

# **Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS**

**2007-2010**

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- Zimbabwe Congress of Trade Unions (ZCTU)
- Employers Confederation of Zimbabwe (EMCOZ)
- Zimbabwe Business Council on HIV and AIDS (ZBCA)
- The International Labour Organisation (ILO)
- Zimbabwe AIDS Prevention and Support Organisation (ZAPSO)
- Joint United Nations Programme on HIV and AIDS (UNAIDS)
- Ministry of Health and Child Welfare (MOHCW)
- The National AIDS Council (NAC)
- Southern African HIV and AIDS Information Dissemination Service (SAfAIDS)

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It is hoped that this strategic framework will provide a common ground around which private sector organisations can mobilise, coordinate, and take action to effectively address HIV and AIDS in Zimbabwe.

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Antiretroviral (drug)
CBO	Community-based organisation
CZI	Confederation of Zimbabwe Industries
EMCOZ	Employers Confederation of Zimbabwe
FACT	Family AIDS Caring Trust
FBO	Faith-based organisation
GAPWUZ	General Agriculture and Plantation Workers Union of Zimbabwe
HAZ	Hospitality Association of Zimbabwe
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
ILO-SRO	International Labour Organisation- Southern Africa Regional Office
INGO	International Non-Governmental Organisations
MDG	Millennium Development Goals
MOHCW	Ministry of Health and Child Welfare
MPSLSW	Ministry of Public Service, Labour and Social Welfare
MSMEs	Ministry of Small and Medium Enterprises Development
NAC	National AIDS Council
NGO	Non-governmental Organisations
NSSA	National Social Security Authority
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PSAPF	Private Sector HIV and AIDS Partnership Forum
PSG	Project Support Group
PSI	Population Services International
SADC	Southern Africa Development Community
SAfAIDS	Southern Africa HIV and AIDS Information Dissemination Service
SEDCO	Small Enterprises Development Corporation
SI [0]	Statutory Instruments [0] of 1998
SMARTWork	Strategically Managing AIDS Responses Together at the Workplace
STI	Sexually Transmitted Infections
SMEs	Small and Medium Enterprises
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

ZAN	Zimbabwe AIDS Network
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZBCA	Zimbabwe Business Council on AIDS
ZCTU	Zimbabwe Congress of Trade Unions
ZFTU	Zimbabwe Federation of Trade Unions
ZIDAWU	Zimbabwe Domestic and Allied Workers Union of Zimbabwe
ZNCC	Zimbabwe National Chamber of Commerce
ZNNP+	Zimbabwe National Network of People living with HIV
ZFU	Zimbabwe Farmers Union

## Glossary of Terms

The definitions below have been derived from existing publications by the ILO, WHO, UNAIDS and National Policy Document on HIV and AIDS.

**AIDS:** Acquired Immune Deficiency Syndrome. A cluster of medical conditions often referred to as opportunistic infections and cancers.

**ARV:** Anti Retroviral. Drugs used to fight HIV and AIDS.

**ART:** Anti Retroviral Therapy. A term used to describe the treatment of HIV and AIDS. ART is what is called a "holistic" treatment, which not only involves taking ARV drugs, but understanding HIV, AIDS and ART, preparing for and adhering to ARV regimens, ensuring proper nutrition, psychosocial support, palliative care and caring for the carers of PLWHA.

**Asymptomatic:** not showing any symptoms of an illness or disease.

**Discrimination:** As defined by the ILO Discrimination (Employment and Occupation Convention, 1958), discrimination is the distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation. For HIV the term covers discrimination on the basis of a worker's perceived or real HIV status and discrimination on the grounds of sexual orientation.

**Employer:** A person or organisation employing workers under a written or verbal contract of employment, which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

**Gender:** Refers to difference in social roles and relations between men and women. Gender roles are learned through socialisation and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity and religion, and by geographical, economic, cultural and political environments.

**First-line regimen:** a term used to describe the first set of ARV drugs given as part of ART therapy. Usually a combination of three antiretroviral drugs aimed at increasing CD4 counts and decreasing viral load while preventing resistance.

**Health:** The World Health Organization (WHO) describes health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

**Highly Active Antiretroviral Therapy (HAART):** a combination of three antiretroviral drugs used to fight HIV and AIDS.

**Immune system:** the body's defence against infections.

**Opportunistic Infections or OIs:** infections that take the "opportunity" of the weakened immune system caused by HIV to make a person sick.

**Prevention of Parent to Child Transmission (PPTCT):** the prevention of transmission of HIV from a mother to her child during pregnancy or breastfeeding. The term also recognises the involvement and role of the father in the transmission of the virus.

- Personal Protective Equipment (PPE):** Equipment designed to protect workers from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Besides face shields, safety glasses, hard hats and safety shoes, PPE includes a variety of devices and garments such as goggles, coveralls, gloves, vests, earplugs and respirators in the case of HIV-protection from blood and other blood and body fluids contaminated by the HIV virus.
- Post-Exposure Prophylaxis (PEP):** The immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection. Preventive therapy or [primary prophylaxis] is given to at-risk individuals to prevent a first infection; [secondary prophylaxis] is given to prevent recurrent infections.
- Reasonable accommodation:** Any modification or adjustment to a job, working hours or the workplace, which is reasonably practicable which enables a person living with HIV and AIDS (or other chronic illness or disability) to have access to, participate or advance in employment.
- Resistance:** a term used to describe the ability of the HIV virus to change its structure so that ARV drugs become less effective. The fewer antiretroviral drugs a person is taking, the greater the chance the HIV virus will have the opportunity to change. Resistance is the reason why ARVs are usually prescribed as a combination of three drugs.
- Second-line regimen:** a second line of ARV medications given to individuals who have developed resistance to first-line ARV regimens, or experienced treatment failure.
- Screening:** Measures to assess the HIV status of individuals, whether direct (HIV testing) or indirect (such as assessment of risk-taking behaviour, asking questions about medication).
- Social Dialogue:** This may be a tripartite or bipartite process in which the government is an official part to the dialogue, or a bipartite process between employers and workers or their organisations, with or without indirect government involvement.
- Sexually Transmitted Infection (STI):** Infections that are transmitted through sexual contact such as syphilis, chancroids, Chlamydia and gonorrhoea. HIV is also classified as an STI.
- Termination of employment:** Defined in accordance with the ILO Termination of Employment Convention (No.158 of 1982), as the dismissal of an employee at the initiative of the employer.
- Treatment failure:** a term used to describe the failure of ARVs to continue preventing opportunistic infections and/or increase CD4 levels. Treatment failure requires a change in ARV regimen.
- Viral load:** a term used to describe the amount of HIV in a person's body. The more HIV, the higher a person's viral load will be.
- Worker's Representatives:** Defined in accordance with ILO Worker's Representatives Convention (No.135 of 1971), as persons recognised as such by national law or practice whether they are: (a) trade union representatives (representatives designated or elected by trade unions or members of the unions, (b) elected representatives (individuals freely elected by workers in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognised as the exclusive prerogative of trade unions in the country concerned).
- Wellness programmes:** Workplace wellness programs are recognized by more and more companies for their value in improving health and well-being of their employees. They are part of a company's health and safety program. These wellness programs are designed to improve employee morale, loyalty and productivity. They could consist of as little as a gym full of exercise equipment that is available to their employees on company property during the workday. But they may also cover smoking cessation programs, nutrition, weight or stress management training, health risk assessments, health screenings and HIV and AIDS prevention.
- Workplace:** All places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer.



## Foreword

Globally, the Southern African region remains the epicentre of the HIV epidemic. Every family, workplace and community in the sub-region has been affected. In Zimbabwe, like in many Southern African countries, the HIV epidemic has impacted negatively on the social, cultural and economic development of the country.

While recent reports indicate positive trends in the reduction of HIV prevalence in Zimbabwe – from 10.4% in 2005 to 8.1% in 2006 – the overall number of people living with HIV remains high. It is estimated that 1.7 million people were living with HIV in 2006.

By affecting people in the prime of their productive lives, the HIV epidemic impacts directly on the world of work. Increased morbidity and mortality related to HIV has contributed to a reduction in labour supply and decreased overall disposable incomes, thus creating negative effects on markets, savings, investment and consumer spending. Working conditions within some sectors have contributed to the increased HIV vulnerability among workers and surrounding communities.

As part of the national multi-sectoral approach to HIV and AIDS, private sector organisations have a key role to play in scaling up HIV prevention, care, treatment and support. Yet to date, the response has been inadequate and uncoordinated. Few organisations and sectors have developed comprehensive workplace policies and programmes addressing HIV prevention, care and treatment. The majority still need to engage in meaningful dialogue and action on HIV and AIDS as a workplace issue.

To achieve our national commitments toward Universal Access to HIV prevention, care, support and treatment, there is need for the collaboration and support of the private sector in the development and implementation of innovative strategies to mitigate the impact of HIV and AIDS. This strategic framework which was developed by the key stakeholders in the private sector, provides a platform through which organisations can establish and support partnerships which promote a more concerted and intensified response to HIV and AIDS. The strategy serves as a guide for employers, workers and their representatives in the design and implementation of HIV programmes at sector and enterprise level, as well as to monitor and evaluate HIV and AIDS response. We call upon all stakeholders to support this strategic framework and to help make it a success.

“Together we can make a difference.”



N.T. Goche M.P.  
Minister of Public Service, Labour and Social Welfare  
4/10/2007

## Executive Summary

Sub-Saharan Africa remains the region most affected by HIV and AIDS. At the end of 2005, the Joint United Nations Programme on HIV and AIDS (UNAIDS, 2006) estimated that 24.5 million adults and children in southern Africa were living with HIV and AIDS. According to the HIV and AIDS Epidemiological surveillance report for the WHO African region (WHO, 2005), over half of the Southern African countries report HIV prevalence rates of 10% and above.

Like many of its Southern African neighbours, Zimbabwe has experienced a generalised epidemic. The total number of people living with HIV is approximately 1.7 million (DHS, 2006). In the region women are disproportionately affected by HIV. While women represent 51% of the population, they constitute 53% of all people living with HIV (WHO, 2005). In Zimbabwe, a decline in the HIV prevalence rate has been reported- from 20.4% in 2005 to 18.1% in 2006 (DHS, 2006). The decline has been attributed to increased awareness and behaviour change.

Although substantial progress has been made, the mortality and morbidity related to HIV and AIDS in Zimbabwe continues to rise. Recent reports have made it clear that more must be done to address HIV and AIDS and to ensure that Zimbabwe meets its regional and international commitments toward universal access to HIV prevention, care and treatment.

### The Private Sector's Response to HIV and AIDS

Throughout the Southern African region, trade unions, employers and other private sector organisations are helping to deliver HIV prevention and care programmes in the workplace. Increasingly, the private sector is finding it viable and valuable to provide HIV and AIDS prevention, treatment and care programmes to protect their human and financial resources as well as to support the communities in which they work.

In Zimbabwe several sectors, sub-sectors and private sector organisations have acknowledged the impact HIV and AIDS and have responded by developing and implementing HIV workplace policies and programmes. Sector wide policies and intervention programmes have developed for the agriculture, mining, and the Transport and Communications sectors. Policies have also been developed for the Public Service Commission and the Ministry of Higher education. However, many organisations and sub-sectors within the private sector still do not recognise HIV and AIDS as a workplace issue.

While the private sector has acknowledged the impact of HIV and AIDS, it has not approached it with a shared vision or collaborative and coordinated action. The lack of coordination and collaboration limited the effectiveness of existing initiatives and left a gap in the national response to HIV and AIDS. As a partner in the national response to HIV and AIDS, the private sector needs to recognise HIV as a priority and play a greater role in contributing to the achievement of universal access to HIV prevention, care, support and treatment.

## Developing the Framework

To explore and identify strategies to strengthen the participation of the private sector in the fight against HIV and AIDS, the International Labour Organisation's Sub-Regional Office for Southern Africa in Harare (ILO/SRO-Harare) hosted a workshop in March 2006. The workshop brought together key stakeholders and social partners (government and representatives of employers and workers), including EMCOZ, ZCTU, the Zimbabwe Business Council on AIDS (ZBCA), UNAIDS, UNDP, National AIDS Council (NAC), Ministry of Health and Child Welfare (MOHCW), Ministry of Public Service, Labour and Social Welfare, donor agencies, iNGOs, bilateral agencies and Civil Societies. The purpose of the workshop was to explore how HIV and AIDS responses could be scaled up. The specific objectives of the workshop were to:

- Share experiences on workplace responses to HIV and AIDS in Zimbabwe
- Explore opportunities for strengthening coordination and the capacity of the enterprises to develop and implement comprehensive programmes and workplace policies on HIV and AIDS
- Explore opportunities for coming up with a national private sector framework

The workshop recommended the following:

- The need to strengthen coordination between key stakeholders
- To provide guidance in developing and implementing comprehensive standardised programmes
- Mobilise more resources
- Strengthen leadership capacity and commitment to HIV and AIDS
- Create monitoring and evaluation tools for the private sector

To address these recommendations, participants established a task force to facilitate the development of a comprehensive National Strategic Framework for the Private Sector Response to HIV and AIDS. The taskforce consisted of representatives from ILO/SRO-Harare, ZCTU, EMCOZ, MPSSLW, ZBCA, UNAIDS, NAC, ZAPSO and the MOHCW.

The taskforce commissioned a situation analysis to explore the private sector's response to the HIV epidemic. Face-to-face interviews were conducted with private sector organisations in five regions of Zimbabwe (Mutare, Harare, Masvingo, Bulawayo and Gweru). (See Annex A for a list of participating organisations). Interviews were conducted with representatives of employers and workers across the nation.

The findings of the analysis are presented in Annex B. Among the key recommendations were the need for:

- Better coordination among private sector organisations to ensure optimal resource leveraging and utilisation through smart partnerships
- Improved capacity to effectively develop and implement comprehensive HIV and AIDS policies and programmes at enterprise, sector and sub-sector levels
- Private sector leadership to recognise HIV as a critical workplace issue and to mobilise greater support towards achieving national HIV and AIDS commitments
- Motivated and consistent leadership to address HIV and AIDS at all levels within the private sector

- Increased effort to ensure that workplaces create an enabling environment that is free from stigma and discrimination
- Improved capacity among private sector organisations to monitor and evaluate HIV and AIDS responses.

The strategic framework was informed by several key documents including;

- a) The National AIDS Policy, 1999
- b) The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP) 2006-2010
- c) The ILO Code of Practice on HIV and AIDS and the World of Work
- d) The SADC Code of Conduct on HIV and AIDS and employment (1997).
- e) Zimbabwe Statutory Instrument 101 (SI 101) of 1998

An extensive process of consultation, revision and refinement of the document was carried out among private sector organisations representing a variety of sub-sectors and other key stakeholders to finalise the document.

### **Implementation of the National Strategic Framework on HIV and AIDS for the Private Sector**

The National Strategic Framework for the Private Sector's Response to HIV and AIDS aims to guide and coordinate strategic HIV and AIDS programmes within the private sector, small and medium enterprises (SMEs) and the informal sector in order to strengthen their participation in the national response. The strategic framework describes the goal, objectives, expected outputs and key activities within five strategic areas which are:

1. Coordination, information sharing and networking among private sector organisations with respect to HIV and AIDS
2. Commitment among private sector organisations to address HIV and AIDS as a critical workplace issue
3. Prevention of new HIV infections among employers and workers
4. Equitable access to care, support and treatment services
5. Effective Monitoring and Evaluation (M&E) of the private sector's response to HIV and AIDS and the development of evidence-based HIV and AIDS workplace interventions.

The Strategic Framework will be implemented from 2007 to 2010. It outlines the specific roles and responsibilities of key stakeholders in the implementation process. Its success will be dependant on the full participation of tripartite partners – employers, workers and government – in the response.

Work plans and budgets will be developed on an annual basis to guide the implementation of the strategy. A Monitoring and Evaluation plan will also be developed to assess the delivery and effectiveness of the strategy.

## 1. Goal of the Strategic Framework

The overall goal of the Zimbabwe Strategic Framework for the private sector in relation to HIV and AIDS is to contribute to a **reduction in the number of HIV infections as well as support national initiatives to achieve commitments toward the goal of universal access to HIV prevention, care, support and treatment by 2010.**

The Private Sector Strategic Framework will aim to:

- contribute to a reduction in HIV infections through enhanced prevention and focus on behaviour change,
- improve the quality of life for people infected and affected by HIV and AIDS through care, support and treatment initiatives,
- mitigate the socio-economic impact of HIV and AIDS on workplaces and surrounding communities.

## 2. Strategic Context

The National Strategic Framework for the Private Sector's response to HIV and AIDS has been developed in the context of key policy documents including:

- a) The National HIV and AIDS Policy, 1999
- b) The Zimbabwe Statutory Instrument (SI) of 1998
- c) The Zimbabwean National HIV and AIDS Strategic Plan (ZNASP) 2006-2010
- d) The ILO Code of Practice on HIV and AIDS and the World of Work
- e) The SADC Code of Conduct on AIDS in the workplace (1997) (see Annex B)

These documents have served to establish the strategic context and principles by which the private sector's response to HIV and AIDS will be guided. A set of 11 key principles were used to guide the development of the strategic framework for the private sector's response to HIV and AIDS. These are:

- **HIV and AIDS is a critical workplace issue:** The HIV and AIDS epidemic is a national emergency which requires commitment and adequate mobilisation of human and financial resources from all sectors. The HIV epidemic directly impacts on the workplace and the surrounding communities. Private sector organisations have a significant role to play in HIV prevention, care, treatment and support. All private sector organisations should therefore develop and implement comprehensive workplace policies and programmes.
- **Broad-based multi-sectoral partnerships form the foundation of the national response:** A multi-sectoral approach to HIV and AIDS, composed of government ministries/ departments, the private sector, non-governmental organisations (NGOs), faith-based organisations (FBOs), community-based organisations (CBOs), support groups for people living with HIV (PLHIV), the media and international collaborating partners is encouraged. All sectors and organisations should participate actively and develop multi-sectoral partnerships, where organisations use their comparative advantage to scale up the national response to HIV and AIDS.
- **Openness and social dialogue is essential:** A successful HIV and AIDS policy and programme needs, open dialogue, cooperation and trust between employers, workers and government. The tripartite partners and other stakeholders in the community such as local authorities, NGOs, FBOs and CBOs create a supportive environment for mitigating the impact of HIV and AIDS. Openness and social dialogue at all levels will translate to greater action on HIV and AIDS.
- **Employees should be protected against all forms of stigma and discrimination:** There should be no discrimination or stigma against workers on the basis of real or perceived HIV status. An individual's rights should be respected irrespective of their perceived or real HIV status. PLHIV should be protected against stigma and discrimination in the workplace. Testing for HIV at the workplace should be voluntary and confidential. HIV status should never be used to screen job applicants, terminate positions or to assign promotions/opportunities.
- **Confidentiality regarding an individual's HIV status should be respected:** Access to personal data, including worker's HIV status, should be bound by rules of confidentiality. Disclosure of an individual's HIV status should be done on a voluntary basis or with written

consent from the individual. Employers and health care personnel should be trained to manage all health information in accordance with the law.

- **Gender equality and equity should be mainstreamed into workplace programmes on HIV and AIDS:** More equal gender relations and the empowerment of women are vital to HIV prevention. The areas of concern for gender include workplace sexual harassment, prevention, equal access to care and treatment and gender-based violence. Issues of gender should be mainstreamed in all HIV and AIDS programmes and policies.
- **All workers and employers have the right to a healthy work environment:** Efforts should be made to minimise occupational risk within the workplace. Work conditions and procedures should be designed to ensure appropriate precautions to prevent the transmission of HIV. Universal precautions for prevention should be applied within the workplace. Private sector organisations need to make special efforts to address needs of vulnerable groups (i.e. mobile populations) and ensure their access to a healthy work environment. Workers should have access to post exposure prophylaxis (PEP) among other prevention strategies.
- **Prevention:** Prevention is central to the national response to HIV and AIDS. Private sector organisations should promote interventions that reduce HIV transmission. Every employer should provide education on HIV prevention as well as information on testing and counselling services, treatment and care facilities. As a key prevention strategy there should be education on condom use. Condoms should be issued, free of charge by the employer at all workplaces and in particular to persons employed in occupations that have an element of risk of HIV transmission.
- **Equitable access to care treatment and support services:** All workers are entitled to affordable health services and to benefits from statutory and occupational schemes. It is also beneficial to provide employees with healthy food, treatment, material and psychosocial support. These services should be extended to family members, spouses and children.
- **Full adherence to the principles of greater and meaningful involvement of persons living with HIV (MIPA):** Workers living with HIV should be able to work in appropriate conditions for as long as they are medically fit. Every employee should be treated the same irrespective of their HIV status. However, where the work is too demanding and compromising the health of workers, the employee and the employer can decide on a transfer to a more suitable position. PLHIV should be given the opportunity to participate in the development and implementation of HIV policies and programmes within the workplace.
- **Evidence based strategies and interventions:** There should be continuous monitoring, evaluation and review of HIV and AIDS policies, programmes and practices at enterprise, sub-sector and sector levels. Research from Zimbabwe and elsewhere should be collected and incorporated to ensure that programmes are developed using the best operational and scientific information.
- **Adherence to international and regional commitments:** As a nation, Zimbabwe is a signatory to a number of international and regional conventions, such as the Millennium Development Goals (MDGs), Maseru Declaration, SADC Code of Conduct on AIDS in the workplace and ILO Code of Practice on HIV and AIDS in the World of Work. As a partner in the national response to HIV and AIDS, the private sector has a role to play in supporting the country to achieve its commitments on access to HIV prevention, treatment, care and support. Private sector activities need to be documented, analysed and incorporated into national Monitoring and Evaluation system and reporting structures.

### 3. Strategic Areas

Guided by the above principles, the private sector will focus on five strategic areas:

1. coordination, information sharing and networking among private sector organisations with respect to HIV and AIDS
2. Commitment to address HIV and AIDS as a critical workplace issue
3. Prevention of new HIV infections among employers, workers and their families including the communities in which they live
4. Equitable access to care, support and treatment services for employers, workers and their families
5. Effective Monitoring and Evaluation (M&E) of the private sector's response to HIV and AIDS and development of evidenced-based HIV and AIDS workplace interventions.



## 4. Specific Objectives and Activities

The following section presents the specific objectives and activities within each strategic area.

### Strategic area 1: Coordination of private sector HIV and AIDS responses

**Result/Output: Improved coordination, information sharing and networking among private sector organisations with respect to HIV and AIDS**

*Objective 1: To strengthen collaboration, networking and information sharing among private sector organisations*

*Activities:*

National Level

- Establish a Private Sector HIV and AIDS Partnership Forum (PSAPF) with annual work-plan and budget (description and terms of reference presented in Annex D).
- coordinate the PSAPF activities.

Private Sector HIV and AIDS Partnership Forum (PSAPF) level

- Identify a focal organisation/committee to coordinate the forum initiatives.
- Develop a communication working group to create a broad-based HIV and AIDS communication framework, which promotes information sharing and networking among private sector organisations.
- Create linkages of the PSAPF with the national forum on AIDS and other national strategies.

### Strategic area 2: Commitment to Address HIV and AIDS In the Private Sector

**Result/Output: Increased commitment among private sector organisations to address HIV and AIDS as a critical workplace issue**

*Objective 2.1: Increase annually by 10%, the number of workplaces implementing comprehensive HIV and AIDS workplace policies and programmes*

*Activities:*

National Level

- Tripartite partners to review existing training materials and adapt into a national package.
- Develop basic guidelines outlining strategies for developing a comprehensive workplace policy and programme.
- Facilitate development of sector policies.

Private Sector HIV and AIDS Partnership Forum (PSAPF)

- Carry out a mapping exercise to identify partner organisations (NGOs, iNGOs, donor organisations) with the capacity to provide high quality, relevant technical support.

## Workplace

- Establish comprehensive HIV and AIDS policies and programmes in the workplace.

*Objective 2.2: Increase by 10 percent annually the number of private sector organisations who allocate a proportion of budgeted resources to address HIV and AIDS in the workplace and the community they serve*

### *Activities:*

#### Private Sector HIV and AIDS Partnership Forum (PSAPF)

- Carry out a baseline survey of private sector organisations and their allocation of resources to HIV and AIDS.
- Hold regular awareness raising meetings (e.g. breakfast meetings) to highlight evidence on the impact of HIV and AIDS on the private sector and aggressively advocate for private sector organisations to allocate resources to the development of HIV and AIDS policies and programmes.
- Highlight cost-effective strategies to address HIV and AIDS in the workplace (for example through fact sheets).
- Monitor, on a routine basis, the resource commitments of private sector organisations as part of national resource tracking and to assess programme sustainability.
- Link with national partnership forum.

*Objective 2.3: By end of 2010, there will be universal access and awareness of SI 202*

### *Activities:*

#### National level

- Tripartite partners to implement an aggressive campaign to distribute and promote awareness on the policy and legislation, addressing issues of stigma and discrimination.
- The Ministry of Labour to monitor the distribution of SI 202 to employers and employees and intensify its enforcement.

## **Strategic area 3: Prevention of new HIV infections in the workplace**

### **Result/Output : Reduction in new HIV infections among employers and workers**

*Objective 3.1: By 2010, reduce by 5 percent the incidence of HIV among employers and workers in the private sector*

### *Activities:*

#### National level

- The National AIDS Council and its partners, with support of private sector and national leadership (local and national level) and strategic opinion leaders to implement a media campaign on prevention and faithfulness in marriage and outside of marriage.

#### Private Sector HIV and AIDS Partnership Forum (PSAPF)

- Develop and distribute information, education and communication (IEC) materials for employers/employees and their families. Highlight evidence-based strategies to minimise infections.

#### Workplace

- Private sector organisations to support the media campaign by distributing campaign materials among their members, employees/employers and families.
- Private sector organisations interested in developing their own materials to establish links with technical partners specialising in the communication of gender-focused and HIV prevention materials to provide them support.
- Private sector organisations to review human resource policies and practices to ensure that workers are separated from their spouses only for a minimal period.

*Objective 3.2: By 2010, increase by at least 10 percent, the number of workplaces providing peer education and counselling services on strategic behaviour change issues*

#### Activities:

##### Private Sector HIV and AIDS Partnership Forum (PSAPF)

- Compile and update regularly a list of private sector organisations with peer education programmes.

#### Workplace

- Private sector organisations to have peer education programmes.
- Private sector organisations to network with other partners to exchange information, learn new strategies, develop counselling techniques and organise local level advocacy campaigns.

*Objective 3.3: Support national condom distribution through workplace programmes and promote consistent and correct use among employers and workers.*

#### Activities:

##### National

- A specific condom programming strategy will be developed for the private sector.

#### Workplace

- Promote and make available male and female condoms in workplaces.
- Private sector organisations to purchase or negotiate acquisition of condoms, to be made available free of charge or for sale within the organisation.
- The private sector to distribute 100% of national commitment for condom distribution.
- With support from technical partners and stakeholders, private sector organisations to display and distribute posters and IEC materials on condoms in the workplace.
- Private sector organisations implementing HIV and AIDS programmes to be trained by technical partners to promote various prevention strategies among workers (including consistent, correct condom use).

*Objective 3.4: Increase by 10 percentage points, the number of all managers and workers, among the organisations implementing comprehensive workplace policies programmes, who know their status*

#### Activities:

##### Workplace

- Private sector organisations are to refer workers to existing T&C services and existing PMTCT (Prevention of Mother to Child Transmission) programmes.

- Private sector organisations to routinely monitor the number of referrals made to T&C services.
- Private sector organisations to ensure that peer educators or HIV and AIDS focal points within their organisation are trained to provide general awareness sessions as well as basic counselling (pre and post-test) and referral of individuals to T&C services and PMTCT services.
- Peer educators or HIV and AIDS focal persons to be trained in basic counselling.

*Objective 3.5: by 2010, establish comprehensive anti-stigma information, education and communication programme for workplaces that promotes the meaningful involvement of people living with HIV (MIPA)*

*Activities:*

Private Sector HIV and AIDS Partnership Forum (PSAPF)

- PSAPF and its members to develop a comprehensive anti-stigma information, education and communication programme for workplaces which will promote the meaningful involvement of people living with HIV (MIPA).
- PSAPF to hold discussion forums for leaders within the private sector to discuss issues of stigma and discrimination.
- PSAPF to hold training programmes for human resource managers to address stigma and discrimination in the workplace (covering issues related to confidentiality, shared confidentiality and rights of workers).
- PSAPF to hold discussion fora with various employer organisations, unions and other private sector organisations to discuss MIPA as well as to analyse issues related to confidentiality/shared confidentiality and rights of workers.
- PSAPF to develop and circulate a fact-sheet on MIPA and circulate it to all private sector organisations.

*Objective 3.6: Reduce prevalence of gender-based violence and gender inequality within the private sector by mainstreaming gender into HIV and AIDS workplace policies and programmes*

*Activities:*

Workplace

- Include gender issues as a key component of all comprehensive workplace policies and programmes.
- Create awareness among private sector leaders at national, provincial and district levels and support the mainstreaming gender issues into enterprise and sector programmes.
- Produce and distribute IEC materials reflecting the gender issues related to HIV and AIDS.
- Develop a code of conduct to protect workers (male and female) against sexual harassment.

*Objective 3.7: Increase by 10 percent annually the number of organisations which incorporate safe work practices in the workplace, including provision of Post-Exposure Prophylaxis (PEP)*

*Activities:*

Workplace

- Private sector organisations will be encouraged to apply safe work practices to reduce occupationally acquired infections.

- As part of comprehensive HIV and AIDS policies and programmes, employers will establish systems for managing occupational exposure that address (where applicable) the following:
  - Safe handling of disposable sharps and infection equipment
  - Cleaning, disinfection and sterilisation of equipment
  - Cleaning blood spills
  - Laundry
  - Waste management.
- Organisations will be encouraged to comply with relevant national regulations in first-aid service.
- In high-risk occupations (i.e. health care services), medication for PEP, including antiretroviral drugs, hepatitis B vaccine, hepatitis B immunoglobulin should be available on site for timely administration. If it is not available, access to an appropriately trained health care worker for consultation or administration should be available during all working hours.

#### **Strategic area 4: Equitable access to Treatment Care and Support in the private sector**

**Result/Output: Increased access to treatment, care and support among employers and workers and their families**

*Objective 4.1: by 2010, increase the number of people enrolled in care and treatment service through private sector initiatives or health care insurance*

*Activities:*

Private Sector HIV and AIDS Partnership Forum (PSAPF)

- Develop an advocacy campaign to encourage private sector organisations to establish care and treatment services as part of their HIV and AIDS workplace policy and programme, or alternatively to provide workers with health care insurance that covers care and treatment services. The care and treatment services should also cover management of STIs.

Workplace

- The private sector should enrol at least 30 000 people living with HIV and AIDS on ART by 2010 through private sector and/or health insurance schemes.

*Objective 4.2: By 2010, increase annually by 10 percent the number of private sector workplaces that have developed mitigation strategies (including OVC support and basic support for family members) as part of their comprehensive workplace policy and programme*

*Activities:*

Workplace

- Establish mitigation strategies which provide support to families, as part of comprehensive workplace policies and programmes.
- Large organisations to establish or strengthen family assistance programmes while small to medium enterprises will be encouraged to work in partnerships with local health authorities, NGOs, FBOs and other community groups to provide family assistance.
- Employers and workers and their organisations should together examine how they can contribute to supporting OVC and the families of workers living with HIV and AIDS with respect to psychosocial support, food/nutrition, shelter/housing, counselling, medical assistance, material support, agricultural inputs etc.

*Objective 4.3: by 2010, increase by 10 percent the number of private sector organisations that have established support groups for PLHIV within their organisation*

*Activities:*

Workplace

- Facilitate the development of support groups for PLHIV within the workplace and surrounding communities as a component of a comprehensive workplace policy and programme.
- The support groups would be trained by NGOs, FBOs or CBOs to provide psychosocial support. The creation of the support groups should contribute to a reduction in stigma and discrimination.

#### **Strategic area 5: Monitoring and Evaluation of the Private Sector Response to HIV and AIDS-**

**Result/Output: Improved monitoring, evaluation and documentation of private sector's contribution to the overall national response to HIV and AIDS**

*Objective 5.1: facilitate at least two research projects per year on the impact of HIV and AIDS within the private sector*

*Activities:*

Private Sector HIV and AIDS Partnership Forum (PSAPF)

- In conjunction with the National AIDS Council and key stakeholders, the PSAPF will facilitate at least two research projects per year to add to the existing literature on the impact of HIV and AIDS. In particular, it would be valuable to conduct cost-benefit analyses of workplace policies and programmes as well as implement research that explores the social, cultural and environmental factors which place workers or employers at greater risk of HIV infection. Once the research has been completed, the information should be repackaged into user-friendly advocacy documents and circulated to leaders and policy makers within private sector organisations to help them plan and implement effective HIV and AIDS policies and programmes in their workplaces.

*Objective 5.2: by the end of December 2007, an M&E plan for collecting information on HIV and AIDS workplace policies and programmes will be operationalised*

*Activities:*

Private Sector HIV and AIDS Partnership Forum (PSAPF)

- The PSAPF will establish an M&E Task Team.
- Develop an M&E strategy, which includes an M&E system and tools for monitoring, evaluating and reviewing HIV and AIDS policies and programmes within private sector organisations, in line with national M&E policies.
- Identify indicators for the M&E plan.
- Develop a budget for the M&E plan.

## 5. Implementation

The tripartite partners in the private sector should establish the Private Sector Partnership Forum to coordinate private sector organisations and their social partners on issues related to HIV and AIDS in the World of Work. The forum will enable collaboration using a common strategy to prevention, care, support and treatment.

A coordinating organisation or committee will be established as a secretariat and will be responsible for:

- Developing, disseminating and implementing an annual work plan and budget. With members of the forum, it will be responsible for identifying funding opportunities and for managing the funds.
- Producing an annual report of activities and facilitating the collection of M&E data.

### Process Indicators

- A fully operational coordination mechanism for the private sector is established.
- Annual work plan and budget for the Private Sector Partnership Forum is developed.
- Funding sources are identified and funds are acquired to support the activities of the Forum.
- Channels of communication between PSAPF, Country Coordinating Mechanism (CCM), National AIDS Council (NAC) and the National Partnership Forum (NPF) are established.
- Number of private sector organisations and representatives participating in the Forum increases.
- An organisation/committee is identified to coordinate the forum and its initiatives.
- A fully operational coordination mechanism for the private sector is established.



## 6. Monitoring and Evaluation

Monitoring and evaluation is crucial to track and understand the impact of the HIV epidemic and the private sector's response. It will also improve the effectiveness of policies, programmes and activities implemented by the private sector. The National Monitoring and Evaluation (M&E) Plan is a key component of the Zimbabwe's National Strategic Framework for the Private Sector's response to HIV and AIDS. The M&E plan will aim to:

- Strengthen the capacity of the private sector to collect and use M&E data.
- Promote equity and balance in service provision, access and utilisation.
- Identify programmatic, geographic and financial gaps in the scale up of the private sector's response
- Increase the understanding of trends and explain the changes in the levels of HIV and AIDS prevalence over time.
- Promote utilisation of monitoring and evaluation data in planning of HIV and AIDS interventions
- Monitor the success of the private sector's response as well as identify successful interventions or 'best practices'
- Track the implementation of activities outlined in the National Strategic Framework and determine whether the objectives have been achieved.
- Contribute to an information base for Zimbabwe's timely reporting on its regional and international commitments (i.e. UNGASS and MDGs).

### National Monitoring and Evaluation System

#### *Developing a M&E plan for Private Sector*

The PSAPF will establish an M&E Task Team to design an M&E strategy, which includes an M&E system and tools for monitoring, evaluating and reviewing HIV and AIDS policies and programmes within private sector organisations. The taskforce will identify and commit a representative to the National M&E taskforce. The indicator framework in Annex G outlines the core national indicators and private sector-specific indicators. The task team will also devise a strategy to facilitate the collection of M&E data from private sector organisations.

#### *Data Collection*

There will be need to select appropriate methods of monitoring and evaluation, determined by the nature of the interventions. It will be the responsibility of the tripartite partners within the private sector to extract M&E data from HIV and AIDS workplace policies and programmes, summarise it and report to the District AIDS Council using the National Activity Report Forms (NARF).

- Data on the indicators stated in the Monitoring Plan will be collected by workplaces with the guidance of the PSAPF
- Data will be collected at sector and organisational level using tools adapted from the National M&E Plan. This will enable the data to be easily fed into the National M&E reports.



- Data will be collected from baseline surveys, population-based studies, community surveys, sector research, organisation evaluations, quarterly reports, mid-term and final evaluations as well as from the National Monitoring system

## **Key M&E Activities**

### ***Baseline Analysis***

To monitor and evaluate progress, there is a need to establish a baseline for specific indicators and variables outlined in the framework. Some of the information will be available from other national documents such as the Demographic Health Survey, the National Behaviour Change Strategy and the National Monitoring and Evaluation Plan.

### ***Mid-Term Review***

It is proposed that a mid-term review be carried out in 2009 to assess short-to-medium term targets, refine the strategy, address challenges, and enhance its effectiveness. Using collected M&E data, members of the PSAPF will review and revise the strategy based on emerging issues and lessons learned.

### ***Final Evaluation***

A final evaluation is proposed after the completion of the project to assess the outcomes and impact of the strategy. Lessons learnt from this evaluation will be used in developing future strategies.

### ***Feedback and Utilisation***

Data from the M&E monitoring will be used to produce an annual report which will be disseminated and discussed by the PSAPF and key stakeholders and from which the annual work plan will be developed.

### ***Capacity Building of organisations***

There is an urgent need to support private sector organisations in the collection of M&E data. It is recommended that the taskforce develop "user-friendly" tools in line with the M&E plan. The taskforce should hold "training of trainers" sessions with members of the PSAPF to roll-out the M&E plan. This should be supported by NAC, and MPSSLW.

### ***Coordination and Management of the Plan***

The M&E plan will be coordinated and managed by the PSAPF. An M&E coordinator may be engaged to facilitate capacity development. The M&E coordinator will also facilitate the baseline analysis, mid-term evaluation and final evaluation. A database will be established by the M&E coordinator to collect information on the core indicators outlined in the Indicator Framework (Annex G).

## 7. Conclusion

This document represents a national strategic framework for the private sector response to HIV and AIDS. Based on recommendations emerging from a review of literature and from national consultative processes, the document outlined an overall goal, key outcomes, specific objectives, activities and monitoring and evaluation indicators to help strengthen the private sector response. In particular the strategy focuses on strengthening coordination among private sector organisations, improving information sharing, and enhancing resource mobilisation as part of efforts to reduce the impact of HIV and AIDS in workplaces and surrounding communities.

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## **Annex A: List of Organisations Involved in the Consultative Process**

Avenues Clinic  
Barclays Bank Zimbabwe  
Berina Textiles  
City of Mutare  
Cotton Company of Zimbabwe  
Croco Motors  
Crystal Candy  
Delta Corporation  
Dunlop  
Manica Zimbabwe  
Matabeleland AIDS Council  
Medical Aid Society of Central Africa  
Midsec  
Mining Industry Pension Fund  
Mutare Board and Paper Mills  
Mutare Panel Beaters  
National AIDS Council  
National Employment Council □Catering  
National Employment Council- Transport  
National Employment Council-Commercial  
OK-Zimbabwe  
Organisation of Collective Cooperatives in Zimbabwe  
Pelhams  
Population Services International  
R&N Press  
Small Enterprise Development Corporation  
Standards Association of Zimbabwe  
Treger Industries  
Unilever  
ZimAlloys  
Zimbabwe Business Coalition on HIV and AIDS  
Zvobgo Investments -Chevron Hotel

## Annex B: Situational Analysis

A situational analysis was carried out in five urban and peri-urban areas in Zimbabwe to explore how private sector organisations are responding to the HIV epidemic. Face-to-face interviews were conducted with private sector organisations in five regions in Zimbabwe (Mutare, Harare, Masvingo, Bulawayo and Gweru). Organisations were purposefully selected to participate in the process to ensure a representative sample, which included a range of sectors, types of organisations, size of organisations and geographical location. Interviews were conducted with employers and workers' representatives.

Using in-depth interviews and participant observation, the analysis aimed to identify the key challenges and constraints faced by private sectors organisations in Zimbabwe. Specific emphasis was placed on exploring issues related to coordination, standardisation, leadership and commitment, resource mobilisation and monitoring and evaluation (M&E). In total, 44 organisations were interviewed (see Annex A for a list of participating organisations).

### Findings of the situational analysis

- While HIV and AIDS was identified as a threat to the workplace, only 4 of 44 organisations had conducted research on the impact of HIV and AIDS within a specific sector or their organisation.
- Of the 44 organisations interviewed, 19 (43%) had HIV and AIDS workplace policies, while 25 (57%) did not have workplace policies. However, 6 (6%) of the organisations interviewed had workplace programmes, indicating that more organisations had workplace programmes than those with policies.
- The content of the policies and programmes varied significantly between the organisations interviewed. Some addressed prevention, care and treatment, while others only addressed awareness and prevention.
- The 25 organisations without policies, said they were interested in developing workplace policies, but had concerns about the cost and sustainability of the programmes. The majority of respondents cited the high cost of ARVs, but said they considered care, nutritional counselling and treatment as essential components of HIV and AIDS workplace programmes.
- Of the organisations with HIV and AIDS workplace policies and/or programmes, several had received technical support from an external organisation in the development of their policies/programmes from partners such as SmartWork, MAC, FACT-Mutare, ZAPSO, PSI, ILO, PSG, GTZ, DED, and SAfAIDS. Organisations without HIV and AIDS policies and programmes said they would like technical support and guidance from NGOs, iNGOs or other private sector organisations with whom they would share experiences and expertise in developing workplace policies or programmes. It was emphasised that it would be important to have a standard criteria against which technical partners could be evaluated to ensure that private sector organisations were receiving appropriate services.
- Stigma and discrimination was reported to be the most significant barrier to HIV prevention, care and treatment among private sector organisations.

- Respondents emphasised that government and some business leaders demonstrated leadership and commitment to the fight against HIV and AIDS. However, this leadership and commitment was inconsistent at provincial, district and community levels and within the sector itself.
- While Statutory Instrument 100 (1998) is considered a valuable piece of legislation that guides private sector organisations in addressing HIV and AIDS discrimination within the workplace, only 6 (6%) of the respondents reported using it in their organisations. The majority of workers in the private sector were unaware of legal protection offered to them under SI 100 and as a result were also unaware of how to report or seek recourse for HIV discrimination in the workplace. Respondents felt that private sector organisations should do more to support HIV and AIDS policies and programmes, if only for the sake of their businesses. They also emphasised that private sector organisations could be encouraged to contribute funds to national initiatives if there was improved coordination and increased transparency.
- All organisations interviewed felt that it was important to monitor and evaluate what private sector organisations were doing with respect to HIV and AIDS. They said clear tools and guidelines were needed to promote monitoring and evaluation. Respondents expressed a need for technical support to effectively monitor and evaluate HIV and AIDS workplace policies and programmes.

Key recommendations emerging from the analysis included:

1. The urgent need for improved coordination among private sector organisations to ensure optimal resource leveraging and utilisation through smart partnerships.
- . Improved capacity to effectively develop and implement comprehensive HIV policies and programmes at enterprise and sub-sector level.
3. The need for advocacy among private sector leadership to recognise HIV as a critical workplace issue and to mobilise greater support towards achieving national HIV and AIDS commitments.
4. The need for consistent leadership in addressing HIV and AIDS at all levels within the private sector.
5. More effort to ensure that workplaces are healthy environments which are free from stigma and discrimination.
6. Need for improved capacity in private sector organisations to monitor and evaluate HIV and AIDS responses.

## Annex C: Summary of Key Policy Documents

The National Strategic Framework for the Private Sector Response to HIV and AIDS is grounded in and guided by the following principles.

### 1. National HIV and AIDS Policy (1999)

In December 1999, Zimbabwe launched its National Policy on HIV and AIDS. The policy was developed to promote and guide present and future responses to the epidemic. The policy is guided by the following principles:

- That HIV and AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority through appropriate individual and collective actions
- That information and behaviour change are cornerstone for the prevention and control of HIV and AIDS/STIs
- That human rights and the dignity of all people irrespective of their HIV status should be respected and that discrimination against People living with HIV (PLHIV) should be avoided. However the responsibility to protect oneself and others from HIV infection should be upheld by all people including PLHIV
- That providing care and counselling is essential to minimise the personal and social impact of HIV and AIDS
- That sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies
- That research should be an integral part of the effort to combat HIV and AIDS
- That a supportive environment at every level of society will enhance the response to HIV and AIDS by individuals, families and communities
- That an appropriate National AIDS Coordination and advocacy framework is essential to oversee further policy development, implementation and coordination.

Within the National AIDS Policy, it is stipulated that HIV and AIDS should be addressed through a multi-sectoral approach. All sectors and organisations, including those in the private sector should integrate HIV into their programming, mobilise resources to support the national response and support the monitoring and evaluation of all programmes/projects on HIV and AIDS.

### 2. The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2006-2010) and Zimbabwe's Commitment to the "Three Ones"

Following on the National AIDS Policy, Zimbabwe has launched the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2006-2010). The strategic plan provides the national framework for all HIV and AIDS interventions in Zimbabwe, implemented by stakeholders, government, civil society, the private sector and development partners. It however does not aim to replace or duplicate specific sector strategies. The ZNASP establishes the framework and context within which sectors and strategic plans should be formulated, monitored and coordinated.

The ZNASP brings Zimbabwe one-step closer to making the principle of "Three Ones" a reality. The principle of the "Three Ones" originated from a series of regional meetings in Nairobi. The principle stipulates that a country should have only:

- One agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners
- One national AIDS coordinating authority with a broad-based multi-sectoral mandate
- One agreed country-level monitoring and evaluation system.

Zimbabwe is committed to the principle of the "Three Ones". The National AIDS Council represents the one coordinating body. One national Monitoring and Evaluation framework has been launched and the ZNASP 2006-2010 is the "one agreed HIV and AIDS framework".

The ZNASP is based on the following set of core principles:

- Considering HIV and AIDS an emergency, which requires full commitment and adequate mobilisation of human and financial resources for the national response
- A multi-sectoral approach including Government sectors, NGOs, faith-based organisations and private sector in the development of strategic partnerships and mainstreaming of HIV
- Effective mainstreaming of gender into all strategies and programmes
- Full adherence to the principles of greater and meaningful involvement of persons living with HIV (MIPA)
- Addressing the specific needs of particularly vulnerable groups
- Equitable access to prevention, treatment and support services
- Evidence based strategies and interventions
- Commitment to regionally and internationally agreed goals and principles.

### 3. ILO Code of Practice on HIV and AIDS and the World of Work

In addition to the ZNASP core principles there are also key principles laid out by the ILO Code of Practice on HIV and AIDS and the World of Work. The code is a consensus document developed at the request of the tripartite partners globally to come up with guidelines for workplace responses. It takes on a rights-based approach to responding to HIV and AIDS and is expressed in ten key principles that emphasise:

- **Recognition of HIV and AIDS as a workplace issue:** HIV and AIDS is a workplace issue because it affects the workplace and because the workplace can play a vital role in limiting the transmission and effects of the epidemic.
- **Prevention:** Prevention is key to addressing HIV and AIDS. Private sector organisations are in a unique position to promote prevention efforts through information, education and support for behaviour change within the workplace.
- **Non-Discrimination:** There should be no discrimination or stigma against workers on the basis of real or perceived HIV status. An individual's human rights should be respected no matter what their HIV status. PLHIVs should be protected against stigma and discrimination in the workplace.
- **Gender equality:** More equal gender relations and the empowerment of women are vital for preventing transmission for HIV and mitigating its impact. Issues of gender inequality and its impact on HIV and AIDS should be taken into consideration.



- **Healthy work environment:** The workplace should minimise occupational risk, and be adapted to the health and capabilities of workers. Practices and Procedures should address vulnerability of employees and protect them from potential HIV infection.
- **Social dialogue:** A successful HIV and AIDS policy and programme needs, open dialogue, cooperation and trust between employers, workers and government. This will translate to greater dialogue between individuals, families and communities.
- **No screening for purposes of employment:** Testing for HIV at the workplace should be carried out as specified in the ILO code of practice. It should be voluntary and confidential and should never be used to screen job applicants or workers.
- **Confidentiality:** Access to personal data, including worker's HIV status, should be bound by rules of confidentiality set out in existing ILO instruments. Disclosure of HIV status should always be voluntary.
- **Continuing the employment relationship:** Workers with HIV related illness should be able to work in appropriate conditions for as long as they are medically fit. Every employee should be treated the same irrespective of their HIV status. However, where the work is too demanding, the employee and the employer can decide on a transfer to a more suitable position.
- **Care and Support:** Workers are entitled to affordable health services and to benefits from statutory and occupational schemes. It is beneficial to provide employees with healthy food, treatment, material and psychosocial support. It is important to include the family members, spouses and children.

#### 4. Southern Africa Development Community (SADC) Code of Conduct on HIV and AIDS and Employment (1997).

The SADC Employment and Labour Sector established the "Code on AIDS and Employment" to guide workplaces in addressing HIV and AIDS. The code outlines the following policy components

1. **Education, awareness and prevention programmes:** Information, education and prevention programmes should be developed jointly by employers and employees and should be accessible to all at the workplace. Education on HIV and AIDS should, where possible, incorporate employee families.  
Essential components of prevention programmes are information provision, education, prevention and management of STDs, condom promotion and distribution and counselling on high-risk behaviour. Workplace AIDS programmes should cooperate with and have access to resources of National AIDS Programmes.
2. **Job Access:** There should be no direct or indirect pre-employment test for HIV. Employees should be given the normal medical tests of current fitness for work and these tests should not include testing for HIV. Indirect screening methods such as questions in verbal or written form inquiring about previous HIV tests and/or questions related to the assessment of risk behaviour should not be permitted.
3. **Workplace testing and confidentiality:** There should be no compulsory workplace testing for HIV. Voluntary testing for HIV at the request of the employee should be done by a suitably qualified person in a health facility with informed consent of the employee in accordance with normal medical ethical rules and with pre- and post-test counselling.  
Persons with HIV or AIDS should have the legal right to confidentiality about their HIV status in any aspect of their employment. An employee is under no obligation to inform an employer of her/his HIV and AIDS status. Information regarding the HIV status of an employee should not be disclosed without the employee's written consent.

Confidentiality regarding all medical information of an employee or prospective employee should be maintained, unless disclosure is legally required. This applies also to health professionals under contract to the employer, pension fund trustees and any other personnel who obtain such information in ways permitted by the law, ethics, the code or from the employee concerned.

4. **Job Status:** HIV status should not be a factor in job status, promotion or transfer. Any changes in job status should be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard.

5. **HIV testing and training:** In general, there should be no compulsory HIV testing for training. HIV testing for training should be governed by the principle of non-discrimination between individuals with HIV infection and those without and between HIV and AIDS and other comparable health/medical conditions.

6. **Managing illness and job security:** No employee should be dismissed merely on the basis of HIV status, nor should HIV status influence retrenchment procedures.

Employee with HIV related illness should have access to medical treatment and should be entitled, without discrimination, to agreed existing sick leave provisions.

HIV infected employees should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they cannot continue with normal employment, efforts should be made to offer them alternative employment without prejudice to their benefits. When the employee becomes too ill to perform their agreed functions the standard benefits and conditions and standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination.

7. **Occupational Benefits:** Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefit schemes should make efforts to protect the rights and benefits of the dependents of deceased and retired employees.

Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship.

Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their HIV status.

Counselling and advisory services should be made available to inform all employees on their rights and benefits from medical aid, life insurance, pension and social security funds. This should include information on intended changes to the structure, benefits and premiums to these funds.

8. **Risk management, first aid and compensation:** Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risk, including clear and accurate information and training on the hazards and procedures for safe work.

Employees who contract HIV infection during the course of their employment should follow standard compensation procedures and receive standard compensation benefits.

Under conditions where people move for work, government and organisations should lift restrictions to enable them to move with their families and dependents.

People who are in an occupation that requires routine travel in the course of their duties should be provided with the means to minimise the risk of infection including information, condoms and adequate accommodation.

9. **Protection against victimisation:** Persons affected by or believed to be affected by HIV or AIDS should be protected from stigmatisation and discrimination by co-workers, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.  
Where employers and employees agree that there has been adequate information and education and provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with an employee with HIV and AIDS.
10. **Grievance handling:** Standard grievance handling procedures in organisations, in labour and civil law that apply to all workers should apply to HIV related grievances. Personnel dealing with HIV related grievances should protect the confidentiality of the employee's medical information.
11. **Information:** Government should collect, compile and analyse data on HIV and AIDS, sexually transmitted diseases and tuberculosis and make it available in the public domain. SADC member states should cooperate in making available national data for monitoring and planning an effective response to the regional health, human resource, economic and social impact of the AIDS epidemic.
12. **Monitoring and review:** Responsibility for monitoring and review of the code and its implementation should lie with the parties to the tripartite at national and regional level and with the SADC Employment and Labour Sector.

## 5. Zimbabwe Statutory Instrument 202 (1998)

Both documents state provisions, which aim to ensure non-discrimination between individuals with HIV infection and those without. The SI [0] highlights among other issues that:

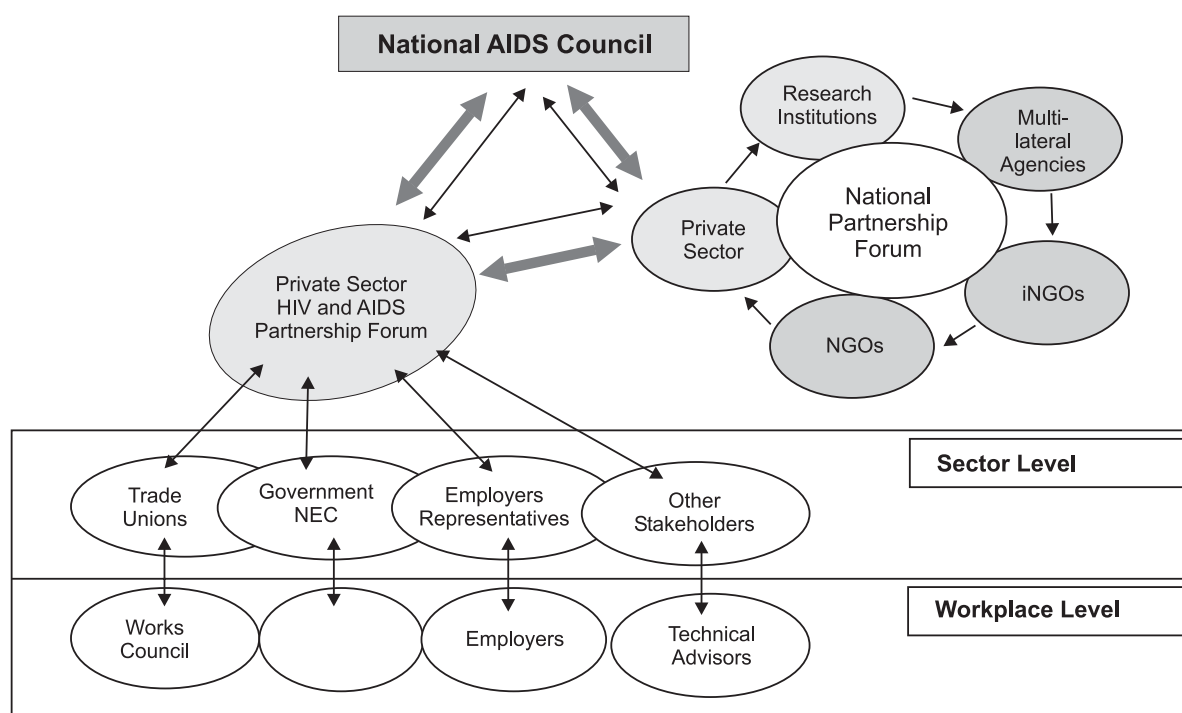
- Every employer should provide education on HIV and AIDS (its transmission, prevention and counselling facilities) for their employees. HIV and AIDS workplace policies and programmes are encouraged
- No employer shall require any person to undergo HIV testing as a precondition for an offer of employment
- No employer can terminate an individual's employment on the grounds of their HIV status
- The HIV status of an employee shall not affect his eligibility for occupational or other benefit schemes provided to employees
- Any employee infected with HIV or AIDS shall be subject to the same conditions relating to sick leave as those applicable to other employees
- Where a person is employed in an occupation or is required to provide services that place them at risk of transmitting or acquiring HIV, the employer shall provide appropriate training
- Work conditions and procedures shall be designed to ensure appropriate precautions to prevent the transmission of HIV
- Personal protective devices shall be issued, free of charge by the employer to persons employed in occupations with an element of risk to HIV transmission
- An employer shall provide every employee with a copy of the Statutory Instrument [0]
- Any person who contravenes the regulations laid out in the Statutory Instrument [0] is guilty of an offence and liable for a fine
- It is important to note that given the Statutory Instrument is under the Labour Relations Act, it currently only covers workers in the private sector and parastatals, but provides guidance for tripartite partners.

## Annex D: Terms of Reference for the Private Sector HIV and AIDS Partnership Forum

### 1. Background

The Private Sector HIV and AIDS Partnership Forum is intended to coordinate private sector organisations and their social partners on issues related to HIV and AIDS in the World of Work and will enable private sector organisations to use a common strategy in responding to HIV prevention, care, support and treatment.

The PSAPF will be a national forum, composed of all social partners, private sector organisations and other key stakeholders working the field of HIV and AIDS in the World of Work. Membership to the Forum will be open to private sector organisations and their representatives who have an interest in HIV and AIDS and the World of Work. All Forum members will be required to commit to sharing information and communication on emerging issues among the constituencies that they represent.



### 2. Rationale

- .1 The private sector's response to HIV and AIDS has been limited by inadequate resources, poor coordination and inadequate capacity to respond to the pandemic. To strengthen its overall response to HIV and AIDS, a mechanism will be established to improve coordination, and networking among private sector organisations and key stakeholders.
- .□ The need for greater information sharing and coordination of efforts to support the national multi-sectoral response to HIV and AIDS in the private sector.

- .3 The drafting of a national strategic framework on the private sector response to HIV and AIDS, is an opportune time to agree on a mechanism to coordinate the private sector's response to HIV and AIDS as part of efforts to increase support and coordination of the national multi-sectoral response.
- .4 The need for a coordination mechanism representing the various stakeholders including labour, employers, civil society and sector-specific interests. The coordination mechanism needs to build on existing networks to enhance the overall response to HIV and AIDS.

### **3. Functions**

- 3.1 To create a national platform for further discussion and debate on practical issues in response to the epidemic as a business and workplace issue.
- 3.□ Increase access to national and international resources, information and education related to HIV and AIDS.
- 3.3 As a mechanism for documenting, monitoring and evaluating the private sector response to HIV and AIDS.
- 3.4 To create a forum for key stakeholders to share experiences and good practices within the world of work.
- 3.5 To elect □ or 3 members of the Private Sector HIV and AIDS Partnership Forum to represent the interests of the private sector on the National Partnership Forum.
- 3.6 To establish a communication strategy that enhances the visibility and participation of the private sector (at national, sub-sector and enterprise levels) in the national response to HIV and AIDS.
- 3.7 To facilitate at least two research projects per year on the impact of HIV and AIDS within the private sector.

### **4. Membership**

All private sector organisations and their social partners working in the field of HIV and AIDS in the World of Work will be eligible to join the Forum. The coordination structure should be representative of the various stakeholders including labour, employers, civil society and specific sector interests. Members of the Forum should commit themselves to communicating HIV and AIDS information and emerging issues with their partners and key stakeholders at sector and enterprise levels.

### **5. Coordinating Committee or Organisation**

Members of the Forum will identify a coordinating committee or organisation that will be responsible for:

- Developing, disseminating and implementing an annual work plan and budget.
- With members of the forum, it will be responsible for identifying funding opportunities and for managing the funds.
- Producing an annual report of activities and facilitating the collection of M&E data.

### **6. Frequency of PSAPF Meetings**

The PSAPF will hold quarterly membership meetings.

## Annex E: Results/Outputs and Activity Matrix

The principal goals of the Zimbabwean private sector response to the epidemic are to:

- contribute to a reduction of HIV prevalence,
- improve the quality of life for people infected and affected,
- mitigate the socio-economic impact of HIV and AIDS on workplaces and surrounding communities

### **Strategic area 1: Coordination of private sector HIV and AIDS responses**

#### **Result/Outputs: Improved coordination, information sharing and networking among private sector organisations with respect to HIV and AIDS**

<b>Key Challenges</b>	<b>Objective</b>	<b>Activities</b>	<b>Responsible actors</b>
The lack of coordination, information sharing and networking among private sector organisations has limited the impact of existing responses to HIV and AIDS in the World of Work	1.1 By the end of July 2007, a Private Sector HIV and AIDS Partnership Forum (PSAPF) and secretariat will be established with an annual work-plan and budget	<ul style="list-style-type: none"> <li>- Establish PSAP</li> <li>- Hold quarterly meetings</li> <li>- Produce annual report</li> <li>- Elect representatives to participate on national partners forum</li> </ul>	Private Sector, NAC
	1.2 By the end of July 2007, a focal organisation/committee will be identified to coordinate the Forum initiatives	<ul style="list-style-type: none"> <li>- Identify an organisation or committee to coordinate the Forum</li> <li>- Develop annual work-plan and budget</li> <li>- Identify and manage funding</li> </ul>	PSAPF
	1.3 By the end of December 2007, develop a communication strategy that promotes information sharing and networking among private sector organisations	<ul style="list-style-type: none"> <li>- PSAPF elects communication working committee (CWC)</li> <li>- Communication strategy is developed and circulated</li> <li>- Research conducted to establish communication baseline</li> <li>- Campaign mounted to create awareness of PSAPF</li> <li>- Variety of communication channels developed to reach private sector members at sub-sectors and enterprise level PSAPF</li> </ul>	



**Strategic area 2: Commitment to Address HIV and AIDS in the Private Sector**

**Result/Outputs: Increased commitment among private sector organisations to address HIV and AIDS as a workplace issue**

Key Challenges	Objective	Activities	Responsible actors
<p>Few private sector organisations have comprehensive workplace policies and programmes. More organisations currently have workplace programmes. Too often programmes refer to ad hoc awareness sessions.</p>	<p>2.1 Increase annually by 10%, the number of workplaces with comprehensive HIV and AIDS workplace policies and programmes</p>	<ul style="list-style-type: none"> <li>- Establish committee to review, adapt national toolkit</li> <li>- Define comprehensive workplace policy and programme</li> <li>- Develop and circulate guidelines on developing workplace policies and programmes</li> <li>- Develop and circulate set of criteria for technical partners</li> <li>- Conduct mapping exercise</li> </ul>	<p>PSAPF</p>
<p>Despite having resources, many private sector organisations have not committed themselves, financially to HIV and AIDS responses</p>	<p>2.2 Increase by 10% annually the number of private sector organisations who allocate a proportion of their budget to address HIV and AIDS in the workplace and the community they serve.</p>	<ul style="list-style-type: none"> <li>- Implement baseline survey on HIV and AIDS resource allocation among private sector organisations</li> <li>- Hold regular meetings in diverse regions with private sector organisations</li> <li>- Promote cost-effective strategies</li> <li>- Monitor resource commitments of private sector organisations.</li> </ul>	<p>PSAPF</p>
<p>The SI 202 (Labour Relations Act of 1998) is a valuable legislative policy, which still has not been fully distributed and integrated into workplaces. The majority of workers are not aware of the policy. It has remained in the hands of human resource managers.</p>	<p>2.3 By end of 2010, there will be universal access and awareness of SI 202</p>	<ul style="list-style-type: none"> <li>- An advocacy campaign is developed to promote awareness of the policy</li> <li>- Ministry of Labour routinely monitors the distribution of SI 202</li> </ul>	<p>Private Sector MPSLSW</p>

### Strategic area 3: Prevention of new HIV infections in the workplace

#### Result/Outputs: Reduction in new HIV infections among employers and workers

Key Challenges	Objective	Activities	Responsible actors
The risk of infection is high among individuals who have multiple sexual partners. There is a need to promote a reduction in the number of sexual partners and increase faithfulness	3.1 By 2010, reduce by 5% reported occurrence of multiple sexual relationships by employers and workers in the private sector	<ul style="list-style-type: none"> <li>- Participate in the development and distribution of national behaviour change campaign materials.</li> <li>- Develop and distribute IEC materials</li> </ul>	Private sector organisations, NAC, UNAIDS, technical partners
Information is essential for effective communication of behaviour change messages. There is a need to develop channels of communication from the technical health professions to the worker in the private sector	3.2 By 2010, increase by at least 10%, the number of workplaces providing peer education and counselling services on strategic behaviour change issues	<ul style="list-style-type: none"> <li>- Develop list of private sector organisations with peer education programmes</li> <li>- Private sector organisations establish and train peer educators, who represent all levels of stakeholders (management, workers)</li> <li>- Networking among private sector organisations</li> <li>- Prioritise high risk groups and provide support for peer education groups and peer education.</li> </ul>	Private sector NAC, DAC NGOs, INGO and technical partners
Existing condom programmes should be sustained as they have proved successful in prevention. There is a need to ensure that individuals have access to condoms and knowledge on how to use them	3.3 Support national condom distribution through workplace programmes and promote consistent use among employers and workers.	<ul style="list-style-type: none"> <li>- Identify, purchase and distribute condoms (Male and Female)</li> <li>- Display and distribute IEC materials</li> <li>- Train peer educators in private sector organisations to promote various prevention strategies</li> </ul>	Private Sector
Uptake of testing and counselling has been low	3.4 By 2010, Increase by 10%, the number of all managers and workers, among organisations implementing comprehensive workplace policies and programmes, who know their status	<ul style="list-style-type: none"> <li>- Encourage organisations with workplace policies and programmes to monitor use of T&amp;C and PMTCT</li> <li>- Support community mobilisation and promotion of T&amp;C and PMTCT</li> <li>- Monitor the number of referrals made to T&amp;C services and PMTCT</li> <li>- Train peer educators in basic counselling</li> </ul>	NAC, PSAPF, Private sector
Stigma and discrimination usually result from ignorance and lack of information and education among workers	3.5 By 2010, establish comprehensive anti-stigma information, education and communication programmes which promotes the meaningful involvement of people living with HIV.	<ul style="list-style-type: none"> <li>- Hold a discussion forum for leaders in the private sector on issues of stigma and discrimination</li> <li>- Hold a training programme for human resource managers to address stigma and discrimination in the workplace (covering issues related to confidentiality, shared confidentiality and rights of workers)</li> </ul>	Private sector organisations, technical partners



<p>Unequal gender relationships and gender-based violence place women at greater risk for HIV infection</p>	<p>3.6 Reduce prevalence of gender-based violence and gender inequality within the private sector by mainstreaming gender into HIV and AIDS workplace policies and programmes</p> <p>3.7 Reduce occupational risk to HIV infection by applying universal precautions, including provision of Post-Exposure Prophylaxis (PEP)</p>	<p>- Hold discussion Fora with various unions and private sector organisations to discuss MIPA as well as to analyse issues related to confidentiality/shared confidentiality and rights of workers Develop and circulate fact-sheet on MIPA to all private sector organisations</p> <p>- Create awareness among private sector leaders at national, provincial and district levels</p> <p>- Support the mainstreaming gender issues into enterprise and sector level programmes.</p> <p>- Create awareness among private sector leaders at national, provincial and districts levels on the need for universal precautions.</p> <p>- Develop a list and protocols for private sector organisations interested in providing PEP PSAPF</p>	<p>Private Sector NGOs and technical partners</p>
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**Strategic area 4: Equitable access to Treatment Care and Support in the private sector**

**Results /Outputs: Increased access to treatment, care and support among employers and workers and their families**

<b>Key Challenges</b>	<b>Objective</b>	<b>Activities</b>	<b>Responsible actors</b>
<p>Only a small proportion of the people who need care and treatment are receiving it. There is an urgent need to scale-up access to care and treatment initiatives</p>	<p>4.1 By 2010, 30 000 individuals are enrolled in care and treatment services through private sector initiatives or health care insurance</p> <p>4.2 By 2010, increase annually by 10% the number of private sector workplaces that have developed mitigation strategies (including OVC support and basic support for family members) as part of their comprehensive workplace policy and programme</p> <p>4.3 By 2010, increase by 10% the number of private sector organisations who have established support groups for PLHIV within their organisation</p>	<ul style="list-style-type: none"> <li>- Carry out a baseline survey on the number of organisations providing HIV and AIDS treatment</li> <li>- Hold bi-monthly advocacy meetings in diverse regions with private sector organisations</li> <li>- Encourage private sector organisations to establish mitigation strategies as part of their workplace policies and programmes</li> </ul>	<p>NAC, PSAPF, Private sector</p> <p>PSAPF, Private Sector, NGOs, FBOs, CBOs</p>
		<ul style="list-style-type: none"> <li>- Develop support groups in private sector organisations</li> <li>- Support private sector organisations in developing support groups Private Sector</li> </ul>	<p>NGOs, CBOs, FBOs</p>

**Strategic area 5: Monitoring and Evaluation of the Private Sector Response to HIV and AIDS-**

**Result /Outputs: Improved monitoring, evaluation and documentation of private sector's contribution to the overall national response to HIV and AIDS.**

<b>Key Challenges</b>	<b>Objective</b>	<b>Activities</b>	<b>Responsible actors</b>
The lack of literature and evidence on the impact of HIV and AIDS within various sectors in Zimbabwe makes it difficult to establish baselines or to have a clear picture of the impact of HIV and AIDS on the private sector	5.1 Facilitate at least 2 research projects per year on the impact of HIV and AIDS within the private sector	<ul style="list-style-type: none"> <li>- Fund-raise and facilitate 2 research projects</li> <li>- Produce user-friendly research reports and circulate widely to private sector organisations</li> </ul>	PSAPF
Monitoring and Evaluation data on the private sector's response to HIV and AIDS has been insufficient	5.2 By the end of December 2007, an M&E system for collecting M&E information will be established and operationalised.	<ul style="list-style-type: none"> <li>- Develop indicators and incorporate in M&amp;E system, including new indicators on stigma reduction in the workplace and open communication about HIV and AIDS</li> <li>- Establish M&amp;E task force</li> <li>- Finalise M&amp;E Plan</li> </ul>	PSAPF, Private Sector

## Annex F: M&E Indicator Framework

Objective	Activities	National Core Input Indicators	Strategic Framework Output
<p>1.1 By the end of July 2007, a Private Sector HIV and AIDS Partnership Forum (PSAPF) will be established with an annual work-plan and budget.</p>	<ul style="list-style-type: none"> <li>- Establish PSAPF</li> <li>- Hold Quarterly meetings</li> <li>- Produce Annual report</li> <li>- Elect representatives to participate on national partnership forum</li> </ul>		<ul style="list-style-type: none"> <li>- A fully operational coordination mechanism for the private sector is established.</li> <li>- Annual work plan and budget for private sector partnership forum is developed</li> <li>- Funding is identified and acquired to support the activities of the Forum</li> <li>- Channels of communication established between PSAPF, Country Coordinating Mechanism (CCM), National AIDS Council (NAC) and the National Partnership Forum (NPF)</li> <li>- Number of private sector organisations and representatives participating in the forum increases</li> </ul>
<p>1.2 By the end of 2007, a focal organisation/committee will be identified to coordinate the forum initiatives</p>	<ul style="list-style-type: none"> <li>- Identify an organisation or committee to coordinate the forum</li> <li>- Develop annual work-plan and budget</li> <li>- Identify and manage funding</li> </ul>		<ul style="list-style-type: none"> <li>- An organisation/committee is identified to coordinate the forum and its initiatives.</li> <li>- A fully operational coordination mechanism for the private sector is established.</li> <li>- Annual work plan and budget for private sector partnership forum is developed</li> <li>- Adequate funding is identified, acquired and efficiently managed</li> </ul>
<p>1.3 By the end of 2007, a communication working group will be developed to create a broad-based HIV and AIDS communication framework, which promotes information sharing and networking among private sector organisations</p>	<ul style="list-style-type: none"> <li>- PSAPF to elect a communications working committee (CWC)</li> <li>- Develop and circulate a communication strategy</li> <li>- Conduct research to establish communication baseline</li> <li>- Embark on a campaign to create awareness of PSAPF</li> <li>- Develop a variety of communication channels to reach private sector members at sub-sectors and enterprise level</li> </ul>		<ul style="list-style-type: none"> <li>- A communication working group is developed</li> <li>- A broad-based communication framework is developed and implemented outlining advocacy, social mobilisation, programme communication, and marketing strategies</li> <li>- Communication baselines developed</li> <li>- Number of communication initiatives implemented</li> <li>- Number of sub-sectors reached</li> <li>- Number of enterprises reached</li> </ul>

<p>2.1 Increase annually by 10%, the number of workplaces implementing comprehensive HIV and AIDS workplace policies and programmes</p>	<ul style="list-style-type: none"> <li>- Establish a committee to review, adapt national toolkit</li> <li>- Define a comprehensive workplace policy and programme</li> <li>- Develop and circulate guidelines on developing workplace policies and programmes</li> <li>- Develop and circulate a set of criteria for technical partners</li> <li>- Conduct a mapping exercise of technical partners</li> </ul>	<ul style="list-style-type: none"> <li>- Number of employees reached through HIV and AIDS workplace programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Number of workplaces with comprehensive workplace policies and programmes</li> <li>- Tool kit developed and distributed</li> <li>- Advocacy campaigns developed and implemented</li> </ul>
<p>2.2 Increase by 10% annually the number of private sector organisations who allocate a proportion of budgeted resources to address HIV and AIDS in the workplace and the community they serve</p>	<ul style="list-style-type: none"> <li>- Implement baseline survey on HIV and AIDS resource allocation among private sector organisations</li> <li>- Hold regular meetings in diverse regions with private sector organisations</li> <li>- Promote cost-effective strategies</li> <li>- Monitor resource commitments of private sector organisations</li> </ul>		<ul style="list-style-type: none"> <li>- Amount of resources budgeted through private sector organisations</li> <li>- Numbers of private sector organisations implementing workplace programmes</li> </ul>
<p>2.3 Universal access and awareness of SI 202 by 2010</p>	<ul style="list-style-type: none"> <li>- Develop an advocacy campaign to promote awareness on the policy</li> <li>- Ministry of Labour to routinely monitor the distribution of SI 202</li> </ul>		<ul style="list-style-type: none"> <li>- Number of copies of SI 202 distributed per year per private sector organisation</li> <li>- Number of workers aware of SI 202</li> </ul>
<p>3.1 By 2010, reduce by 5% reported occurrence of multiple sexual relationships by employers and workers in the private sector</p>	<ul style="list-style-type: none"> <li>- Participate in the development and distribution of national behaviour change campaign materials</li> <li>- Develop and distribute IEC materials</li> </ul>	<ul style="list-style-type: none"> <li>- Percentage of married persons reporting sex with one or more partner in the past 12 months</li> <li>- Percentage of adults aged 20 to 49 years who disapprove of married or co-habiting couples having multiple partners</li> <li>- Percentage of males aged 20 to 49 years who believe that it is natural for men to have many partners.</li> <li>- Number of private sector leaders speaking out against multiple partnerships</li> </ul>	<ul style="list-style-type: none"> <li>- Number of IEC materials produced</li> <li>- Media campaign supported</li> <li>- Number of organisations that have reviewed human resources policies with respect to reducing spousal separation</li> </ul>

Objective	Activities	National Core Input Indicators	Strategic Framework Output
<p>3.2 By 2010, increase at least by 10 percent points, the number of workplaces providing peer education and counselling services on strategic behaviour change issues</p>	<ul style="list-style-type: none"> <li>- Develop a list of private sector organisations with peer education programmes</li> <li>- Train peer educators in private sector organisations, who represent all levels of stakeholders (management, workers)</li> <li>- Network among private sector organisations</li> <li>- Prioritise high risk group and provide support for peer education groups</li> </ul>	<ul style="list-style-type: none"> <li>- Number of workplaces with functional peer education programmes</li> <li>- Number of peer educators trained</li> <li>- Number of truck drivers reached by HIV prevention programmes</li> <li>- Number of cross-border traders reached by HIV prevention programmes</li> <li>- Number of fisherman reached by HIV prevention programmes</li> <li>- Number of small scale miners reached by HIV prevention programmes</li> </ul>	
<p>3.3 Support national condom distribution through workplace programmes and promote consistent use among employers and workers</p>	<ul style="list-style-type: none"> <li>- Identify, purchase and distribute condoms (Male and Female)</li> <li>- Display and distribute IEC materials in the workplace</li> <li>- Train private sector organisations to promote various prevention strategies</li> </ul>	<ul style="list-style-type: none"> <li>- Number of condoms distributed (male and female)</li> <li>- Number of condoms sold (male and female)</li> <li>- Number of male condoms out of stock (per month)</li> <li>- Number of female condoms out of stock (per month)</li> <li>- Percentage of persons reporting condom use at last sex with co-habiting and non co-habiting partner</li> <li>- Number of staff newly trained in BCC</li> <li>- Number of IEC materials produced</li> </ul>	
<p>3.4 Increase by 10 percentage points, the number of all managers and workers, among the organisations implementing comprehensive workplace policies programmes, who know their status</p>	<ul style="list-style-type: none"> <li>- Encourage organisations with workplace policies and programmes to monitor use of T&amp;C and PMTCT</li> <li>- Support community mobilisation and promotion of T&amp;C and PMTCT</li> <li>- Train peer educators in basic counselling</li> <li>- Monitor the number of referrals made to T&amp;C services and PMTCT</li> </ul>	<ul style="list-style-type: none"> <li>- Number of people pre-test counselled</li> <li>- Number of people post-test counselled</li> <li>- Number people reporting being tested for HIV among the organisations implementing comprehensive workplace policies programmes</li> <li>- Number of people reporting ever repeating their HIV test in the past 3 months</li> <li>- Number of people visiting testing and counselling centres among the organisations implementing comprehensive workplace policies programmes</li> </ul>	

<p>3.5 By 2010, establish comprehensive anti-stigma information, education and communication programme for workplaces that promotes the meaningful involvement of people living with HIV (MIPA)</p>	<ul style="list-style-type: none"> <li>- Hold a discussion forum for leaders within the private sector to discuss issues of stigma and discrimination</li> <li>- Conduct training for Human Resource Managers to address stigma and discrimination in the workplace (covering issues related to confidentiality, shared confidentiality and rights of workers)</li> <li>- Hold discussion Fora with various unions and private sector organisation to discuss MIPA as well as to analyse issues related to confidentiality/shared confidentiality and rights of workers)</li> <li>- Develop a fact-sheet on MIPA and circulate to all private sector organisations</li> </ul>	<ul style="list-style-type: none"> <li>- Number of people referred to T&amp;C services</li> <li>- Number of people referred to PMTCT services</li> <li>- Number of awareness sessions held per organisation on T&amp;C and PMTCT</li> <li>- Number of workplace programmes with newly trained peer educators ( focal points) on basic counselling, T&amp;C and PMTCT issues</li> </ul>	<ul style="list-style-type: none"> <li>- Number of people who have disclosed their status</li> <li>- Number of people who trained in the principles of MIPA</li> <li>- Number of workplaces that adopt MIPA principles within their workplace policies and programmes</li> <li>- Reduction in the number of cases reporting stigma within the workplace</li> </ul>
<p>3.6 Reduce prevalence of gender-based violence and gender inequality within the private sector by mainstreaming gender into HIV and AIDS workplace policies and programmes</p>	<ul style="list-style-type: none"> <li>- Create awareness among private sector leaders a national, provincial and district levels</li> <li>- Support the mainstreaming gender issues into enterprise and sector level programmes</li> </ul>	<ul style="list-style-type: none"> <li>- Number of gender specific IEC materials produced and/or distributed</li> </ul>	<ul style="list-style-type: none"> <li>- Number of workplaces with gender sensitive workplace policies and programmes</li> </ul>
<p>3.7 Reduce occupational risk to HIV infection by applying universal precautions, including provision of Post-Exposure Prophylaxis</p>	<ul style="list-style-type: none"> <li>- Create awareness among private sector leaders at national, provincial and districts levels on the need for universal precautions</li> <li>- Develop a list of protocols for private sector organisations interested in providing PEP</li> </ul>	<ul style="list-style-type: none"> <li>- Number of workers started on Post Exposure Prophylaxis</li> <li>- Number of workers completed Post Exposure Prophylaxis</li> <li>- Where applicable, number of sterilisation facilities functional</li> <li>- Number of surgical gloves in stock</li> </ul>	<ul style="list-style-type: none"> <li>- Number of workplaces applying safe work practices</li> <li>- Number of organisations with appropriate first-aid services</li> </ul>

Objective	Activities	National Core Input Indicators	Strategic Framework Output
4.1 By 2010, increase the number of people enrolled in care and treatment services through private sector initiatives or health care insurance	Conduct advocacy activities for private sector organisations to provide mechanisms for workers to access care and treatment	<ul style="list-style-type: none"> <li>- Number of workers receiving ARV treatment through private sector and health insurance</li> <li>- Number of employees receiving treatment for STIs ( all conditions)</li> </ul>	<ul style="list-style-type: none"> <li>- Number of organisations providing ARVs</li> <li>- Number of organisations contributing to co-payment</li> <li>- Number of organisations providing in-house counselling and/or referral services to counselling, psychosocial and/or support groups</li> </ul>
4.2 By 2010, increase annually by 10% the number of private sector workplaces that have developed mitigation strategies (including OVC support and basic support for family members) as part of their comprehensive workplace policy and programme	Encourage private sector organisations to establish mitigation strategies as part of their workplace policy and programmes	<ul style="list-style-type: none"> <li>- Number of new OVC who are receiving school related assistance (per month/per organisation)</li> <li>- Total number of OVC who are receiving school-related assistance(per month/per organisation)</li> <li>- Number of PLHIV and/or family of PLHIV who received support (psychosocial support, food/nutrition, shelter/housing, counselling, medical assistance, material support, agricultural inputs. etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- Number of organisations who have developed mitigation strategies</li> </ul>
4.3 By 2010, increase by 10% the number of private sector organisations who have established support groups for PLHIV within their organisation	<ul style="list-style-type: none"> <li>- Develop support groups in private sector organisations</li> <li>- NGOs, CBOs, FBOs support private sector organisations in developing support groups</li> </ul>	<ul style="list-style-type: none"> <li>- Number of new support groups for PLHIV established</li> <li>- Number of new members joining support groups</li> <li>- Number of persons newly trained in psychosocial support</li> </ul>	<ul style="list-style-type: none"> <li>- Number of organisations with support groups</li> </ul>
5.1 Facilitate at least 2 research projects per year on the impact of HIV and AIDS within the private sector	<ul style="list-style-type: none"> <li>- Fund-raise and facilitate 2 research projects</li> <li>- Produce user-friendly research reports and circulate widely to private sector organisations</li> </ul>		<ul style="list-style-type: none"> <li>- 2 research projects commissioned and completed</li> <li>- Results of research disseminated</li> </ul>
5.2 By the end of December 2007, an M&E system for collecting information on HIV and ADS workplace operationalised	<ul style="list-style-type: none"> <li>- Establish M&amp;E task force</li> <li>- Finalise M&amp;E Plan</li> </ul>		<ul style="list-style-type: none"> <li>- M&amp;E taskforce established</li> <li>- M&amp;E plan operationalised</li> <li>- Annual reviews conducted</li> </ul>