs when on the business of the program.
- Because they are volunteers, the peer educators can relinquish their role any time, with or without notice.

In short, the AIDS Program Coordinator cannot hold the part-timers and volunteers fully accountable to her for their performance in the HIV/AIDS prevention program. For example, some peer educators have neglected their duties to the extent that the Coordinator sees a need to train replacements for what she termed 'deadwood'. We do not think that firing *deadwood* and training new peer educators to replace them is a sustainable solution – there are costs involved. Ideally, departmental managers should be called upon to revive the 'deadwood' in their departments. However, from her rank, the AIDS

Program Coordinator cannot make departmental managers answerable to her, and she has no direct access to the GM to seek his assistance on this. It is also not certain what punitive action can be taken against non-performing peer educators since they are *volunteers*.

Recommendation

The project implementation structure is a recent creation of the re-structuring exercise that had taken place just before this study was undertaken. At program review meetings, the project implementation structure should be reviewed also, to identify needed improvements. We recommend that the project implementation structure be a stand-alone structure where the AIDS Program Coordinator reports directly to the General Manager (GM). This would facilitate speedy decision-making to resolve accountability and other issues by the GM where departmental heads are concerned.

2.3 NRZ as a Learning Organization

A learning organisation facilitates the learning of all its members and continuously transforms itself. It looks for lessons from every experience, and seeks to nurture and harness the knowledge and experiences of all those who work in and with the organization, continuously trying to improve its performance to the benefit of all the stakeholders.

While NRZ no doubt capitalizes on its experiences to improve its strategies for HIV/AIDS prevention, the learning process has not been explicit. For instance, the experiences since 1992, when the HIV/AIDS prevention program started within NRZ, have not been documented and repackaged to facilitate dissemination of lessons learnt. As in other organizations working on AIDS awareness, emphasis is on disseminating technically correct information about HIV/AIDS infection, symptoms and prevention. Prevention strategies focus on promoting sexual abstinence, mutually faithful relationships and correct and consistent use of condoms. Many of the newly infected had heard about all these good pieces of advice before. There has been little or no attempt to explore the reasons why IEC messages on HIV/AIDS seem to fall on deaf ears.

NRZ needs to be more creative and innovative in the search for other strategies, to move away from dependence on condom distribution as the main prevention methods. However, this might be easier said than done. The program implementation structure at NRZ was *added onto* a long-standing bureaucracy with established operational guidelines and accounting procedures. Belonging to such an organization might mean being inflexible where adaptability is needed in response to changing needs of target groups.

Recommendation

NRZ should develop the habit of documenting its experiences and lessons learnt with a view to repackaging and disseminating best practices to other players in the fight against HIV/AIDS at the workplace.

2.4 Gender Perspective

It has been observed within NRZ that, for men, long-standing traditional and cultural factors stand in the way of change to safe sexual behavior, and that despite all that women now know about HIV/AIDS, they are still not empowered to negotiate safe sex. This is not a surprising discovery, because the HIV/AIDS prevention program is not designed as a women's empowerment program but as a gender-neutral program. We reiterate the need to come up with innovative approaches to empowering sexually active people so that they can confidently steer clear of high-risk sexual behavior.

To mainstream gender in programs is not easy, even if one went through gender training. More attention needs to be paid to men since they have more to change than women. A male inclusive approach to Gender and Development (GAD) carries with it the potential of renegotiating masculinity as well as redressing gender imbalances. For example, some men may not be interested in violence but the social relationships in which they are caught up pressurizes them into complicity or a conspiracy of silence.

NRZ needs a critical mass of gender sensitive men who can work towards the destabilization of patriarchy. This could mean, in the long run, more sustained institutional commitment to reduction of gender inequalities. Moreover, given the fact that men as well as women have problems with 'gender in relation to culture' it is possible that men too will benefit from interventions which question gender roles and relations and which involve them in the struggle for justice. The training offered should show that men have a great deal to gain also in renegotiating gender relations.

This brings into question the value of gender training that is being offered and the tools used. It has to start by challenging staff members about their own masculinity and femininity. The gender training being offered in many organizations, in its current state, might not bring about the desired changes. It is too superficial.

Recommendations

NRZ should start mainstreaming gender in its HIV/AIDS policy and prevention program. To do this successfully, NRZ itself should acquire at least a working knowledge of gender issues in the Zimbabwean society. Therefore, NRZ should make gender analysis a part of their learning process as an organization.

3 Program Analysis

3.1 Program Relevance

The relevance of the programs can be assessed against the needs of the target groups and in relation to the need for a national response to the HIV/AIDS pandemic.

The target group comprises all NRZ employees, from top management to shop floor workers. They need to know about "*the HIV/AIDS facts*", i.e. sources of infection, clinical symptoms, prevention, and care and mitigation methods. Improved knowledge levels would lead to change towards safe sexual behavior, such as mutually faithful sexual relationships, consistent and correct use of condoms, etc. It is also hoped that greater knowledge about HIV/AIDS would lead to positive change in attitudes towards PLWHA, a pre-requisite if the workplace and home environments are to be supportive to PLWHA. Otherwise stigmatization and discrimination of PLWHA would continue unabated. **Table 1** below summarizes the main components of the HIV/AIDS prevention at the NRZ workplace.

Table 1: Components of the IEC programs at NRZ

Activity
Engaging company management in a dialogue for policy support
HIV/AIDS awareness sessions with workers
Peer Educator training and capacity building
Peer Leaders training
Training of Trainers (12 Site Coordinators at 12 NRZ clinics)
Peer training and education
Treatment of and collecting data on STDs at the 12 NRZ clinics
Promoting correct and consistent use of condoms
Promoting condom accessibility at the work place
Mobilizing employees for HIV/AIDS prevention activities
KABP studies to identify knowledge gaps among target groups
Provision of voluntary counseling and referrals to Testing services
Home visits to counsel workers and their families
Production/procurement and distribution of IEC materials

Other target groups are coming on board, resources permitting. These are the spouses and dependants of employees living in NRZ townships. In this respect, there are needs for:

- Women and youth to be protected against HIV/AIDS infection.
- The infected to learn to live positively with HIV/AIDS.
- The community to adopt positive attitudes and reduce stigmatization and discrimination of PLWHA.
- The community to support and care for members living with HIV/AIDS.

At the national level, HIV/AIDS infection rates have been estimated at 35–38.5% for those aged 15–49 years and around 27% for those aged 15–19 years. Most of those in the latter age group are women. The infection rate could still be rising. The situation is decimating the economically active section of the national population or those who are about to enter the labor market. The threat to the national economy is obvious, and the healthcare system is already over-burdened by the demand for hospital beds, medicines and medical personnel.

While home-based care is being promoted to relieve pressure on the public healthcare system, the strategy has proved inadequate as more than half the population of Zimbabwe is poor. Affected households slide deeper into poverty as their meager resources are used for the home-based care activities. Thus, the scourge is not a problem of the infected alone but of the entire population since it eventually affects everyone's general welfare.

The national AIDS levy has been in place for some time now, but it has been under-utilized for a number of reasons:

- Lack of transparency over how much money has been collected through the AIDS levy and how the money is allocated hampers the planning of HIV/AIDS-related actions – there is need for clarity on the resources available.
- Intended beneficiaries are ignorant about procedures for accessing funds from the AIDS levy. For poor households, the search for information requires skills they don't have and incurs costs they can't afford
- Administration of funds by the NAC at the national level and thence by Committees at Provincial and District levels is bogged down by administrative red tape, such that those seeking support do not get it in good time or give up from fatigue. Funds for income generating projects often arrive when the capital costs can no longer be met under the budget initially worked out for the project.

At any rate, the magnitude of the HIV/AIDS scourge is such that additional other interventions are needed as a matter of urgency, especially those promoting access to information and knowledge about HIV/AIDS. There is need to create opportunities for people to participate in and benefit from prevention and care activities. Through dissemination of information and knowledge and promotion of participatory IEC activities the NRZ program is creating these opportunities at the workplace and hopefully in the NRZ townships that are home to many employees of the organization.

HIV/AIDS prevention at the workplace can reduce infection rates by a large margin. In an organization that employs more than 10 000 people with +/– 50 000 dependants, the benefits of such an achievement would be felt not only within NRZ but also in the entire city of Bulawayo where NRZ is headquartered, and beyond. Protecting NRZ employees against HIV/AIDS infection would also benefit the thousands of people with whom the itinerant NRZ artisans are in contact throughout Zimbabwe.

There is no doubt therefore that the NRZ program is an important contribution to the fight against the national disaster that has unfolded. NRZ has on three occasions won awards for its sterling efforts to combat the HIV/AIDS scourge at the workplace. This should produce modeling effects on other institutions employing large numbers of people, thus contributing further to the fight against HIV/AIDS.

Gaps in the program strategies

The spread of HIV/AIDS is traceable mainly to individual sexual behavior. Therefore, to the extent that behavior is shaped by one's access to information and knowledge, the IEC activities are very relevant to promoting behavioral change towards safer sex. However, people's behavior is not always

consistent with their knowledge of 'facts'. NRZ noted a huge and persistent discrepancy between knowledge of the HIV/AIDS facts and sexual behavior. The need to prove one's manhood or womanhood, social pressures on one to procreate and poor skills for negotiating safe sex are some of the "*social facts*" hindering the adoption of safe sexual behavior.

As presently implemented, the program focuses on the shop floor workers more than on the management level. Managers do not seem to be actively involved. The peer educators cited the exception of one senior manager who has attended several HIV/AIDS-related meetings to participate in the debate as well as give moral support to the workers. Otherwise there appears to be little that managers participate in, yet it is NRZ management that initiated the HIV/AIDS prevention and mitigation program at the workplace in 1992.

The class bias might create the wrong impression that the HIV/AIDS prevention program is meant for shop floor workers mainly yet all sexually active people need protection against HIV/AIDS. Also, in many workplaces managers are the main culprits in sex-for-jobs scandals, and in many cases of sexual harassment. They also have the money for with which 'sugar daddies' lure young women into sexual relationships.

The gender perspective is weak. For example, all condom distributors in the company are men and they distribute male condoms only. A female peer educator observed the absence of female condoms at the offices of the 'distributors' and in women's toilets. She had seen the one female condom that was used for demonstrations at awareness sessions. The peer educators have not been exposed to gender issues and their impacts in terms of:

- Women's vulnerability to HIV/AIDS infection due to poverty
- Deprivation of infected women in terms of resources for mitigating their suffering
- The inordinate burden of caring for PLWHA that women carry
- Women's inability to negotiate safe sex when they are economically dependent on men, in addition to unequal gender relations of power in a marital union
- Legal rights, protection and guarantees of support available to married women whose spouses indulge in high-risk sexual behavior. Etc.

These and other issues are not visible in IEC materials/messages.

Another matter of concern is that the responsibilities of other departments for promoting HIV/AIDS prevention, and accountability for the manner in which they discharge this responsibility, are not clear. While HIV/AIDS is a cross cutting issue that affects all departments of NRZ, accountability for progress in HIV/AIDS prevention seems to be the responsibility of the AIDS Program Coordinator alone. We feel that HIV/AIDS prevention activities should be mainstreamed in all the departments, so that all managers are proactive in promoting HIV/AIDS prevention.

Finally, on program design, the thrust on the promotion of condom use is on procuring condoms and distributing them free of charge. Serious thought should be given to the sustainability of this approach. There could also be a conflict with one of the program objectives. Who do the workers use the condoms with? Is it with their spouses or with multiple partners? If the latter, then the distribution of condoms free of charge might be encouraging and supporting the practice of multiple sexual partners, yet the aim of the program is to encourage workers to move away from high-risk sexual behavior. A manager in the engineering division was dismayed by what appeared to him to be over-emphasis of the importance of the condom as a solution to the spread of HIV/AIDS when good moral behavior should be emphasized.

Recommendations

In addition to disseminating information about the *AIDS facts*, there is need also to engage women and men to dialogue on how to deal with the *social/cultural facts* that hinder efforts to stem the spread of HIV/AIDS.

The IEC strategies should also be more effective in reaching out to management. In addition to providing policy support, management should also participate actively in the IEC activities at their workplace and see themselves as beneficiaries of the protection against HIV/AIDS.

To mainstream gender into the IEC program NRZ needs to:

- Design needs assessment formats that capture the problems and concerns of men and women and incorporate these in the training curriculum
- Combine messages on HIV/AIDS with information on women's rights, property rights, family law, domestic violence, sexual harassment and inheritance issues
- Implement innovative IEC methodologies that promote community wide analysis of and dialogue on gender issues in sexual and reproductive health
- Adopt monitoring and evaluation systems that include gender as an important variable, especially for assessing effectiveness, efficiency, outreach and impacts of the training
- Give careful thought to 'gender strategies' that might work in a given IEC process, e.g. should participants consist of women only, men only, or both and why?

For effective outreach to communities, NRZ needs to:

- Recognize that workers' spouses and dependants are a sub-group of a patriarchal community where women and youth are not seen as decision makers. The patriarchal ideology must be interrogated. IEC activities should include promotion of community wide dialogue on socio-cultural hindrances to adoption of safe sexual behavior.
- Facilitate organizational capacity building for the communities so that they can indeed utilize the IEC messages in community-based HIV/AIDS prevention and care activities, and to negotiate resources from other support systems. For example, communities need organizational capacity to effectively dialogue with and negotiate support from the bureaucracies that administer the AIDS levy.
- Assist community structures to negotiate linkages with AIDS support organizations and relevant other organizations for financial, material and technical support on organizational capacity building for the target groups.

To mainstream HIV/AIDS prevention throughout all the structures and activities of NRZ, the divisional / departmental and unit heads should be accountable to those above them and ultimately to the GM, for progress in dissemination of HIV/AIDS-related IEC messages to all those below them. This means that performance appraisal of all levels of management should include appraisal of their efforts to promote HIV/AIDS prevention among their charges. In such a set up, the AIDS Program Coordinator and her team would provide technical support and resource persons for meetings and workshops convened by the division / department.

One of the aims of the program should be to make workers aware of their responsibility for the protection of their own lives against HIV/AIDS, and to build their preparedness to pay for the condoms or to abstain from high-risk sexual behavior if/when one cannot afford to buy condoms.

NRZ should assess the pattern of condom use. In particular, are most of the condoms distributed by NRZ used in single or multiple partner relationships? Whatever the answer, what are the implications in terms of the prospects for change towards safe sexual behavior?

3.2 Worker Participation

It is not clear to what extent workers participated in the initial stages of problem definition and program design and planning. In 1992, a pro-active management foresaw the need for an HIV/AIDS prevention program at the workplace and accordingly introduced a company policy as the basis for such a program. Thus, policy decisions were and are in the hands of management alone. Management decides on the nature and extent of company support to HIV/AIDS prevention at the workplace. In this respect, peer educators have complained about lack of company support for home visits to give moral support and encouragement to sick colleagues.

In terms of program implementation, peer educators are the backbone of the workplace-based IEC activities for promoting HIV/AIDS prevention. They are chosen from among the workforce, as volunteers.

The criteria for their selection are not clear, other than that they are volunteers. Their role is performed on company time, without prejudice to their wages/salaries. However, there appear to be some constraints to the performance of their role:

- Some peer educators complained that some middle managers have on occasions refused workers time to attend HIV/AIDS-related meetings.
- The peer educators also complained about IEC materials lacking in variety. They have to use the same materials over and over again, talking to their peers. The soon get tired of hearing the same message.
- One manager was of the opinion that the culture of reading is not well established among the workers. He felt that distribution of written information should be augmented by use of drama and audio-visual techniques.

On the cooperation of middle managers, a senior manager said that when IEC activities are planned properly, managers have cooperated. He felt that cases where any supervisors had refused permission for their subordinates to attend IEC events would have been isolated incidents.

Currently, peer educators produce most of the information on program activities that Site Coordinators use to write their periodic progress reports to the Program Coordinator. This is important to monitoring the program activities. The Site Coordinators' reports are used in program review meetings and annual planning and budgeting. To that extent, workers play an important role in program planning, as generators of primary data, and in program monitoring.

There are 390 trained peer educators. The optimum number is an elusive quantity. Ratios of peer educator to number of clients have been suggested at 1:30, 1:25 and 1:20. Whichever ratio is finally settled on would yield a large number of peer educators for the over 10 000 NRZ employees. Similarly, there would be a large number of peer educators for the more numerous youth and for the workers' spouses. There would be quite a job of work training them, supervising their work, and handling the data they would generate. There is also the question of financial capacity to pay 'on railway service allowances' when the peer educators travel in connection with the HIV/AIDS prevention program.

Note also that there is an emerging complaint that peer educators are disseminating the same message repeatedly, probably for lack of variety in the IEC materials they use. This would happen more frequently, because a greater number of peer educators means that the workers have more frequent

contact with the peers. From an efficiency perspective, peer educators are under-utilized when they continue to disseminate what is now redundant information to their peers.

The generality of the workers does not appear to have an active role other than being an audience to IEC messages and, hopefully, using the messages to re-shape their individual sexual behaviors. This is a very passive role.

Recommendation
While it is not a feasible that NRZ should provide material support for home visits by peer educators, NRZ could still consider promoting capacity building for communities in the NRZ townships through technical support to community-based organizations (CBO) that could be formed to mobilize resources within the community to support PLWHA. The CBO would also source support from other institutions such as the National AIDS Council and NGOs.

The target number of peer educators should be considered with great caution lest the result lands NRZ with a heavy financial burden of training and servicing the needs of the peer educators. It is also not prudent to saturate the target group with peer educators when there is little variety in the IEC materials they use.

The generality of the workers could be engaged in a more animated role where they can debate on issues arising from IEC messages. For example, they could talk about why change towards safe sexual behavior is slow despite the increasing knowledge about HIV/AIDS among the workers, to identify the social and cultural factors that fan high-risk sexual behavior, and to propose strategies for dealing with these factors at individual, group, and community level. This way, the workers would be generating issues and information for inclusion in the IEC materials and messages.

3.3 Objectives and Outputs

The overall strategy of NRZ is to ensure that management, employees, their families and apprentices have access to HIV/AIDS information, counseling services, condoms, and STI management through a corps of trained peer educators to enable them to make informed decisions.

The overall objective is to implement the National AIDS Policy at company level and to comply with Statutory Instrument 202 of 1998. The objective is to be pursued through the following specific objectives:

- To prevent and control the pace at which HIV/AIDS/STI is spreading through information dissemination by trained coordinators and peer educators aimed at achieving attitudinal and behavioral changes among the workforce and their families
- To train elected peer educators from all grades of employees, their spouses, youth and apprentices who will be responsible for daily campaigns
- To ensure that counseling services are available and easily accessible
- To create a supportive environment for people living with HIV/AIDS
- To promote condom use
- To be able to monitor, evaluate and sustain the program

The objectives are too broadly defined. They are adequate for justifying the existence of the HIV/AIDS prevention program as a whole, but need to be more specific and explicit about what was intended for the January 2002 – December 2002 period. For example, what was the magnitude of change sought in the various areas mentioned in the broad objectives statements? To help answer this question, NRZ should have established the relevant baseline data as of January 2002, e.g.

- The rate of HIV/AIDS/STI infection
- Number of peer educators for each grade of employees, spouses, youth, apprentices
- Rates of access to counseling services for employees, spouses, youth and apprentices
- Existing support systems for PLWHA, and coverage
- Prevalence of condom use among employees, spouses, youth and apprentices
- Gaps in the monitoring and evaluation system for the HIV/AIDS prevention program.

The targets to be achieved by December 2002 in each of these areas should then have been set for the program.

NRZ has program implementation *targets*, with 'process indicators' to show the actual progress made. **Table 2** below shows NRZ's planned *Processes* and program *Targets* and *Accomplishments* for the period January–September 2002.

Table 2: Process indicators for the NRZ program: January – September 2002.

Planned Process	Target	Accomplished to date (F = Female)
Sessions for Top Executives	2 w/shops 26 Executives	1 w/shop 20 Executives (males)
Workshops for officers and supervisors	3 w/shops 75 participants	3 w/shops 67 participants (1 female)
A workshop for Executives' spouses	1 w/shop 25 spouses	Nil N/a
Counseling 'Training of Trainers' for Coordinators.	1 w/shop 25 Coordinators	1 w/shop 25 Coordinators (F = 12)
M&E Meetings for Coordinators	2 meetings 25 Coordinators	1 meeting 23 Coordinators (F = 15)
Employees, spouses & youth trained as Peer Educators (PE)	1 initial w/shop 25 participants	1 w/shop 28 participants (F = 3)
Follow up training for PEs	1 w/shop 25 PEs	Nil Nil
Capacity building training for Peer Educators (PEs)	6 w/shops 150 PEs	6 w/shops 127 PEs (F = 23)
Awareness workshops for Apprentices	2 w/shops 50 Apprentices	2 w/shops 41 Apprentices (F = 3)
Line Tours	5 Tours	5 Tours
Drama performances	24 performances (Target coverage?)	7 performances 1800 people (F = 58)
Peer Education activities	60 sites to participate	40 sites participated
Peer activities targeting employees and dependants	10 000 employees 30 000 dependants	3000 employees 8000 dependants
Distribute caps	300	Nil
Distribute satchels to Pes	400	Nil
Distribute red ribbons	300 metres	Nil
Distribute T-shirts	500	120
Distribute golf shirts	100	100

[Source: Annexure 1 of NRZ's Progress Report for January–September 2002]

The least progress was in the procurement and distribution of promotional materials (caps, satchels, T-shirts) owing to shortage of funds. However, in November 2002 Sida provided additional funds; NRZ can now accomplish 100% of the targets for the items.

A general impression is that most of the NRZ program activities are within reach of the implementation targets; accomplishment rates are well above the 50% mark. However:

- C activities reached only 3000 (30%) of the target of 10 000 employees and 8000 (27%) of the target of 30 000 workers' dependants.
- Peer educators are a key output, with a target of one peer educator for 20 clients (workers, women, youth). There appear to be only 390 trained peer educators compared to the 500 needed for the workers alone and 1500 for the workers' dependants, adding to a combined deficit of 1610 peer educators or 80.5%.

When reading NRZ progress reports, two things remain unclear:

- Since baseline data are not clearly defined or not given, how significant are the program outputs? Do they represent a major improvement to the pre-intervention situation?
- Why are the outputs being generated? For example, if IEC activities reached 30% of the target group, what was then expected to happen? Or, if hundreds of satchels, caps, red ribbons etc are distributed, what should be the outcome of this?

In short, the link between program activities, outputs and program goals and objectives is not clear in the reports.

Overall, peer educators appear to be very busy. The shortage of transport facilities is a serious hindrance to the AIDS Program Coordinator's supervision of the program. At the time of this study, the Coordinator shared one company vehicle with many others to the extent that field trips had often been postponed because of competition for the available vehicle. According to one manager, NRZ has a shortage of working capital and is unable to keep its fleet of vehicles in serviceable condition, hence the competition for the few vehicles that are still running. Because NRZ is a huge organization, there are too many managers who can use their seniority over the HIV/AIDS Program Coordinator to claim priority access to the vehicles.

Recommendations

Use of the LFA is strongly recommended to clarify the linkage between program activities, outputs, purpose/outcome and goals. The activity-oriented approach seems to lead to the counting of outputs as an end in itself, whereas it is the effects of these outputs on the sexual behavior of target groups that program implementers should look for and measure. Constant attention to outcomes/purpose ensures that implementers will critically and continuously examine the relevance and effectiveness of the program activities and outputs. For example, if sexual behavior change is slow, is it because there are an insufficient number of peer educators? Could it be something to do with the program focus and strategy?

The advantage of the LFA is that the planned activities, expected outputs and expected outcomes can be compared with the actual eventualities. The LFA also shows the indicators for tracking progress, thus facilitating corrective measures if these are needed. **Table 3** illustrates how the various program aspects are linked. To track progress with each program objective, each objective should have a separate LFA table.

Table 3: Definition of program goals and objectives using the LFA.

	Hierarchy of Objectives	Indicators
Goal	Reduction of incidence of HIV/AIDS at workplace and in community	Declining rates of new infections. % and value of labor productivity saved.
Purpose	Promotion of safe sexual behavior among workers, spouses, youth	Prevalence of safe sex practices e.g.: Correct and consistent use of condoms. Mutually faithful sexual partnerships etc.
Outputs	**1**. No. and types of best practices at NRZ **2**. VCT facilities and services in operation. **3**. Types and number of resource persons trained. **4**. Types & quantity of IEC materials distributed. **5**. Types, number and coverage of IEC activities. **6**. Quantity of condoms distributed. **7**. Effective M&E system for AIDS program	**1** Increase in types of support services **2** % Of workers receiving VCT services. **3** % Of planned targets achieved. **4** % Of IEC material distribution targets. **5** % Of planned targets achieved. **6** % Of planned targets achieved. **7** Types of data on program activities.
Activities	**1** Negotiate policy support. **2** Establish VCT centers and service. **3** Train peer educators, peer leaders. **4** Produce/procure/distribute IEC materials. **5** Implement IEC activities. **6** Promote condom availability, accessibility. **7** Develop MIS for AIDS prevention program	**Inputs** Vehicles and vehicle O&M funds Office furniture & equipment Stationery & other expendables Posts, telecommunications Human resources Funds for IEC materials. Etc.

End-of-year reports should highlight the progress made in respect of impact indicators that would have been chosen for the program, e.g.:

- % People who can name two correct ways to prevent HIV/AIDS
- % People reporting specific risk behaviors for STI/HIV infection
- % People who can acquire a condom
- % People with non-regular sexual partners
- % People using condom in most recent sex act with a non-regular partner.

Time series data on these indicators would reveal whether the program is producing the desirable trends. It is important to disaggregate data by gender and by age group, to see if these variables have important influence on sexual behavior. Also, the data should be expressed as percentages or ratios of the targets set for the program, to facilitate assessment of effectiveness of the organization.

The importance of NRZ's HIV/AIDS prevention program and its nationwide coverage makes a program-specific vehicle strongly desirable. We recommend that Sida provide capital funding for the purchase of a suitable vehicle, and a fund for the vehicle's running and maintenance costs for one year. From the second year onwards, NRZ should assume responsibility for the vehicle's operation and maintenance costs but the vehicle should remain tied to the HIV/AIDS prevention program.

3.4 Impacts on Workers KAPB

3.4.1 Knowledge

NRZ envisages that IEC activities would inform, educate and motivate the beneficiaries to discard high-risk sexual behavior. NRZ has involved many institutions in the development of its HIV/AIDS awareness training materials, or sources some materials from the institutions. The institutions involved include:

- National AIDS Coordinating Program (NACP)
- Zimbabwe National Family Planning Council (ZNFPC)
- Midlands AIDS Services Organisation (MASO)
- Matabeleland AIDS Council (MAC).

NRZ also makes use of drama groups, especial in community outreach, but financial resources for hiring these groups are difficult to come by. The organization encourages peer educators to form their own drama groups, to cut costs.

HIV/AIDS facts remain the same whatever the source of training materials or method of training. However, NRZ needs to ensure that the various sources disseminate the same range of HIV/AIDS facts to workshop participants. Otherwise post-training KAPB survey instruments would be applied to subjects who have undergone different treatment, producing unreliable results.

One cannot dispute that knowledge levels among employees increase after they have attended HIV/AIDS awareness sessions. However, data on pre-intervention and post-intervention knowledge levels around HIV/AIDS are not well documented. In its Project Document (Jan. – Dec. 2002), NRZ reproduces some of the results of a post-intervention KAPB survey of 1999 in a small table that is vaguely labeled and difficult to understand, with no matching pre-intervention data for assessment of change in knowledge levels. However, there is a claim that from July 1998 to July 1999, knowledge of HIV/AIDS improved from 58% to 97% (or from 59% to 98%, depending on which page of the Project Document one reads).

It would make more sense, from a planning point of view, to record the proportion of respondents mentioning *each* HIV/AIDS fact correctly. The emergent pattern of knowledge would indicate those areas of HIV/AIDS where more information and education are needed. A post-intervention test would produce knowledge patterns that can be compared to the pre-intervention patterns. To identify groups and sub-groups that need special attention, the knowledge patterns can be disaggregated by age, gender, education level, income level, sources of information, rural-urban residence etc.

3.4.2 Behavioural change

NRZ noted an upsurge in the use of condoms among the workers after they have gone through HIV/AIDS awareness education. **Table 4** below also shows that condom use contributed to an overall decline in the prevalence of STI among the workers, from a running average of 1335 infections in 1997/98 to that of 469 in 2000/01. This notable achievement demonstrates that the workers now appreciate the need to protect themselves and/or their partners. However, the IEC programs seek to induce more behavioral changes than merely a higher prevalence of condom use. In this respect, NRZ observed a 20-fold increase in the number of people seeking counseling, and an increase in home visits at the request of employees wishing to be counseled together with their families (Project Document: Jan. – Dec. 2002). In 2001 alone, monthly counseling sessions rose steadily from 360 in January to 868 in December (End of Year Report: Dec. 2001). It would be useful to know, by age group and gender, which sections of the target groups accounted for much of the change, so as to inform future targeting of IEC activities.

Table 4: Male condom distribution, and Sexually Transmitted Infections 1997-2001

Year	Male condoms distribution	STIs	
		Number	Running average
1997	14 500	1200	
1998	140 000	470	1335
1999	118 000	700	585
2000	175 000	254	477
2001	109 900	684	469

[Source: NRZ]

Other types of behavior change are not specified. For example, in its Project Document (2002) NRZ reported, rather casually, that:

> *"Behavioral change trends are questionable. About 30% changed others are borderline and some have not changed".*

The managers interviewed at NRZ acknowledge that the transition from HIV/AIDS awareness to sexual behavior change is generally slow. In the End of Year Report of December 2001, NRZ observed that:

> *"Most men have difficulties in changing long-standing cultural behaviors, attitudes and beliefs".*
> *And that:*
> *"Despite the wealth of knowledge – the women are still not empowered in decision-making …"*

These are disturbing observations, given that the NRZ program started as far back as 1992. This calls for serious reflection on possible gaps in IEC messages, methodologies and program strategies and logistics.

Table 4 above also shows that as the distribution of free condoms went down, the number of reported STI went up, and vice versa. Some employees are not sufficiently motivated to abstain from unprotected sex when there are no free condoms. The question then is, will the supply of free condoms have to continue indefinitely? More importantly, though, NRZ has not done anything about the men's "*long-standing cultural behaviors, attitudes and beliefs*", save for a short discussion of the "*Common beliefs and attitudes*" at a Middle Managers' seminar (date and venue not specified).

Recommendations

The challenge for NRZ is to find effective ways to motivate the target groups to buy condoms when the free supply runs out, or altogether abstain from unsafe sex. Moreover, resources are not unlimited. User-fees covering a percentage of the cost of condoms should be introduced at some point in the life of the program, and progressively increased to at least 50% of cost recovery.

NRZ should reflect on the IEC information that should be disseminated. An action-oriented definition sees 'information' as an answer to a problem confronting the target group. From this viewpoint, some of the relevant questions are, among others:

- What are the target group's beliefs about HIV/AIDS?
- What questions do they ask about HIV/AIDS?
- What constraints do they cite as hindering adoption of safe sexual behavior?
- What myths/beliefs drive their sexual behavior?

Appropriate IEC materials and methodologies would bring out these issues and would complement the materials on the medical facts about HIV/AIDS.

3.5 Impacts on Management

3.5.1 Awareness of economic impacts

The NRZ program arose from the management's awareness of and concern about the impacts of HIV/AIDS on NRZ human resources and on the company's ability to maintain its transport services, rather than from an explicitly economic point of view:

> *"When educated, highly skilled employees in the 20–49 age group die, they are much less easily replaced. … those statistics equally apply to the NRZ and have serious implications for our skilled manpower requirements" (NRZ Procedural Order No. 71:1001:45. 30 December 1992).*

According to one manager, the core business of NRZ is to move people and goods. However, staff must be in good health and productive, or else NRZ will not perform effectively or efficiently. NRZ did not do a cost-benefit analysis of the program – although, according to the manager, this could be done – therefore the totality of its financial contribution to and gains from the program is not known. The pre-occupation is on ensuring that staff is healthy and productive. This is the core business and function of the Human Resources Department.

However, from the onset of the 1990s decade, the impacts of HIV/AIDS on NRZ were heavy, through:

- Attrition of itinerant skilled personnel and their assistants (drivers, conductors, dining car attendants, civil/mechanical/electrical engineers, railroad repairers etc)
- Sickness-related absenteeism
- Absenteeism due to funeral attendances
- Medical aid contributions to workers' treatment (for any diseases).

A manager in the passenger transport services recalled that the teams of catering staff on passenger trains were almost wiped out by HIV/AIDS. A manager in the engineering division cited the erosion of technical skills and the resultant deterioration in maintenance services. Management thus had a compelling reason to ensure that the epidemic was addressed if NRZ's human resources base was to survive.

The vulnerability of the catering staff arises from the fact that their work is on passenger trains. They are therefore the most traveled staff with several overnight trips per week. All those days away from home and (for married workers) from spouses created space for them to indulge in casual sexual contacts, on the overnight train and at the point of destination. According to the manager for passenger transport services, some women offered sex in lieu of payment for tickets. The guards, ticket checkers and catering staff got addicted to the habit of obtaining sexual favors this way. The consequences for NRZ were disastrous.

3.5.2 Policies and commitment of resources

NRZ's management adopted the *HIV Infection and AIDS Policy on the NRZ* in December 1992, for implementation with effect from January 1993. The policy is implemented by a structure housed in the Human Resources Department and is run by a full-time AIDS Program Coordinator. She is assisted by, in that descending order, a full-time Assistant Coordinator, part-time Site Coordinators, a Secretary and about 10 full-time Peer Educators per Site Coordinator. Upward accountability is to, in that ascending order, the Senior Medical Officer, the Human Resources Manager and the General Manager. An Accountant from the Administration and Finance Department of NRZ provides accounting services on a part-time basis and reports on this to the Coordinator. *[Source: Interview with Sr. Brenda Homela, the NRZ AIDS Program Coordinator]*.

Those designated as 'part-time' are NRZ employees with other duties for which they continue to receive full pay. 'Full-time' staff comprises re-assigned Health, Safety and Welfare workers from the department of that name. The posts/designations are a result of a recent re-structuring exercise at NRZ. The HIV/AIDS program implementation structure is stronger with key people as full time workers on the HIV/AIDS program. All personnel are paid by NRZ from internal resources, including the part timers who are paid '*on railway service* allowances' (as well as their normal wages) for subsistence, accommodation and transport needs when working on the HIV/AIDS program. The commitment of management to maintaining the program is therefore unquestionable.

However, one manager feared that further financial commitment is constrained by a number of problems within and around NRZ.

External factors/problems include the following:

- The economic crisis in Zimbabwe – there is insufficient demand for goods and passenger transport services. It will be another 2 to 3 years before the economy picks up again. NRZ will be struggling to even maintain existing levels of services.
- There has been a 40% fall in the demand for coal – this means less business for NRZ.
- Drought – the agricultural sector did not generate a lot of demand for NRZ transport services in the 2001/2002 seasons. This situation might persist throughout the 2002/2003 seasons.

Although the respondent did not explicitly spell it out, these problems are associated with the land reform and land distribution program that started in February 2000. The program has seen the demise of the commercial farming sector that had serious domino effects on the manufacturing sector (producers of agricultural equipment and inputs, industries dependent on agricultural produce as inputs, agricultural marketing institutions, coal mining industry etc). Unemployment escalated to new heights. Wages/salaries stagnated while the prices of most commodities went up, so that an increasing proportion of income was committed to basic needs. As a result, demand for goods and passenger transport services declined drastically, undermining NRZ's ability to operate profitably.

Within NRZ, the constraints include the following:

- Low working capital – this has eroded NRZ capacity for maintenance of vehicles, e.g. there are few vehicles that are in working order, therefore there is competition over access to them
- Shortage of capital also threatens ability to pay peer educators' allowances for duties 'on railway service'.

It is commendable that NRZ managed to maintain the HIV/AIDS prevention program in the face of the economic circumstances around it. According to the program coordinator, Sida funding is used wholly on the program's material inputs requirements. NRZ is responsible for all staff-related expenditure (salaries, wages, allowances etc).

3.6 Sustainability – Exit Strategy

For the NRZ, the HIV/AIDS program has been existent since inception in 1992. It is internally driven and supported, like any other activity of NRZ. In the years 1992–1994, 1999–mid-2000 and for part of 2001, NRZ sustained the program without external support. However, the current financial crisis gripping NRZ has weakened capacity to implement the HIV/AIDS program on self-sustained basis, such that external support will be needed for some time. Much will also depend on how the restructuring exercise at NRZ will affect the program's implementation structure and its operational

capacity in future. On the other hand, NRZ is aware of the need to ensure that its workforce is sufficiently protected from the HIV/AIDS scourge. NRZ has experienced the consequences of not protecting the workers against HIV/AIDS and is committed to carrying out preventive measures and amelioration of the impacts of HIV/AIDS. The following measures are in place at NRZ:

- A policy on HIV/AIDS in place, introduced in 1992, and implemented from January 1993 onwards
- A budgetary allocation for implementation of the policy
- Full-time staff employed to spearhead the HIV/AIDS prevention program

There are also measures to constantly remind the workforce about the HIV/AIDS scourge. For example:

- A message on HIV/AIDS on every pay-slip for the information of the workers
- Articles on HIV/AIDS prevention activities within NRZ in the monthly publication, the "Railroader". Every worker gats a free copy of this internal newsletter.

For its efforts, NRZ has won awards for its program on three separate occasions, namely:

- *Best Workplace Initiative*: awarded by the Matabeleland AIDS Council (MAC)
- *Best HIV/AIDS Program in the Workplace*: awarded by the Zimbabwe National Chamber of Commerce (South Region office)
- *Best Practice on HIV/AIDS at the Workplace*: awarded by the Zimbabwe National Chamber of Commerce (national office)

However, **Table 5** below shows that there is plenty of room for improvement.
It is a list of HIV/AIDS prevention and mitigation practices that can be adopted.

Table 5: Best practices in HIV/AIDS/STI prevention and care at the workplace

Area	Examples of Best Practice
1. HIV prevention and health promotion	HIV/AIDS/STI awareness raising, mainly through peer education. Condom distribution. Management of STIs at company or public clinics. Counseling and referral for voluntary counseling and testing. Provision of first aid. Control of work organization and environment factors.
2. Managing ill health (mental and physical)	On-site clinics/hospitals. Health staff in surveillance and management of health of infected workers. Treatment on credit (by company doctor) Re-assigning worker to suitable duties. Company transport to/from the doctor for the severely ill. Fund-raising for hospital care for workers in terminal stage illness. Sickness benefits Promoting suitable nutrition patterns for the infected. Training affected families in home based care (HBC).
3. Human resources development and industrial relations	'Multi-skilling' of workers as a buffer against skills shortages. Contract workers fill gaps caused by HIV/AIDS-related illness/absenteeism. Workers can combine sick, annual and unpaid leave in cases of long illness. Ailing workers to draw on unclaimed sick leave days of fellow workers. Workers participate in policy decisions on severance procedures/benefits Counseling for a retirement package in the event of terminal stage illness.
4. Employee benefits, survivor support	Funeral benefits (grants, coffins, transport, food) to survivors Ilness-related benefits and employment termination benefits Survivor benefits Death in service and life assurance benefits Other – education for dependants, housing etc
5. M&E and planning	Surveillance of HIV/AIDS/STI prevalence. Trends in condom use Vs. trends in HIV/AIDS/STI infections. Monitoring HIV/AIDS/STI-related absenteeism, retirement and deaths. Production trends Vs. trends in HIV/AIDS/STI-related illnesses. Trends in costs of HIV/AIDS/STI prevention, control and management. Repackaging and disseminating monitoring data to the workforce. Management and labor structures for planning/implementing IEC program.

[Source: Adapted from Dr. R. Loewenson et al; 1999: Best Practices: Company Actions on HIV/AIDS in Southern Africa]

3.7 M&E System

3.7.1 Monitoring

The earlier discussion of program outputs indicated that NRZ has the ability to report on *actual* program achievements in comparison with *planned* targets and timeframes (see Table 2). However, progress monitoring is strong on the IEC process and its products (activities, outputs and implementation targets), but somewhat weak on impact indicators (intended outcomes or changes). The M&E systems should incorporate indicators for monitoring and reporting on the attitudinal and behavioral changes.

The monitoring process itself is fairly straightforward. Peer educators collect primary data on program activities and report to their Site Coordinators located at 12 NRZ clinics across Zimbabwe. The Site Coordinators then write quarterly progress reports to the AIDS Program Coordinator. That peer educators are not formally recognized and remunerated for their role in promoting HIV/AIDS prevention could be a problem, for they cannot be held accountable for the quality, reliability and validity of the data they collect and send up the structure of the program. The program coordinator spoke of the need to replace 'deadwood', a reference to inactive peer educators.

Replacing the *deadwood* should be fairly easy, as volunteers are recruited internally. However, the problem remains that there will be other *deadwood*, because there is not much punitive action against this, since the peer educators are all volunteers who are not remunerated for their educator role.

3.7.2 Evaluation

Effective evaluation starts with the establishment of baseline data, focusing on those indicators that NRZ seeks to influence through the HIV/AIDS program, e.g.

- % Of workers with multiple sexual partners by sex, age and marital status
- % Of workers reporting consistent use of condoms by sex, age and marital status
- % Of workers at given knowledge levels by sex, age and marital status
- % Of workers who have taken HIV tests by sex, age and marital status
- Incidence of HIV/AIDS/STD infections by sex, age and marital status

The NRZ program did not establish these baselines. The magnitudes and significance of program outputs cannot, therefore, be fully assessed.

Recommendation

Each annual plan should start off from a baseline, for future reference purposes, e.g. in program evaluations. Establishing baseline data would enable NRZ to define change-oriented operational objectives for the program, e.g.

> *"To improve condom use prevalence from 15% to 90%"*

Such an objective statement indicates where the target group is (15%) at the beginning of the program and where it should be (90%) at the end of the program. Clarity on this gap helps the program implementers to focus on results-oriented planning and management. The LFA is then constructed to show how this change would be achieved and what the expected outcome of the change is.

3.8 Effectiveness, Efficiency and Adaptability

3.8.1 Effectiveness

The discussion on 'relevance' showed that the programs are a correct response to the needs of the target groups and to the call by Government for a national response to the HIV/AIDS pandemic. Effectiveness is about the capacity to meet set targets. **Table 6** shows that NRZ made commendable progress towards achieving its program implementation targets, with accomplishment rates well above the 50% mark in most cases. Of concern however are the somewhat low achievement rates in respect of outreach to management and their spouses, and to the workers' spouses and dependants. This could be an artifact of program design, as there seems to be a heavy bias towards outreach to the shop floor workers to the relative neglect of management. It could also be a result of class resistance among the management.

Table 6: Process indicators for the NRZ program: January – September 2002.

Process	Target	Accomplished to date	% of Target
Sessions for Top Executives	2 w/shops 26 Executives	1 w/shop 20 Executives (males)	50 77
Workshops for officers and supervisors	3 w/shops 75 participants	3 w/shops 67 participants (1 female)	100 89
A workshop for Executives' spouses	1 w/shop 25 spouses	Nil Nil	0.0 0.0
Counseling 'Training of Trainers' for Coordinators	1 w/shop 25 Coordinators	1 w/shop 25 Coordinators (F = 12)	100 100
M&E Meetings for Coordinators	2 meetings 25 Coordinators	1 meeting 23 Coordinators (F = 15)	50 92
Employees, spouses & youth trained as Peer Educators (PE)	1 initial w/shop 25 participants	1 w/shop 28 participants (F = 3)	100 112
Follow up training for PEs	1 w/shop 25 PEs	Nil Nil	N/a N/a
Capacity building training for Pes	6 w/shops 150 PEs	6 w/shops 127 PEs (F = 23)	100 85
Awareness workshops for Apprentices	2 w/shops 50 Apprentices	2 w/shops 41 Apprentices (F = 3)	100 82
Line Tours	5 Tours	5 Tours	100
Drama performances	24 performances	7 performances 1800 people (F = 58)	29 ?
PE activities	60 sites to participate	40 sites participated	66
Peer activities targeting employees and dependants	10 000 employees 30 000 dependants	3 000 employees 8 000 dependants	30 26.4
Distribute caps	300	Nil	Nil
Distribute satchels to Pes	400	Nil	Nil
Distribute red ribbons	300 metres	Nil	Nil
Distribute T-shirts	500	120	24
Distribute golf shirts	100	100	100

[Source: Annexure 1 of NRZ's Progress Report for the period indicated]

3.8.2 Efficiency

Efficiency is concerned with the way in which resources are used. In lay language, efficiency refers to the ability to derive the maximum benefit from expending a given resource. A simple measure of efficiency is the ratio of Output / Inputs. A value of 1.0 marks the break-even point – i.e. no loss, no gain. A value above or below 1.0 indicates a gain or loss/waste, respectively.

In the case of NRZ, management based the decision to adopt the HIV/AIDS policy on the fear of the *serious implications for our skilled manpower requirements*, because skilled manpower is difficult to replace (NRZ Procedural Order No. 71:1001:45. 30 December 1992). From this viewpoint, a measure of efficiency would be the value of the labor productivity saved as a proportion of the costs of the HIV/AIDS program. Unfortunately, NRZ does not carry out a financial cost-benefit analysis of the HIV/AIDS prevention program. This would have been useful as part of the strategy for demonstrating the advantages of HIV/AIDS prevention at the workplace to other employers.

3.8.3 Adaptability

This refers to flexibility to adjust to the changing needs of the target groups as part of the strategy to remain relevant to their needs. The adaptability needs were identified during a SWOT analysis with peer educators at NRZ, from which we learned that:

- Updating of IEC materials is slow. For example, peer educators have had to use and re-use 'old' materials several times with the same target groups. IEC messages must be varied or up-dated frequently, or there will be nothing new to learn.
- Decentralization of resource centers – to strategically located sub-centers, to enable NRZ peer educators working outside Bulawayo to access IEC materials more easily.
- A learning culture based on regular reflection on IEC materials and methodologies and their effectiveness would improve adaptability of the organization.
- Socio-cultural factors, including gender, do not feature much in the scope and content of IEC materials and activities – yet these are important factors of behavioral change.

The gender perspective is not discernible in the NRZ program, yet gender relations of power increase the vulnerability of women and girls to unsafe sex and consequently to a high prevalence of HIV/AIDS infection among women. Some of the issues needing attention in the NRZ program are:

- Condoning men's promiscuity while condemning women for same.
- Polygamy – if one of the partners is unfaithful, everyone else in the marriage is exposed to possible STI and HIV infection.
- Widow inheritance – this is probably declining. However, where it occurs one of the partners could be HIV-positive.
- Child-headed households – this is a growing phenomenon as for one reason or another relatives are reluctant to foster-parent AIDS orphans. Girl-children are exposed to commercial sex as a livelihood in order to fend for siblings.
- Girl-children in destitute households engaging in commercial sex to save their families (including parents) from hunger.
- The burden of home based care on women, especially spouses but including mothers of the sick men/women.
- Impoverishment of women as household savings are squandered on sick spouses.
- Divorce/abandonment of HIV-positive women by their spouses.
- Socio-cultural and religion-based pressures on women to oblige HIV-positive spouses with their conjugal rights.
- Women's fear of demanding protected sex – it's not done by decent/married women!
- Lack of alternatives – where do I go if I leave him?
- Sexual abuse of children. Etc.

In the Project Document (Jan.-Dec. 2002), NRZ acknowledges the need to incorporate additional interventions "*that will be focused to other groups that are at risk e.g. women and youth and another that incorporates tradition and culture*". This offers an opportunity to address gender issues as these emanate from *culture*, but NRZ does not seem to have the necessary gender capacity to exploit this opportunity.

Recommendations

NRZ should start mainstreaming gender in its HIV/AIDS policy and prevention program. To do this successfully, NRZ itself should acquire at least a working knowledge of gender issues in the Zimbabwean society. Therefore, NRZ should make gender analysis a part of their learning process as an organization since for them gender is certainly still a difficult area. It would help if the organization could count on a critical mass of men willing and able to train in gender.

4 Conclusion, Lessons and Recommendations

From the foregoing analysis, the main conclusions on the relevance, effectiveness, impact and sustainability of the NRZ HIV/AIDS prevention program are as detailed below.

4.1 Conclusions

4.1.1 Relevance

The high prevalence of HIV/AIDS infection in Zimbabwe (ranging from 35% to 38%) demands a multi-sectoral approach to combating the pandemic. Since much of the infection emanates from the high-risk sexual behavior, and to the extent that behavior is shaped by access to information and knowledge, access to information on HIV/AIDS infection, symptoms and prevention is critical to promoting change towards safe sexual practices. On these counts, therefore, the NRZ's HIV/AIDS prevention program is very relevant to confronting the national disaster that has unfolded. By disseminating the relevant information, the program is promoting the ability of sexually active individuals to make safe choices about sexual behavior.

4.1.2 Effectiveness

The NRZ program has been largely effective in meeting implementation targets in terms of HIV/AIDS awareness raising among the managers, officers and supervisors, and in terms of peer educator training and Training of Trainers. However, peer educator activities targeting employees and their dependants were far below targets. Perhaps the targets of 10 000 and 30 000, respectively, were beyond the capacity of the existing number of peer educators (480) given a time frame of 12 months (Jan.–Dec. 2002).

4.1.3 Impact

It would be too early to talk of impacts since these begin to manifest in the long-term. However, going by previous experience within NRZ, awareness sessions usually lead to increases in condom use and in the demand for HIV/AIDS counseling and testing, a disconcerting feature, however, is the tendency to resort to unprotected sex when the free supply of condoms runs out, as figures for condom supply and STD incidence for the years 1997–2001 showed. This suggests that the change from high-risk sexual behavior is somewhat slow. We believe that this is because the socio-cultural factors of sexual behavior have not been addressed in the NRZ program.

4.1.4 Sustainability

The NRZ HIV/AIDS prevention program is supported by a company policy on the pandemic that has been in place since 1992. The policy was internally driven. NRZ has also put full-time staff on the program. There were periods since 1992 when NRZ sustained the program without external support. There is ample evidence therefore, that management is committed to maintaining the program. Sida funding is currently essential because NRZ is going through a serious financial crisis. Hopefully, NRZ should be able to revert to self-reliance in the foreseeable future (3 to 5 years).

4.2 Lessons

4.2.1 Organizational

The location of the AIDS Program Coordinator as a junior manager within a large bureaucracy exposes the program to bottlenecks in decision-making because of the distance from the policy-making level. It also disadvantages the manager where there is competition with other, more senior managers

for common assets that are in short supply. The AIDS Program Coordinator has on occasions failed to go on line tours because senior managers have prior claim to the few vehicles that are serviceable.

Splitting program activities between operatives in different chains of command creates accountability problems, especially where the operatives are volunteers and not remunerated for their work. The AIDS Program Coordinator now has to contend with a situation where some peer educators have become what she called 'deadwood'.

4.2.2 Programmatic

Lack of baseline data in the planning process reduces the sense of purpose and the need for and relevance of change-oriented operational objectives. Program implementation targets and outputs become ends in themselves. That is, the relationship of the implementation targets and program outputs to the overall program goal and objectives becomes unclear. People end up doing things for the sake of doing them. For example, the need to attain a ratio of 1 peer educator to 20 clients has not been justified clearly. For example, what has been the impact of the current crop of peer educators? Is the magnitude of that impact related to the number of peer educators or to some other factors such as operational strategies, level of motivation etc?

Absence of a learning culture leaves program implementers stuck with traditional strategies and methodologies even though the pace of change towards the desired goal may not be encouraging. For example, the thrust remains that of disseminating medical facts on HIV/AIDS infection, symptoms and prevention, while at the same time the program has developed strong over-dependence on distribution of free condoms because high-risk sexual behavior has persisted. There is little effort to reflect regularly on ways to improve IEC messages and strategies. NRZ has yet to interrogate the socio-cultural factors of sexual behavior and engage the target groups to dialogue on possible solutions to socio-cultural pressures to indulge in high-risk sexual behavior.

4.3 Recommendations

4.3.1 Organizational issues

It would be more convenient for the GM to learn about program needs directly from the Program Coordinator and initiate the decision-making process with divisional heads promptly. For this to happen, we strongly recommend a stand-alone structure for implementing the HIV/AIDS prevention program, where the AIDS Program Coordinator reports directly to the GM.

To mainstream HIV/AIDS prevention activities within NRZ, we also recommend that all heads of divisions, departments and units be held accountable for progress within the structures they head. This should promote pro-active initiatives from managers and greater cooperation and collaboration with the AIDS Program Coordinator's unit.

4.3.2 Programmatic issues

We recommend:

- Adoption of people-oriented IEC activities that seek to understand why despite increased knowledge of the AIDS facts the change away from high-risk sexual behavior is slow, and to build people's capacity to confront socio-cultural factors that hinder the desired change.
- Adoption of planning procedures that are results-oriented and explicit on the intended impacts of program outputs. The corresponding monitoring and evaluation system should include both 'process indicators' and 'impact indicators'. The latter provide the linkage between program outputs (as evidenced by process indicators) and the program goal. The LFA technique would reveal these linkages.

In terms of capacity building for the AIDS Program Coordinator's office, we recommend Sida funding for a program vehicle and operational and maintenance (O&M) costs for the first year. Thereafter, NRZ should assume responsibility for O&M, but the vehicle should remain specifically for the HIV/AIDS prevention program. This should enhance capacity to monitor and provide technical support to program activities outside Bulawayo. The vehicle would also be used in delivering IEC materials to peer educators.

Annex 1:

Terms of Reference of the Study

In keeping with Sweden's strategy on HIV/AIDS; *Investing in Future Generations,* Sida's HIV/AIDS programme in Zimbabwe is targeted to towards prevention, mitigation and strengthening the sectoral response to the pandemic. It is with the aim of strengthening the business sector's capacity to cope with the epidemic that the Swedish Embassy has supported several workplace programmes in Zimbabwe.

The Swedish Embassy's current partners are

a. Ziscosteel Peer Education Programme 2002 SEK 768 000
b. National Railways of Zimbabwe (NRZ) peer education programme Phase 1 and 2 1999–2002 (SEK 105 000 + 580 000)
c. ZAPSO Private Sector Initiatives for HIV/AIDS. 09/2001–12/2002 SEK 2 313 000.

Overall objective of the evaluation

The overall objective of this evaluation is to measure the impact, effectiveness, relevance and sustainability of the NRZ, and ZAPSO workplace programmes. This evaluation should also include a sectoral analysis of the formal and informal business sector's response to HIV/AIDS and culminate in a specific strategy for future Swedish support to this sector. *Ziscosteel will be evaluated at a later date.*

Specific Objectives

The evaluation should include but not be limited to

1. An evaluation of the ZAPSO and NRZ workplace-programmes. Specifically the following issues should addressed
   - How relevant are these programmes and to what extent are they responsive to the needs of the target group? The extent of participation of workers in the design and planning of the programmes should be assessed
   - What have been the major outputs of these programmes and to what extent have the set objectives been met?
   - What has been the impact of these programs on workers (in terms of changes in knowledge, attitudes and behaviour) on management (in terms of level of awareness of the economic impact of the pandemic on their enterprise, formulation and implementation of HIV/AIDS and personnel policies, commitment of resources)
   - What is the sustainability of these programmes, and what exit strategies are in place?
   - What monitoring mechanisms have been used and how effective are these?
   - Have resources allocated to these programmes been used efficiently and have the resources allocated been sufficient to run the programmes successfully?
   - An assessment of the operational systems (financial and human resource systems) of the ZAPSO, and the NRZ HIV team needs to be done
2. An analysis of the formal and informal business sectors response to the HIV/AIDS pandemic in terms of prevention of HIV, management and mitigation of the impact, care and

support of infected and affected workers and elimination of stigma and discrimination should be done. What are the gaps and weaknesses of this response? What best practices have emerged and what lessons have been learned?

3. Clear and concise recommendations on the role can the Embassy play in strengthening the response of this sector to HIV/AIDS.

Evaluation Team

The composition and competence of the evaluation team should be proposed in the tender. The team leader is responsible for preparation and submission of the draft and final evaluation reports. The evaluation team should have relevant qualifications and experience in public health evaluation methodologies, behavioural change methodologies, HIV/AIDS programme planning and implementation skills. The team should have in-depth knowledge of HIV/AIDS issues in Zimbabwe, knowledge and experience the management of workplace programmes would be an added advantage. Knowledge and experience in human rights and gender issues would be beneficial. The team is encouraged to include women in it.

Evaluation Methodology and Timetable

The evaluators shall propose the methodology and the time schedule required for carrying out this evaluation. The methodology should include

- Review of project documents, work plans and reports submitted by the organisations to the Swedish Embassy and any other relevant documentation.
- Interviews with relevant ZAPSO and NRZ personnel and, management of the various companies
- KAPB surveys of sample groups within the companies.
- Site visits to ZNNP+ offices and projects around the country.
- Interviews with relevant stakeholders such as representatives of employers and their collective organisations, workers and their collective organisations, representative bodies of the informal sector, officials of the National AIDS Council, ILO, NASSA etc.

Reporting

A draft report shall be presented to the Swedish Embassy by latest 13 December 2002. The Swedish Embassy shall comment on the draft report within one week of receiving the report i.e. by 20 December 2002. The consultants will be expected to present the findings of the evaluation at the Embassy of Sweden on 6 January 2003. Three copies of the final evaluation report as well as a copy on diskette shall be submitted to the Embassy by 10 January 2003.

The evaluation shall be written in English and include an executive summary. Subject to decision by Sida, the report shall be published and distributed as a publication within the Sida Evaluation Series. The evaluation should be written in Windows 97 for Windows NT (or a compatible format) and should be presented in away that enables publication without further editing.

Organisation and Co-ordination

The consultants will report directly to the responsible Programme Officer within the Swedish Embassy (Harare) Josephine Ruwende. The contract for the evaluation will be between the Team of Consultants and the Swedish Embassy.

Annex 2:

People Interviewed

Homela, Brenda Sr.	NRZ AIDS Program Coordinator
Maphosa, I Mr.	Station Manager
Mashingaidze, E Mr.	Chief Manpower Manager
Ncube, Justice Mr.	Workshop Engineer; Mechanical Engineering
Nyoni, D. Mr.	Area Manager: Southern Area

The Peer Educators and Peers listed below were also interviewed in two separate focus group discussions and SWOT analyses (see Annex 5):

Peer Educators		Peers	
Name	**Designation**	**Name**	**Designation**
Dube, J	Snr Personnel Clerk	Chigudu, C	Secretary
Guhwa, W	Accounts Clerk	Kambombonda, P	Carpenter
Karadzangare, E	Admin. Clerk	Ndebele, S	Machine Att.
Kufakunesu, N	Coach Builder	Ndlovu, M.S.	Messenger
Jomo, E	Diesel Fitter	Tapera Musindo	–
Mabeza, J	Snr Personnel Clerk	Nyoni, E	Admin. Clerk
Manyau, E	Snr Accounts Clerk	Murove, T	Messenger
Mpofu, N	Internal Auditor	Zulu, T	Admin. Clerk
Mpofu, K. T.	Carpenter		
Muzaradope, E	Snr Foreman		
Nyaungwa, R	Loco Inspector		
Nzima, D	Computer Officer		
Nkomo, N	Handyman		
Zulu, E.A.	Snr Admin Clerk		

Annex 3:

Documentation and References

Embassy of Sweden; November 2002: Re: Request for Additional Budget. Memo to Brenda Homela (Coordinator of NRZ HIV/AIDS prevention program)

National Railways of Zimbabwe; (2003): Process Indicators: January – December 2002. (Annex 1 of an unspecified document).

_____; May 2002: NRZ STI/HIV/AIDS Control, Prevention Care and Support Program Report: January to May 2002.

_____; December 2001: Assessment Memo for the National Railways of Zimbabwe (NRZ): STI/HIV/AIDS Control, Prevention, Care and Support Program Among Railway Employees, Their Families and Youth – 2002.

_____; December 2001: End of Year Report: Year Ending December 2001.

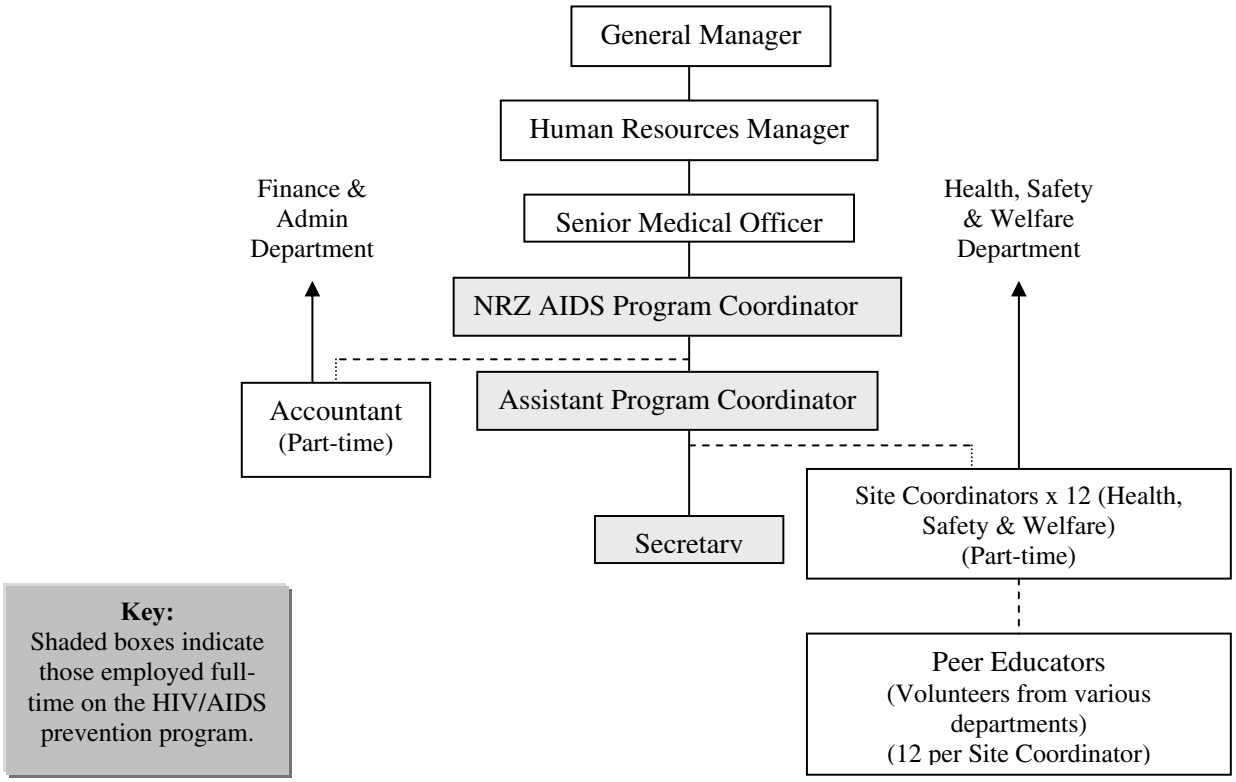
_____; November 2001: NRZ STI/HIV/AIDS Control and Prevention Program: Project Proposal For Period January 2002 – December 2002.

_____; 1992: Procedural Order No. 71:1001:45: HIV Infection and AIDS Policy on the NRZ.

Sida-NRZ; January 2002: Agreement Between Sida and the National Railways of Zimbabwe (NRZ) on Support of STI/HIV/AIDS Control, Prevention and Care Program During January 2002 to 31 December 2002.

Annex 4:

Program Implementation Structure



Annex 5:

SWOT Analysis

Strengths

Adoption of company policy on AIDS
The advantages of this are:

- The HIV/AIDS prevention program is internally driven and is therefore assured of continuity
- Resources will be allocated to HIV/AIDS prevention activities, to fulfill the organization's policy
- It is incumbent upon everyone to participate in the HIV/AIDS prevention program, one way or another, in fulfillment of the organization's policy and goals.

Establishment of post of AIDS Coordinator in company structure

- This is a measure of the organization's commitment to combating HIV/AIDS at the workplace
- The AIDS Program Coordinator's post and the accountability of the incumbent ensures that there is someone paying constant attention to the fight against HIV/AIDS at the workplace
- The existence of a structure responsible for promoting HIV/AIDS prevention means there will be operational guidelines and accounting procedures, creating a systematic approach to HIV/AIDS prevention.

Management support, e.g. release of staff for IEC activities on:

  - Full pay for seminars
  - Subsistence allowance away from home station
  - 'On Railway Service' traveling allowances

- Although peer educators' work is voluntary, the allowances are seen as an incentive
- More important, however, is that peer educators feel they are recognized as doing legitimate and important contributions to the organization's survival.

Positive participation by the workforce

- This strengthens the HIV/AIDS prevention program, because success hinges on the support and participation of the target group.

Commemoration of National AIDS Day

- This is in recognition of the fact that although NRZ is acting locally, it is dealing with a problem of the magnitude of a national disaster. The commemoration is a demonstration of solidarity with other players in the war against HIV/AIDS.

Free issue of condoms to employees; campaign materials

- This demonstrates how seriously the organization feels about protecting its workers against the HIV/AIDS scourge.
- However, a dependence syndrome may be developing. To counteract this, there should be some degree of cost recovery. Workers must appreciate that it is their lives that are being protected much as the employer also needs a healthy and productive workforce. They must assume responsibility for protecting themselves.

AIDS messages on monthly pay-slips

- This is a constant reminder of the seriousness of the HIV/AIDS problem, and of management's concern about the welfare of the workers.

We are spaced within the railway system hence can disseminate information easily

- This is of strategic importance to ensuring effective coverage of the HIV/AIDS prevention program, whatever the organizational and geographical location of the workers
- Given the geographical spread of the NRZ network, its modeling effect might also be felt nationally.

Weaknesses

Management structure too wide (bureaucracy)

- NRZ is a large bureaucracy. Decisions take long in coming, especially where substantial resources would need to be allocated. It would be difficult to deal with emergencies
- The program coordinator's post is too far down the chain of command. The influence of this post on the pace of decision-making is weak.

Cash flow problems

- This means competition for the available financial resources. Costs relating to the 'core business' of NRZ would take precedent over the HIV/AIDS prevention program.

Location – peer educators too far from source of supply of materials, e.g. new information can't be accessed from Rutenga or Chiredzi

- It takes long, apparently, for peer educators working outside Bulawayo, where NRZ is headquartered, to access IEC materials.

Transport for peer education program

- This is linked to the cash flow problem. NRZ is unable to keep all its fleet on the road. This generates competition for the few vehicles that are running. The AIDS program coordinator's location far down the chain of command means she cannot compete at par with the many senior managers above her. She has had to postpone field trips because of this.

Time allocation – AIDS program Vs production: Supervisors reluctant to support peer educators

- While some peer educators cited incidents when supervisors refused their subordinates time to participate in IEC activities, some managers think that such incidents are isolated ones. They stress the need to plan HIV/AIDS-related IEC activities and notify managers / supervisors well in advance about the time and venues of the IEC meetings.
- Making managers accountable for the extent to which their subordinates have participated in the key IEC events can strengthen this planning procedure.

Opportunities

We can communicate easily with our families
We have equipment from USAID-CAP

Interaction with other organizations, e.g. MAC, NECTOI, City of Bulawayo Health Department

- This has been helpful in the developing and/or sourcing of training materials for the HIV/AIDS prevention program.
- Some of the organizations, e.g. Deseret, have provided training services to the NRZ program.

Access to AIDS levy fund

- Residents in NRZ compounds / townships who are not NRZ employees can be referred by the NRZ program to the structures that administer the AIDS levy.

Communities where we live benefit from us

- A successful HIV/AIDS prevention program at NRZ has positive trickle down effects on the families and communities of NRZ workers, and ripple effects in other communities in Bulawayo.

Donor's help

- This is important to augmenting NRZ's resources for the HIV/AIDS prevention program. At the moment, Sida support is very critical to NRZ's ability to weather the financial crisis that it is experiencing. It has enabled NRZ to maintain gains made by the program and even expand some aspects, e.g. the training of new peer educators and capacity building for existing peer educators, as well as acquisition and distribution of promotional materials. Given that NRZ is one of the largest employers in the country, Sida's support has been crucial to promoting HIV/AIDS prevention at the workplace.

Threats

Vehicle shortages thereby threatening mobility

(Already discussed under 'Weaknesses')

Cash flow problems e.g. if NGOs pull out

(Already discussed under 'Weaknesses')

Production Vs AIDS program

(Already discussed under 'Weaknesses')

Denial and resistance from immediate supervisors

(Already discussed under 'Weaknesses')

Lack of incentives – peer educators pulling out

- Peer educators are said to be 'on railway service' when working on HIV/AIDS-related work. Progress reports indicate that peer educators are generally satisfied with the allowances they receive for traveling and subsistence when traveling on railway service. Some peer educators in this SWOT analysis did say they were happy with the situation (see 'Strengths'). The 'lack of incentives' mentioned here shows that some peer educators are not happy. NRZ needs to discuss this issue with the peer educators to find out how the 'conditions of service' of peer educators might be improved.

Economic hardships

- It is felt that the slump in the national economy has led to a major slump in the transport sector. NRZ cannot generate enough revenue to maintain its infrastructure and equipment or sustain its services adequately. There is even fear that NRZ might be unable to maintain its system of allowances for the peer educators.

Decline in number of peer educators within NRZ due to AIDS pandemic

- Peer education training should more than match the death rate among peer educators.
- The credibility of the HIV/AIDS prevention program could be seriously dented. What is the impression among target groups if peer educators die when their work is supposed to reduce HIV/AIDS-related morbidity?

Putting one's life under spotlight

- This has affected a few female peer educators. One of them narrated an incidence when, at an awareness session, she talked about the female condom and demonstrated how it is inserted. After the session, a man anonymously phoned her husband and asked him what it felt like, having sex with a wife who uses a female condom. Some members of the public have made remarks that seem to be questioning the morality of female peer educators. The Program Coordinator also recalled that not so long ago, many NRZ employees referred to her as "that AIDS woman". The situation has since improved, now that people can openly talk about HIV/AIDS as a normal subject for discussion.

Traditional and religious beliefs in the communities

- Religious beliefs are seen as a stumbling block in the promotion of the condom. Curiously, religious beliefs are not a strong hindrance to promiscuity, the major source of HIV/AIDS infection.
- Traditional beliefs are mentioned as hindering change to safe sex. The absence of this issue as a topic in the IEC materials represents a major gap in the IEC messages. NRZ needs to start looking at HIV/AIDS from the target group's viewpoints and analyze the viewpoints to come up with appropriate IEC materials.

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