



*Coordinating the National Response to HIV and AIDS in Zimbabwe*

**WORKPLACE HIV AND AIDS POLICY AND  
PROGRAMME DEVELOPMENT GUIDE**

# **NATIONAL AIDS COUNCIL**

## **WORKPLACE HIV AND AIDS POLICY AND PROGRAMME DEVELOPMENT GUIDE**

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## **ACRONYMS**

AIDS	-	Acquired Immune Deficiency Syndrome
ART	-	Anti –retroviral Therapy
ARV	-	Anti- Retroviral
CBO	-	Community Based Organisation
FBO	-	Faith Based Organisation
HIV	-	Human Immunodeficiency Virus
IEC	-	information, Education, Communication
ILO	-	International Labour Organisation
KAP	-	Knowledge, Attitudes and Practices
NAC	-	National AIDS Council
NATF	-	National AIDS Trust Fund
NGO	-	Non-governmental Organisation
PMTCT	-	Prevention of Mother to Child Transmission
SADC	-	Southern African Development Community
SI	-	Statutory Instrument
SME	-	Small and Medium Enterprises
STI	-	Sexually Transmitted Illness
VCT	-	Voluntary Counselling and Testing
UNAIDS	-	United Nations Joint Programme on AIDS
ZNASP	-	Zimbabwe National HIV/AIDS Strategic Plan

## **PURPOSE OF THE GUIDE**

The guide builds on the knowledge and experience that is already present on workplace HIV and AIDS programming. It is designed to provide direction to effectively design, implement and coordinate workplace responses to HIV and AIDS. It may be freely used, quoted, reproduced, or distributed, in part or in full, provided the source is acknowledged. The guide may not be used for commercial purposes or for profit.

## **OBJECTIVES OF THE GUIDE**

The guide enables users to:

- Follow a step-by-step sequence in establishing workplace HIV policies and programmes.
- Involve the various stakeholders in programming.
- Monitor and evaluate efforts towards workplace HIV programming.

## **1. BACKGROUND**

The socio-economic impact of HIV and AIDS is immense given that the age range for those most affected is between 15 and 49 years – the most economically productive and sexually active age group. As of December 2008, the number of people infected with HIV in the world had reached about 33.4 million of which 2 million had died. About 95% are found in the developing world and a staggering 70% in Sub-Saharan Africa alone, where resources to confront the epidemic are most scarce<sup>1</sup>

According to National HIV Estimates, at the end of 2009 about 13.7% of the age group 15-49 years were living with HIV and AIDS in Zimbabwe and this is evident enough of the threat the epidemic has on the productive age group. HIV and AIDS cuts into the size and quality of the work force and has become increasingly disconcerting to business and economic policy makers. HIV and AIDS makes the cost of doing business more expensive while at the same time lowers worker's productivity and decreases overall demand for goods and services. It decimates management and the skilled labour force. HIV and AIDS has resulted in increased absenteeism, a rise in households headed by children and an increase in child labour as adults become too sick to work or die.

In the face of HIV and AIDS, the Zimbabwean economy is expected to lose the benefit of the money invested in training people and in the salaries and wages of workers on sick leave or away on AIDS-related leave. Those living with HIV and AIDS are likely to face stigmatisation, discrimination and other unfair labour practices at the workplace.

With no cure available, the massive mobilisation of every section of society is the only weapon. Businesses have too often been untapped partners, yet they have a greater responsibility in the fight against the epidemic particularly within their own workplaces. The workplace offers an opportunity for a structured environment for sharing information, reinforcing notions of acceptable behaviour on implementing interventions. Over the last two decades, institutions the world over have put in place measures to combat HIV and although the learning curve continues, their experiences have provided valuable information on the elements of an effective response to the problem of HIV and AIDS in the workplace.

## **2. IMPACT OF HIV AND AIDS ON THE WORLD OF WORK**

HIV and AIDS is a pandemic that has far-reaching effects. Not only is it a public health challenge intertwined with complex social issues, AIDS is also a looming economic disaster. In an increasingly globalized world, multinational enterprises and small and medium-sized enterprises (SMEs) feel the economic impact of HIV and AIDS equally. For employers, HIV and AIDS have a negative impact on both the business environment (macroeconomic impact) and on the enterprise directly (microeconomic impact).

<sup>1</sup>(UNAIDS: 2009 AIDS Epidemic Update)

The epidemic cuts the supply of labour and threatens the livelihoods of workers and those who depend on them and the capacity of a country to deliver essential goods and services in decades to come.

By 2015, HIV and AIDS is expected to cause a 10% to 30% reduction in labourforce in high prevalence countries.<sup>2</sup> Women are at the greatest risk of HIV infection due to gender-based economic inequalities, sexual harassment and violence at work, limited access to education and health services, and the different social roles assigned to men and women which affect behaviour and the capacity to protect oneself from the virus. Discrimination of people living with HIV and AIDS threatens fundamental principles and rights at work, and undermines efforts for prevention and care. The loss of skilled and experienced workers causes productivity to fall just as business costs are increasing. Tax revenue, markets and investment are also undermined. The main source of employment is the informal sector and the workers here are particularly vulnerable to the epidemic's impact, due to the precarious nature of the informal employment, the lack of social protection and the limited access to health services.

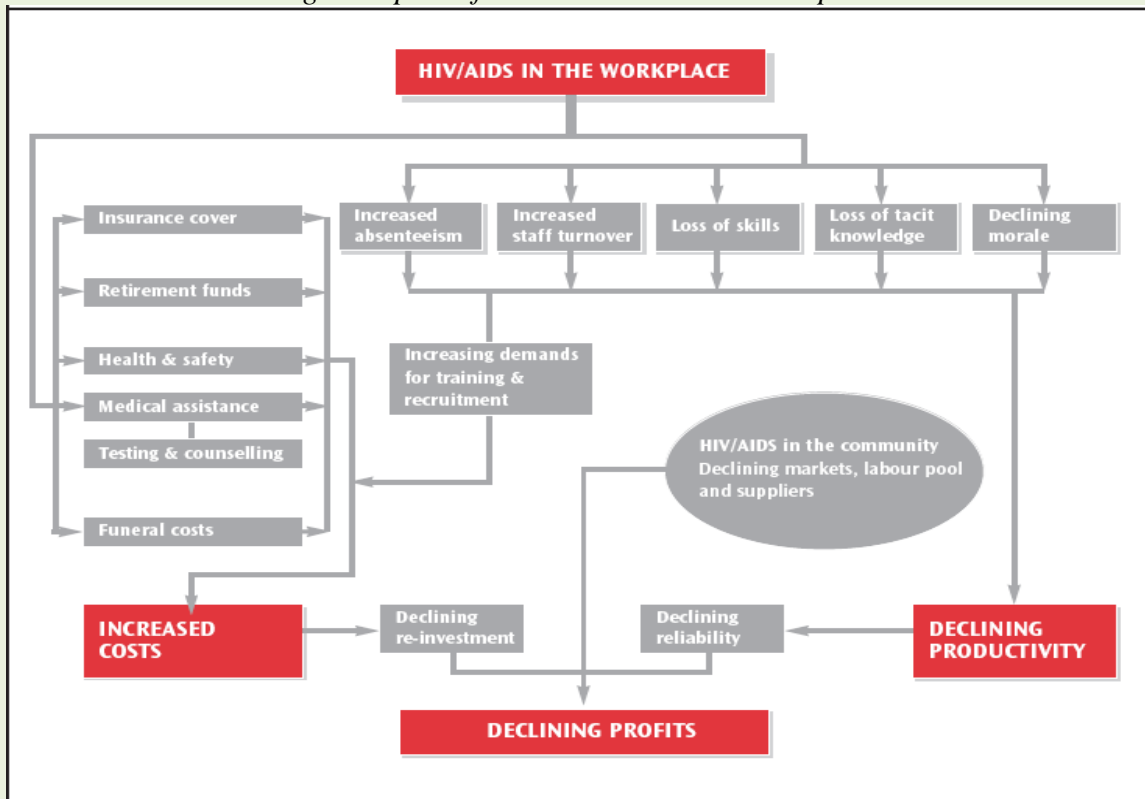
HIV and AIDs affect economic growth and social development in all sectors of the economy in that it:

- Reduces labour supply
- Causes loss of skilled and experienced workers
- Increases absenteeism and early retirement
- Increases labour costs for employers including health care and employee retraining
- Reduces productivity, contacts, tax bases and negatively impacts economic growth.
- Weakens demand, discourages investment, development and undermines enterprises' profit
- Causes stigmatization of , and discrimination against workers living with HIV
- Adds pressure on social protection systems and health systems
- Causes losses of family income and household productivity, which exacerbates poverty
- Increases number of female-headed households.
- Forces children to work and quit school
- Leaves many girls and women with little option but to exchange sexual favours to survive
- Reduces informal transfer of knowledge and skills between generations
- Forces elderly people to remain economically active

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<sup>2</sup> (ILO: HIV/AIDS and Work: Global Estimates, Impact and Response: 2004).

Fig 1: Impact of HIV and AIDS on a Workplace



Source: Daly, K. (2000) The Business Response to HIV/AIDS: Impact and Responses. Geneva

### 3. THE WORKPLACE RESPONSE

The national multisectoral response to HIV and AIDS is guided by the Zimbabwe National Strategic Plan and coordinated by the National AIDS Council. As part of the national multisectoral approach to HIV and AIDS, companies and organizations have a key role in scaling up HIV prevention, care, treatment and support. Yet to date, Companies themselves are at varying stages with respect to engagement on workplace HIV and AIDS issues. Some know they have a problem and are taking action on multiple fronts to address it, others suspect they may have a problem but don't know how or where to start, and still other companies are unaware that a problem exists even when it may already be having a negative impact on their bottom line. In order to accurately weigh the costs and benefits of taking action, it is critical for a company to understand the extent of the threat HIV and AIDS poses in its area of operation and the full range of direct and indirect costs associated with the impacts of the disease on its workforces. Because businesses face financial losses if their workers are not productive, a fair amount of attention has been given to addressing HIV and AIDS in the private sector workplace. Although similar concerns exist in the public sector, less attention has been given to HIV and AIDS in the public sector workplace.

Government ministries and agencies are generally not set up to make a profit, as are businesses. But government ministries have major responsibilities that influence countries' economic, social and environmental well-being. If a nation's workforce is hampered by extensive absenteeism, loss of trained and skilled work, it has serious consequences on development.

#### **4. OVERALL GOAL OF THE WORKPLACE HIV AND AIDS PROGRAMME<sup>3</sup>**

The overall goal of the workplace programme in relation to HIV and AIDS is to contribute to the reduction in the number of new HIV infections as well as support national initiatives to achieve commitments towards the goal of universal access to HIV prevention, care, support and treatment<sup>3</sup>. Through this strategy, the workplace programme aims to:

- Contribute to a reduction in HIV infections through enhanced prevention and focus on behaviour change among employees,
- Improve the quality of life for workers 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

#### **5. GUIDING LEGISLATIVE FRAMEWORK**

Implementation of the workplace response to HIV and AIDS is guided by four key policy documents including the Zimbabwe Statutory Instrument 202 (SI 202) of 1998, the Zimbabwean National HIV and AIDS Strategic Plan (ZNASP) [2006-2010], the ILO Code of Practice on HIV and AIDS and the World of Work (2001) and the SADC Code on HIV and AIDS and Employment (1997). These documents have served to establish the strategic context and principles by which the workplace response to HIV and AIDS will be guided. The contents of such principles could be largely be divided into four main themes, namely responsibility, non-discrimination and protection of human rights; meaningful involvement of people living with HIV; non-discrimination and the safe-guarding of health and well-being at all levels.

#### **6. KEY GUIDING PRINCIPLES**

**The legislative framework establishes guidelines based on the following key principles;**

- HIV and AIDS should be recognised as a workplace issue that affects the well-being of institutions, employees, their families and communities

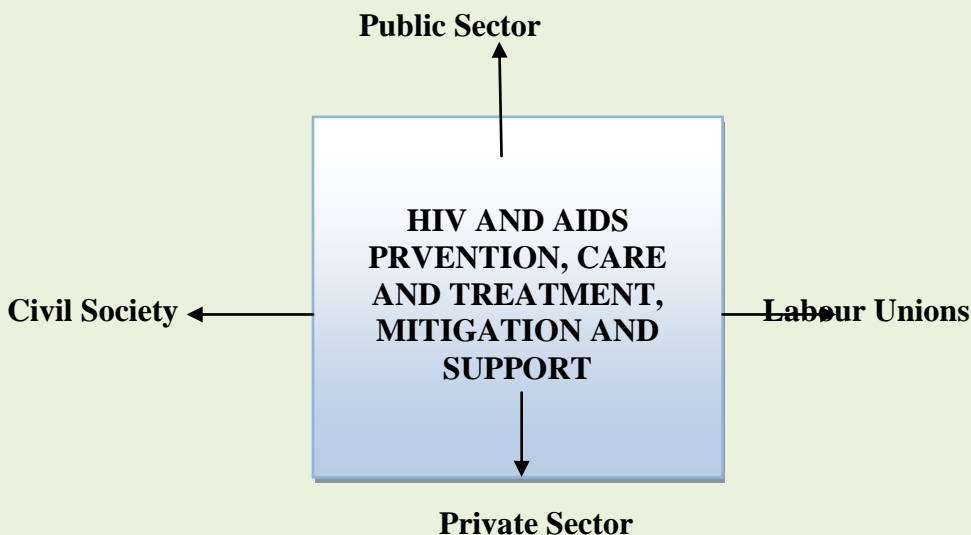
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<sup>3</sup> Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS (2007-2010)

- Pre- employment HIV screening as part of assessment to fitness and termination of employment on the basis of HIV status alone should be avoided.
- A conducive environment should be created to encourage employees to voluntarily disclose their HIV status and all information must be kept under strict confidentiality.
- Employees and their families should have access to information and education programmes on HIV and AIDS
- If fitness to work is impaired by an HIV related illness, alternative working arrangements should be made for the affected workers without loss of benefits
- In special occupational settings where there maybe be potential risk of exposure of co-workers to HIV infection, management should provide protective equipment and protective clothing and undertake awareness and training programmes and reinforce appropriate infection control measures
- Gender dimensions of HIV and AIDS need to be recognised. Gender equality should be promoted in all workplace preventive and care programmes and the different needs of both men and women should be addressed in all programmes. Policies and programmes should take cognisance of the fact that women are more vulnerable to HIV and AIDS due to their biological make-up, socio-economic and cultural factors.
- A tripartite approach that involves employers, employees and their unions should be adopted for successful formulation and implementation of workplace policies and programmes.
- There should be a continuous review of policies and programmes

#### **MULTIPLE WORKPLACE RESPONSE TO HIV AND AIDS**

The workplace programme should target all sectors in the public, private sectors and civil society.



Expanding multi-sectoral response is crucial in fighting against the HIV and AIDS epidemic. This demands that government sectors, NGOs, private sector entities, church organizations, community based organisations mainstream HIV and AIDS into their day-to-day activities. The different sectors/organizations can mainstream HIV and AIDS into two areas (i) internal or workplace domain in which attention is on the vulnerabilities and risks of people within the sector/organization; and (ii) external or target community domain in which HIV and AIDS becomes part and parcel of the interaction between the sectors/organizations and their target or client communities

## **7. THE BASICS OF AN EFFECTIVE RESPONSE.**

An appropriate response to the epidemic needs to be holistic, systematic and coordinated, and guided by a clear policy statement. As argued by UNAIDS, such an approach establishes a clear framework within which activities should take place and ensures that the response is balanced, available funds are used to best effect, and the activities undertaken work effectively together. Such a response needs to include three essential components:

- Prevention of new infections;
- Treatment and care of people living with HIV and AIDS; and
- Mitigation of the current and future impacts of the epidemic.

An effective response should also seek to address HIV and AIDS internally, among an institution's employees, and externally, among its 'clients'. As employers, private and government institutions need to acknowledge that HIV and AIDS may have potentially significant implications for their staff and functioning, and take steps to mitigate the impact of HIV and AIDS on infected and affected employees. Externally, they should work to mitigate the impact of HIV and AIDS on the communities they serve. This involves 'mainstreaming' HIV and AIDS, or integrating responses to HIV and AIDS into their core functions.

## **8. COORDINATION OF THE WORKPLACE RESPONSE TO HIV AND AIDS**

Coordination with reference to HIV and AIDS alludes to a harmonised response of the HIV and AIDS programme in the country. The essence is to set a vision while having a unified flow of the country programme with diverse and numerous providers. NAC, as the main coordinating authority can ensure effective management of the workplace response to HIV and AIDS through the following;

- Provide step by step technical support to companies and organizations for development of HIV and AIDS workplace policies and programmes
  - The value of HIV and AIDS workplace policies
  - Basic principles of HIV and AIDS workplace policies
  - Steps in developing and implementing HIV and AIDS workplace policies
  - Workplace policy main components
  - Workplace HIV and AIDS programme main components
  - Monitoring and evaluation of workplace interventions
- Create a coordinating mechanism so as to strengthen the capacity of the companies and organisations to implement comprehensive workplace programmes on HIV and AIDS
- Advocate for leadership commitment and understanding of HIV and AIDS issues at all levels of the world of work through sensitisation meetings
- Locate partners, entering into partnerships and planning resource mobilization activities
- Conduct assessments and analysis of existing workplace programmes and/or new information to inform planning and decision making
- Advocate for the protection of legal, employment, economic and social rights of workers living with HIV and AIDS by engaging relevant institutions
- Develop a database of organizations implementing HIV and AIDS workplace programmes
- Build the capacity of organisations implementing workplace HIV and AIDS interventions
- Demonstrate the business costs, benefits and human resource implications of HIV and AIDS.
- Conduct consultative business seminars/ stakeholder planning and review meetings to devise strategies to improve effectiveness of HIV and AIDS workplace interventions
- Provide information to workplaces about prevention, care and treatment services available in the community including ART.
- Monitor and evaluate the success of the workplace's response as well as the identification of specific successful interventions or "best practices"

## **9. POLICY DEVELOPMENT**

### **9.1 Development of a Workplace Policy**

Once an institution has determined the nature of the probable impact, it is important to establish a framework within which a response can be implemented. A workplace policy provides a framework for action to reduce the spread of HIV and AIDS and manage its impact. It defines an institution's position on HIV and AIDS, and outlines activities for preventing the transmission of the virus and providing care and treatment for staff (and sometimes their dependants). It also ensures that the response is balanced, activities complement each other, and resources are used most effectively. As argued by the ILO, effective policies:

- provide leadership and make an explicit commitment to corporate action;
- ensure consistency with appropriate national laws;

- lay down a standard of behaviour for employees;
- give guidance to supervisors and managers;
- help employees living with HIV and AIDS to understand what support and care they are entitled to receive, so that they are more likely to come forward for voluntary testing;
- help to stop the spread of the virus through prevention programmes; and
- assist in planning for HIV and AIDS and managing its impact, ultimately saving resources.

They also provide the basis for putting in place a comprehensive workplace programme that combines prevention, care, and the protection of rights of people living with HIV. The creation and dissemination of a workplace policy can, itself, begin to raise awareness about HIV and AIDS and, by enshrining the rights of both HIV-positive and HIV-negative employees, help to combat stigma and discrimination.

### **9.1.1 Key Components of a Comprehensive Workplace Policy<sup>4</sup>**

A comprehensive workplace HIV and AIDS policy should answer the following questions;

- Who will be covered by the policy?
- Does the policy make mention of the need for endorsement by all levels of management, Union and other leadership?
- What are the key guiding principles?
- Does the policy comply with relevant national laws and regulations? Is the policy consistent with other labour related contracts?
- Will people with HIV and AIDS be entitled to the same rights, benefits and opportunities as people with other life threatening illnesses?
- What practices will be outlined for hiring, promotion and termination?
- What will be the policy related to HIV testing?
- What worker HIV and AIDS prevention, care, treatment and support services will be provided
- Does the policy make provision for confidentiality of employees' medical information and HIV status?
- What policy action will be needed to prevent stigma and discrimination?
- What practices will be included to ensure a safe and health workplace especially for those employees exposed to great risk of infection?
- What grievance procedures will be there for employees discriminated against because of their HIV status?
- What prevention education or other services will be provided to families / partners?
- Who will be responsible for implementing and enforcing the policy?
- How will the policy be monitored, reviewed and revised?

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<sup>4</sup> Adapted from AED SmartWork, A Toolkit for HIV and AIDS Advocacy and Behaviour Change Communication in the Workplace, Washington, 2005

### **9.1.2 Key Steps in Workplace Policy Development**

- Set up a Committee to spearhead the process. This must include representatives from management, workers and unions and also taking into account gender diversity
- Carry out a situation analysis to determine risk factors and behaviours amongst the employees including management.
- Obtain management, labour and union support for programme, including budget implications
- Develop an Action plan for a workplace HIV and AIDS policy development process
- Policy should be a result of a consultative process between employers, employees and other stakeholders
- Draft policy and seek approval by the bi-partite partners of employers and employees including their unions
- Launch policy
- Develop a programme of action based on the policy
- Implementation of the plan of action
- Monitoring , review and evaluation

### **9.1.3 Structure of Workplace Policy**

#### **Part 1 – Rationale of the Policy**

May start with a general statement or introductory remark that outlines why the organization wants to have an HIV and AIDS policy. Provide the broad rationale for an HIV and AIDS policy and link it to other employer policies and practices

#### **Part 2– Policy Statement or Objectives**

The section highlights the, major issues that the organization wants to address and broadly states what the policy is all about

#### **Part 3- Workplace Guidelines or Key Principles-**

These are guidelines or instructions for management and employees to clarify what is expected of them. They expand on issues identified in the general statements. Key principles from the ILO Code or SADC Code may be used if desired.

#### **Part 4 – Outline of Workplace Programmes**

The section outlines the prevention, care, treatment and support, mitigation activities the organization can engage into.

## **Part 5- Implementation Structure**

The section outlines who will be responsible for implementing the policy and the resources required

## **Part 6 – Monitoring and Evaluation**

This section outlines how implementation of programmes will be monitored and how often the policy will be reviewed

## **10. WORKPLACE PROGRAMMES**

Workplace programmes are developed based on the workplace policy. Such programmes should take the form of workplace HIV and AIDS prevention, care and support and mitigation programmes.

### **10.1 Key Components of a Comprehensive Workplace Programme**

#### **10.1.1 Prevention**

Workplace prevention programmes should seek to inform employees about HIV and AIDS, promote behaviour change that will reduce the spread of HIV, and provide services to reinforce behaviour change. Typically, such programmes include;

- Raising awareness about HIV and AIDS to ensure that employees understand how the virus will affect them and their families;
- Creating an environment of acceptance and non-discrimination;
- The prevention and treatment of sexually transmitted infections (STIs);
- Voluntary Counselling and Testing (VCT);
- The promotion and distribution of condoms- develop skills for decision making, negotiation, and condom use;
- Promote positive living messages;
- Encourage the development of supportive social values such as gender equality;
- Dissemination of audio-visual and print materials, oral presentations, talks and discussion forums;
- Peer education;
- Wellness management.

One of the major challenges faced by prevention programmes is that they are poorly attended by senior management and professionals. However, everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees—including middle and senior management—and should be available at all sites.

Another challenge is that prevention programmes are often poorly researched and monitored. Prevention programmes must respond to the specific needs of a given workplace and it is vital that these needs are thoroughly understood prior to designing or implementing programmes. Situational analyses are a vital part of this process. It is also important that they are monitored to establish how effective they are and where they can be improved. It is useful to conduct knowledge, attitudes and practices (KAP) surveys prior to introducing a programme. These provide important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having the desired effect.

### **10.1.2 Treatment and Care and Support Programmes**

Prevention programmes must be linked to treatment and care and support programmes. These programmes should offer services to help employees cope with infection and should ideally provide support to employees and their families. Effective programmes generally consist of wellness programmes (including the treatment of opportunistic infections and, where possible, antiretroviral therapy), social support mechanisms (such as counselling, support groups, and home-based care) and helping employees plan for the future. Such programmes should aim to:

- Provide information on available treatment;
- Making ART accessible to workers living with HIV and their families either directly or through referral
- Where health-care services exist at the workplace, appropriate treatment may be provided particularly for opportunistic infections
- Home Based Care should be supported as an essential component of the continuum of care to workers living with HIV and AIDS and their families
- Psychosocial support

### **10.1.3 Mitigation**

- Making alternative working arrangements for employees living with HIV
- Respecting confidentiality of medical information
- Create special health insurance and social security schemes

### **10.1.4 Community Involvement**

- Providing HIV and AIDS services and information to clients, suppliers
- Educating workers' families about HIV and AIDS
- Getting involved in local community efforts to slow the spread of HIV

- Contributing resources, business experience and expertise to community HIV and AIDS education, care and support initiatives

## **11. ELEMENTS FOR SUCCESSFUL IMPLEMENTATION**

In addition to these components, a number of practical issues need to be addressed to ensure a sustainable and effective response. These include the following:

### **11.1 Leadership, Structures and Partnerships**

Experience has shown that for workplace programmes to be successful they need to be driven by senior management. Without the support of those who influence policy, practice, and resource distribution, initiatives are doomed to fail. A dedicated post, unit or working committee, or combinations of these, should be established to co-ordinate and drive the response. It is vital that such individuals or bodies are sufficiently senior and skilled in HIV and AIDS issues to lead the response, are given a proper mandate, are supported by senior management, are located where they can be most effective, and are given sufficient financial, technical, and human resources to fulfill their mandate. Such individuals or structures should be allocated a specific budget. This budget should be sufficiently large to allow the implementation of comprehensive programmes and activities. Forming partnerships with other institutions in the public, private, and non-governmental sectors can also help in sharing information, experience, skills, and resources.

### **11.2 Capacity Building**

HIV and AIDS present new challenges and, with these, an increased need for training and capacity-building to enable institutions to develop, monitor, and evaluate responses to HIV and AIDS. To take on these new roles and responsibilities, workplaces ideally require a solid understanding of:

- The basic facts about HIV and AIDS;
- Prevailing attitudes towards HIV and AIDS and people living with HIV and AIDS;
- Relevant laws and policies;
- Knowledge of government and community level policy responses;
- Knowledge of government and community services available;
- Workplace prevention, treatment, and care and support options for employees infected and affected by HIV and AIDS;
- How to encourage and support openness concerning the epidemic;
- HIV and AIDS counselling skills;
- Establishing HIV and AIDS support groups;

- Occupational exposure policies and processes; and
- Monitoring and evaluating workplace HIV and AIDS programmes

### **11.3 Communication Strategies**

For programmes and policies to be effective, their existence and content must be communicated to all employees. Mechanisms also need to be created to facilitate dialogue between stakeholders, to ensure that policies and programmes are ‘owned’ by those they affect. This requires:

- Ensuring that employees and employers are aware of the HIV and AIDS policy and programmes and understand what they can offer them;
- Allowing all staff an opportunity to have an input and contribute to the development, maintenance, and review of policies and programmes;
- Making use of media and other forms of communication, such as drama, to put messages across to all employees.

## **12. MONITORING AND EVALUATION**

Interventions need to be constantly monitored and evaluated to ensure efficiency and effectiveness. The process enables organisations to control what is going on, take timely action to deal with problems that arise and adjust work plans to improve the efficiency, effectiveness and relevance of the programmes.

Comprehensive monitoring and evaluation indicators must be developed and agreed upon by private companies, public organisations and National AIDS Council to ensure systematic monitoring; those include tracking provision of goods and services for the affected employees and their families, as well as prevention services. The indicators may include amount of resource allocated for HIV and AIDS activities, production of an HIV and AIDS policy at workplace, number of peer educators recruited and trained, and number of staff trained voluntarily; number of employees receiving treatment and counselling services

### **12.1 Levels of Monitoring and Evaluation**

There are different levels of monitoring. Monitoring is done at input level, process (activity) level and output level.

- **Inputs:** the various resources needed to run the program. These include money, facilities, staff time, supplies and equipment.

- **Process:** Process monitoring tracks the set of activities that are used to produce the desired outputs to determine whether they are done on time and whether the inputs are being used efficiently. Examples of process monitoring would be the number of peer education workshops conducted.

- **Outputs:** the goods and services produced as a result of implementing the activities. Examples of output indicators used in workplace programmes include the number of peer educators trained, number of condoms distributed and the number of information, education and communication materials produced and distributed.

Evaluation is done at outcome and impact levels.

- **Outcomes:** are the intermediate results that occur at population level as a result of implementing project/programme activities.

- **Impacts:** are the long-term effects of the programme/project at population level which are attributed to the contributions made by the programme.

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## APPENDIX 1:

# THE ILO CODE OF PRACTICE ON HIV AND AIDS AND THE WORLD OF WORK

The *ILO Code of Practice on HIV and AIDS and the world of work* is a set of internationally recognised guidelines that promote and support action against HIV and AIDS in the world of work. Developed in consultation with Member States and approved by representatives of government, employers and workers from all regions, the Code contains fundamental principles for policies at national and enterprise levels, and practical guidance for workplace programmes.

### The ten key principles (*text from the Code is in italics*)

1. **Recognition of HIV and AIDS as a workplace issue:** *HIV and AIDS is a workplace issue* because it affects workers and enterprises – cutting the workforce (by up to 30% in some countries), increasing labour costs and reducing productivity. *It should be treated like any other serious illness/condition in the workplace:* this statement aims to counter discrimination and also the fears and myths that surround HIV and AIDS. *The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic:* later sections of the Code, especially those on prevention, training and care, clearly explain this role.
2. **Non-discrimination:** *There should be no discrimination against workers on the basis of real or perceived HIV-positive status.* Non-discrimination is a fundamental principle of the ILO and is at the heart of the ILO's response to the epidemic. The principle of non-discrimination extends to employment status, recognised dependants, and access to health insurance, pension funds and other staff entitlements. *Discrimination and stigmatisation of people living with HIV and AIDS inhibits efforts aimed at promoting HIV and AIDS prevention:* if people are frightened of the possibility of discrimination, they will probably conceal their status and are more likely to pass on the infection to others. Moreover, they will not seek treatment or counselling. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness, trust and a firm stand against discrimination.
3. **Gender equality:** *The gender dimensions of HIV and AIDS should be recognised. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men, for biological, socio-cultural and economic reasons.* It is, therefore, important that HIV and AIDS programmes respond to the circumstances and needs of men and women separately, as well as together – both in terms of prevention and social protection – to mitigate the impact of the epidemic.
4. **Healthy work environment:** *The work environment should be healthy and safe, as far as is practicable, for all concerned parties.* This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first-aid provisions in the event of an accident. It does not, however, give employers the right to test employees for HIV in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. *A healthy work environment facilitates... adaptation of work to the capabilities of workers, in light of their physical and mental health,* thereby mitigating the impact of AIDS on workers and the enterprise alike.
5. **Social dialogue:** *The successful implementation of an HIV and AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate:* this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties.
6. **No screening for purposes of exclusion from employment or work processes:** *HIV and AIDS screening should not be required of job applicants or persons in employment.* HIV testing not only violates the right to confidentiality, but is impractical and unnecessary. At best, an HIV test result is a 'snapshot' of

someone's infection status. It is no guarantee that he or she will not become infected tomorrow, or next month. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years.

7. **Confidentiality:** *There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers.* The right to confidentiality does not, of course, only apply to HIV and AIDS; rules of confidentiality have been established in the *ILO Code of Practice on the protection of workers' personal data*, 1997.
8. **Continuation of employment relationship:** *HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work.* This principle is based on the fact that being HIV positive is not the same as having AIDS and a number of possible opportunistic infections. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.
9. **Prevention:** *HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies – guidelines and examples are given in succeeding sections of the Code, especially section 6.* Prevention can be furthered through a combination of information, participatory education (including personal risk assessment and life skills), practical support for behavioural change (such as condom distribution), and treatment for sexually transmitted infections.
10. **Care and support:** *Solidarity, care and support should guide the response to HIV and AIDS in the world of work.* Prevention, care and treatment should be seen as a continuum, rather than separate elements, of a workplace programme. The availability of treatment encourages confidential voluntary testing, making it easier to provide care and encouraging prevention. Care and support include the provision of voluntary testing and counselling; treatment for opportunistic infections, especially tuberculosis (and antiretroviral therapy, where affordable); workplace accommodation; employee and family assistance programmes; and access to benefits from health insurance and occupational schemes (more details in section 9 of the Code).

## **APPENDIX 2**

### **CODE ON HIV/AIDS AND EMPLOYMENT IN THE SOUTHERN AFRICAN DEVELOPMENT COMMUNITY (SADC)**

#### **GENERAL STATEMENT**

Human Immuno-deficiency Virus (HIV) infection and the Acquired Immune Deficiency Syndrome (AIDS) in the countries of the Southern African Development (SADC) (and globally) is a major health problem with employment, economic and human rights implications. As one response to this problem the SADC Employment and Labour Sector has established this Code on the industrial relations standards on HIV/AIDS the 'Code of Conduct on HIV/AIDS and Employment in the SADC' (Termed after this 'the Code'). It should be noted that the provisions of this Code applies only to workplaces and cannot and should not be constructed as applying to other areas of law such as national immigration laws, policies and related administrative procedures.

#### **POLICY PRINCIPLES**

The same ethical principles that govern all health/medical conditions in the employment context apply equally to HIV/AIDS. However, the gravity and impact of HIV/AIDS epidemic and the potential for discrimination create the need for a specific code on HIV/AIDS and employment. At the same time, given the increased risk of spread of the diseases under conditions of economic insecurity, non-discriminatory approaches enable economic and public health management. The Code will aim to ensure non-discrimination between individuals with HIV infection and those without and between HIV/AIDS and other comparable health/medical conditions.

The region nature and implications of the epidemic and the desire to harmonise national standards in dealing with HIV/AIDS motivate this regional Code. This Code aims to ensure that SADC Member States develop tripartite national codes on HIV/AIDS and Employment that shall be reflected in law. It presents guiding principles for and components of these national codes.

The Code of Conduct on HIV/AIDS on Employment is based on the fundamental principles of human rights and patient rights, WHO/ILO and regional standards and guidelines, medical and occupational health ethical principles, sound epidemiological data, prudent business practice and a humane and compassionate attitude to individuals. The approach aims to achieve a balance in protecting the rights of all parties, including those with and without HIV, employers, employees, state and others. This will include obtaining a balance between rights and responsibilities, and between rights and responsibilities, and between individual protection and co-operation between parties. Employees with HIV should be treated the same as any other employee. Employees with HIV related illness including Aids should be treated the same as any other employee with a life threatening illness.

In its scope, the Code should;

- (a) cover all employees and prospective employees
- (b) cover all workplaces and contracts of all employment
- (c) cover the specific policy components detailed below, viz: job access, workplace testing, confidentially, job placement, job status, job security, occupational benefits, training, risk reduction, first aid, workers compensation, education and awareness, prevention programmes, managing illness, protection against victimization, grievance handling, information, monitoring and review.

SADC Member States should ensure that interactions between them are consistent with the principles and policy components of this Code and that they share and disseminate information to enable an effective and planned response to the epidemic.

Policy development and implementation is a dynamic process so that the Code on HIV/AIDS and employment should be;

- (a) communicated to all concerned
- (b) routinely reviewed in the light of epidemiological and scientific information
- (c) Monitored for its successful implementation and evaluated for its effectiveness.

## **POLICY COMPONENTS**

### **1. EDUCATION, AWARENESS AND PREVENTION PROGRAMMES**

- 1.1 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/AIDS should where possible incorporate employee families.
- 1.2 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 co-operate 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

- 3.1 There should be no compulsory workplace testing for HIV. Voluntary testing for workplace testing for HIV on 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.
- 3.2 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 his/her HIV/AIDS status. Information regarding the HIV status of an employee should not be disclosed without the employee's written consent.
- 3.3 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, should 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/AIDS and other comparable health/medical conditions.

### 6. MANAGING ILLNESS AND JOB SECURITY

- 6.1 No employee should be dismissed merely on the basis of HIV status, nor should HIV influence retrenchment procedures.
- 6.2 Employees with HIV related illness should have access to medical treatment and should be entitled, without discrimination, to agreed existing sick leave provisions.
- 6.3 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

- 7.1 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 benefits schemes should make efforts to protect the rights and benefits of the dependants of the deceased and retired employees.
- 7.2 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.
- 7.3 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.
- 7.4 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

- 8.1 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.
- 8.2 Employees who contract HIV infection during course of their employment should follow standard compensation procedures and receive standard compensation benefits.
- 8.3 Under conditions where people move for work, government and organizations should lift restrictions to enable them to move with their families and dependants.
- 8.4 People who are in an occupation that requires routine travel in the course of their duties should be provided with the means to minimize the risk of infection including information, condoms and adequate accommodation.

## 9. PROTECTION AGAINST VICTIMIZATION

- 9.1 Persons affected by or believed to be affected by HIV or AIDS should be protected from stigmatization 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.
- 9.2 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/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

Governments should collect, compile and analyse data on HIV/AIDS, sexually transmitted diseases and tuberculosis and make it available in the public domain. SADC Member States should co-operate 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.

## **APPENDIX 3**

### **Zimbabwe Statutory instrument 202 (1998)**

#### **Labour Relations (HIV and AIDS) Regulations, 1998**

##### **Interpretation**

In these regulations-

“AIDS” means acquired immune deficiency syndrome and includes the AIDS-related complex;

“HIV” means human immunodeficiency virus; "testing", in relation to HIV, includes-

(a) any direct analysis of the blood or other body fluid of a person to determine the presence of HIV or antibodies to HIV; or

(b) any indirect method, other than the testing of blood or other body fluid, through which an inference is made as to the presence of HIV;

“related communicable disease” means any communicable disease whose transmission may be linked with HIV due to its transmission through body fluids or whose risk of clinical disease may be increased due to the presence of HIV;

“medical practitioner” means a person registered as a medical practitioner in terms of the Medical, Dental and Allied Professions Act (Chapter 27:08).

##### **Education of employees on HIV and AIDS**

Every employer shall cause to be provided for the benefit of every person employed by him, and at such place and time during normal working hours as he may appoint education and information relating to-

- (a) The promotion of safe sex and risk-reducing measures in relation to sexually transmitted diseases; and
- (b) The acquiring and transmission of HIV; and
- (c) The prevention of the spread of HIV and AIDS; and
- (d) Counselling facilities for HIV and AIDS patients.

Education and information shall be provided in terms of subsection (1) by persons who have proven sound knowledge and expertise in matters relating to HIV and AIDS and who are able to communicate information with consistency and accuracy.

The design of the education programmes shall be in accordance with guidelines approved by the relevant employer and employee organizations, in consultation with the Ministry of Health and Child Welfare and any other organization with expertise in HIV and AIDS-related matters.

The provision of the education referred to in subsection (1) shall be at such intervals as the relevant employer and employee organizations may agree.

## **Medical testing on recruitment**

No employer shall require, whether directly or indirectly, any person to undergo any form of testing for HIV as a precondition to the offer of employment.

The above shall not prevent the medical testing of persons for fitness for work as a precondition to the offer of employment.

### **Testing of employees for HIV and confidentiality**

It shall not be compulsory for any employee to undergo, directly or indirectly, any testing for HIV

No employer shall require any employee, and it shall not be compulsory for any employee, to disclose, in respect of any matter whatsoever in connection with his employment, his HIV status.

No person shall, except with the written consent of the employee to whom the information relates, disclose any information relating to the HIV status of any employee acquired by that person in the course of his duties unless the information is required to be disclosed in terms of any other law.

## **Job status and training**

(1) No employer shall terminate the employment of an employee on the grounds of that employee's HIV status alone.

(2) No employee shall be prejudiced in relation to-

- promotion
- transfer
- subject to any other law to the contrary, any training or other employee development programme
- status
- or in any other way, be discriminated against on the grounds of his HIV status alone.

## **Eligibility for employee benefits**

1. Subject to any other law to the contrary, the HIV status of an employee shall not affect his eligibility for any occupational or other benefit schemes provided for employees.
2. Where in terms of any law the eligibility of a person for any occupational or other benefit scheme is conditional upon an HIV or AIDS test, the conditions attaching to HIV and AIDS shall be the same as those applicable in respect of comparable life-threatening illnesses.
3. Where any HIV testing is necessary in terms of subsection (2), the employer shall ensure that the employee undergo appropriate pre- and post-HIV test counselling.
4. Where an employee who opts not to undergo an HIV testing for the purpose of subsection (2), no inferences concerning the HIV status of the employee may be drawn from such exercise by the employee of the option not to undergo the testing.

5. Where an employee undergoes an HIV testing for the purpose of subsection (2), the employer shall not, unless the occupational or other benefit scheme concerned is operated by the employer, be entitled to information concerning the HIV status of the employee concerned.

### **Sick and compassionate leave**

Any employee suffering from HIV or AIDS shall be subject to the same conditions relating to sick leave as those applicable to any other employee in terms of the Act.

1. Where a person is employed in an occupation or is required to provide services where there may be a risk of transmitting or acquiring HIV or AIDS, the employer shall provide appropriate training, together with clear and accurate information and guidelines on minimizing the hazards of the spread of HIV or AIDS and related communicable diseases.
2. The working conditions and procedures in relation to occupations referred to in subsection (1) shall be designed to ensure optimal hygienic precautions to prevent the spread of HIV or AID and related communicable diseases to employees and members of the public.
3. Personal protective devices shall be issued, free of charge, by the employer to persons employed in occupations referred to in subsection (1).
4. The employer shall cause to be reviewed, for safety and efficacy, the use of any equipment, devices, procedures, including first-aid procedures used, or guidelines followed, in any occupation referred to in subsection (1)

### **Copy of regulation for each employee**

An employer shall provide every employee with a copy of these regulations.

### **Offence and penalty**

Any person who contravenes any provision of these regulations shall be guilty of an offence and liable to a fine not exceeding five thousand dollars or to imprisonment for a period not exceeding six months or to both such fine and such imprisonment.

## APPENDIX 4

### *Statutory Instrument 64 of 2008*

*Labour Relations (General Amendment) Regulations, 2008 (No.2)*

*It is hereby notified that the Minister of Public Service, Labour and Social Welfare has, in terms of section 17 of the Labour Relations Act [Chapter 28:01], made the following regulations:*

- 1. These regulations may be cited as the Labour Relations (General) (Amendment) Regulations, 2008 (No.2)*
- 2. Section 1 (Title) of the Labour Relations (General) Regulations, 1993, published in Statutory Instrument 31 of 1993 (hereinafter called 'the principle regulations'). Is repealed and the following is substituted-*

*'Title'*

- 1. These regulations may be cited as the Labour Relations (General) Regulations, 1993).*
  - 2. Form L.R. 33 ('Labour Inspectorate Form') of the Schedule to the principle regulations is amended by the insertion after paragraph 2.2 of the following paragraph.*
- 2.3 General Conditions of Employment: HIV and AIDS.*

Conditions of employment	Provided for/not provided for	Comments by labour officer/ inspector and action taken
Accessibility of S.I. 202 of 1998		
Any HIV and AIDS Sector policy in place Workplace		
Any HIV and AIDS committee/ coordinator.		
Education and Awareness of employees		
HIV and AIDS risk management		
Any peer educators and counsellors		
Medical testing		
Care and support		

APPENDIX 5

**Company Baseline Assessment Form**

<b>Province</b>		<b>District</b>	
<b>Company/ organization Name</b>		<b>Workplace Focal Person's Name</b>	
<b>Nature of Business</b>		<b>Date completed (dd/mm/yy)</b>	
<b>Number of Permanent Employees</b>	<b>Male</b>	<b>Number of Contract Employees</b>	<b>Male</b>
	<b>Female</b>		<b>Female</b>
<b>(Only Indicate the Appropriate with a Tick)</b>		<b>Yes</b>	<b>No</b>
1. Company has own Medical Facility?			
2. Services Offered by Facility:			
a) Treatment of Minor Ailments			
b) Treatment of STIs			
c) Treatment of Opportunistic Infections			
d) Provision of antiretroviral drugs (ARVs)			
e) Counseling			
f) HIV Counseling and Testing			
3. Other Services (If yes specify under comments) .....			
4. Does the company have Medical Aid for:		Permanent employees	
		Contract employees	
5. Does the medical aid include the <b>ADD ON</b> <sup>1</sup> scheme?			
6. Which category of employees is covered under the <b>ADD ON</b> scheme?		Permanent	
		Contract	
7. Number of Employees on ART		<b>Male</b>	<b>Female</b>
8. Does the company have an HIV and AIDS Policy?		<b>Yes</b>	<b>No</b>
a) If the answer is no please specify the reasons under comments)			
9. When was the HIV and AIDS Policy adopted? ( <b>Indicate Year</b> )			
10. Has the HIV and AIDS Policy ever been reviewed?			
a) If yes when was it last reviewed?			

<sup>1</sup> An Add on scheme is a medical aid scheme that covers chronic conditions including HIV and AIDS.

11. How is staff informed of the policy?			
12. How is the policy being implemented?			
13. Do you currently have HIV and AIDS programs? (Specify)			
14. <b>If Yes:</b> Do you follow a workplan in implementing the programs?			
15. <b>If Yes:</b> How many years are covered by this plan?			
16. Do you have a specific budget for HIV and AIDS activities in the company?			
17. Who leads the HIV and AIDS programme? ( <b>TITLES</b> ) a) ..... b) .....			
	<b>Male</b>	<b>Female</b>	<b>Comments</b>
18. Number of peer educators in the company.			
19. Do peer educators submit reports to coordinator?	<b>Yes</b>	<b>No</b>	
20. <b>If Yes:</b> How often do peer educators submit reports to the coordinator?			
Monthly			
Quarterly			
Other			
21. Does the company have an HIV and AIDS Support Group?			
22. Does the company have an AIDS committee?			
23. <b>If Yes:</b> Who are the members of this committee?(Indicate level and designation)	<b>Level</b>	<b>Designation</b>	
24. How often does the committee meet?			
25. If not what are the reasons?			
26. What are the operations of the committee?			

Workplace Coordinator's Signature.....