



A Healthy Workforce

A Toolkit for
HIV and AIDS

Advocacy and Behaviour
Change Communication
in the Workplace

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SMARTWORK
THE WORKPLACE
RESPONSE TO AIDS



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AED MISSION STATEMENT & SMARTWork OVERVIEW



Founded in 1961, AED is an independent, non-profit organisation committed to solving critical social problems in the United States and throughout the world through education, social marketing, research, training, policy analysis and innovative programme design and management. Major areas of focus include health, education, youth development, and the environment.

AED's SMARTWork (*Strategically Managing AIDS Responses Together in the Workplace*) Program assists businesses, labour unions, and governmental and nongovernmental organisations to establish effective HIV & AIDS programmes and appropriate policies for the workplace. SMARTWork currently operates in Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam and Zimbabwe.



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FORWARD



The HIV & AIDS epidemic is the most serious challenge facing Zimbabwe today. About 24.6% of the adult population between the ages of 15 - 49 years are estimated to be infected by HIV. (National AIDS Council [NAC] 2004) This age group comprises the vast majority of the workforce and is the worst affected. The consequences of the epidemic include loss of skilled labour, decline in productivity, and massive suffering.

In terms of intervention, the workplace offers an opportunity for a structured environment for sharing information, reinforcing notions of acceptable behaviour and implementing interventions. In response to this challenge and with funding from the U.S. CDC and the U.S. Department of Labor (DOL), AED's SMARTWork project in Zimbabwe introduced an HIV & AIDS Prevention, Care, and Support Programme built on a tripartite partnership among employers, labour unions, and government as well as nongovernmental organisations (NGO).

Committing the support of policymakers, mobilising opinion leaders and influencing behaviour change in the context of HIV & AIDS has necessitated production and development of an advocacy and communication package. The package provides a communication toolkit to be used by managers (such as human resources managers), HIV & AIDS focal persons, peer educators and others at the workplace.

The information in the toolkit focuses on policy development as well as HIV & AIDS prevention, education, and care and support. It can be adapted to meet needs within different sectors, ranging from "blue chip" companies to small and medium-size enterprises to informal sector corner shops, among staff with different levels of responsibility and with different age groups.

For additional copies or further information regarding this toolkit please visit the SMARTWork website www.smartwork.org or email smartwork@aed.org.



ABBREVIATIONS



ABC	abstinence, being faithful, condoms
AED	Academy for Educational Development
AIDS	acquired immunodeficiency syndrome
ARV	antiretroviral
ASO	AIDS Service Organisation
BCC	behaviour change communication
CDC	United States Department of Health and Human Services, Centers for Disease Control and Prevention
CSO	Central Statistical Office
DOL	United States Department of Labor
FGD	focus group discussion
HAART	highly active antiretroviral therapy
HIV	human immunodeficiency virus
IEC	information, education and communication
ILO	International Labour Organisation
EMCOZ	Employers Confederation of Zimbabwe
Guide	Managers and Labour Leaders Guide
MOHCW	Ministry of Health and Child Welfare
NAC	National AIDS Council
OI	opportunistic infection
PLWHA	people living with HIV & AIDS
PMTCT	prevention of mother-to-child transmission
SADC	Southern African Development Community
SMARTWork	Strategically Managing AIDS Responses Together at the Workplace
STI	sexually transmitted infection
TB	tuberculosis
VCT	voluntary counselling and testing
ZAPP	Zimbabwe AIDS Prevention Network
ZAPSO	Zimbabwe AIDS Prevention Service Organisation
ZNFPC	Zimbabwe National Family Planning Council
ZWRCN	Zimbabwe Women Resource Centre Network



SECTION 1: INTRODUCTION TO THE TOOLKIT



1.1 WHAT THIS TOOLKIT IS ABOUT

This toolkit provides step-by-step processes for development of HIV & AIDS workplace policies and programmes. It also provides materials and methodologies to support the creation and expansion of workplace based HIV & AIDS prevention, education, care and support programmes.

The toolkit comprises two components. One, the booklet focuses on policy and programmes development. This component provides assistance in the development and/or refinement of existing policies. It outlines in simple language, the key steps in policy and programme planning, development, implementation, monitoring and review/evaluation. Examples of a best practice policy and programme are also provided respectively. The second component comprises of Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) tools that encourage reduction in HIV & AIDS risk behaviours and stigma and discrimination. The toolkit should be used hand in hand with the “SMARTWork Workplace Guide for Managers and Labour Leaders: HIV & AIDS Policies and Programmes.”

The toolkit, developed for use by AED SMARTWork/Zimbabwe grantees and partners, captures the institutional memory that SMARTWork has imparted to its partners over the last two and a half years. These tools have primarily been developed as part of an effort to build the capacity of workplaces to respond to the HIV & AIDS epidemic in the absence of SMARTWork. The toolkit also came about because of a realization that successful businesses rely on a productive labour force and that, although the business sector alone cannot end the spread of HIV & AIDS it can make a significant difference. Businesses are well positioned to contribute resources and skills, help influence employee attitudes and sexual behaviours, and, in some instances, provide clinical services.

The workplace offers a structured environment for sharing information, reinforcing notions of acceptable behaviour, and implementing interventions. There is a substantial body of knowledge about the behaviours that put people at risk and the contextual factors that create vulnerability to HIV & AIDS. In addition, much has been learned about preventing HIV transmission and providing care and support. Some of the information has been disseminated through published research, but much of the knowledge and expertise has not been documented formally and, in this instance, has existed only as handouts and information that were given to partners and other stakeholders. This toolkit is an attempt to capture the information and anecdotes that were disseminated during the various training sessions with partners. It cannot replace a facilitator, but it does provide materials that can be used independently where no facilitator is available, or as a supplement to facilitators' work.



SECTION 1: INTRODUCTION TO THE TOOLKIT



1.2 WHO THIS TOOLKIT IS FOR

The toolkit is intended for use by managers (e.g. human resources practitioners), HIV & AIDS focal persons, peer educators, and labour representatives in the workplace. It is also useful for anyone involved in HIV prevention, education, and care and support activities. Organisations that already have HIV policies and programmes in place and wish to perfect them, or organisations that wish to develop policies and programmes from scratch, can use this toolkit as well.

1.3 THE TOOLKIT DEVELOPMENT PROCESS

In developing the toolkit, SMARTWork /Zimbabwe first checked with grantees to see what tools they had and what they needed, and then assessed the gaps that the toolkit could reasonably fill. AED SMARTWork then collected IEC/BCC tools from other organisations; conducted focus group discussions (FGDs) with some of its partners to gather their views on the tools; and selected tools for possible adaptation and use. These tools were shared with experts from the CDC to determine their quality and relevance. The committee included health and IEC/BCC specialists, who discussed and compiled sections 1 to 3 of the toolkit.

This activity was followed by a tools development workshop for grantees and partners. To conclude the development process various stakeholders and others who cooperated in workplace HIV & AIDS activities made their contributions as well.

A principle common to these tools is their "user-friendly" design. To avoid intimidating the participants with too much technical information, the content of each tool is broken down into a number of components, each of which is small and/or varied enough to meet the comfort level of participants at all levels of implementation. The toolkit is structured in such a way that users are able to add information they develop in their own workplace programmes.

1.4 BACKGROUND OF THE HIV & AIDS EPIDEMIC IN ZIMBABWE

The first case of HIV in Zimbabwe was diagnosed in 1984. (National HIV & AIDS Policy of Zimbabwe, 1999) The number rose exponentially from 119 in 1987 to about 1,8 - 2 million in 2003. (UNAIDS/WHO epidemiological fact sheet 2004 update)

This prompted Ministry of Health and Child Welfare to introduce screening of blood and blood products for the human immunodeficiency virus (HIV). Results from such screening revealed that, in 1985, some 0.5% and 2% of blood donors were HIV positive in Bulawayo and Harare, respectively (NAC, 2002). By 1990, more than 50% of blood donors were HIV positive in risk groups (MOHCW, 2000). Since then, statistics have shown an exponential rise in HIV-related pathology, morbidity, and mortality (CSO, 2000).



SECTION 1: INTRODUCTION TO THE TOOLKIT

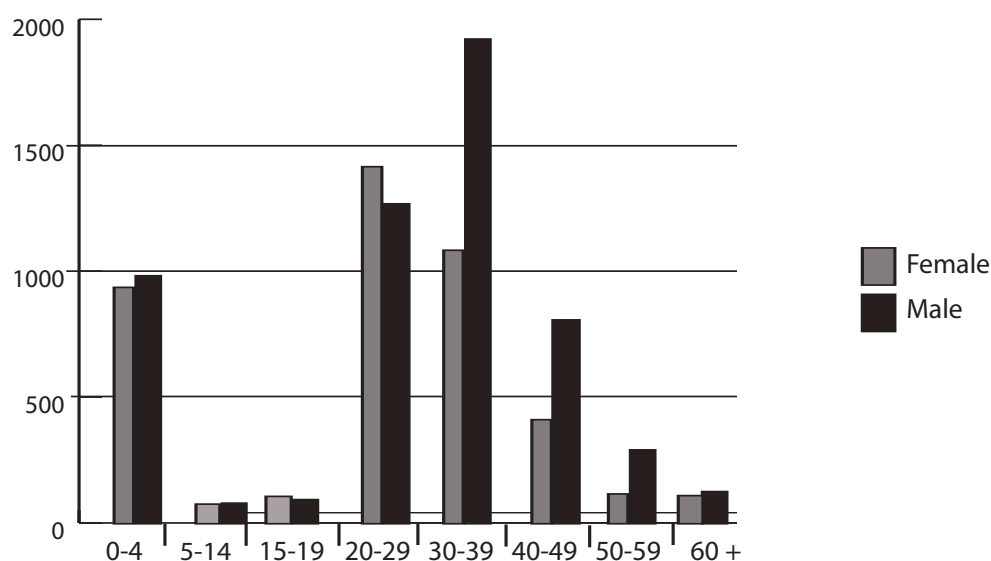


The number of people willing to receive voluntary counselling and testing (VCT) remains small due to fear of stigma and discrimination against those who are known or believed to have HIV & AIDS, as well as a lack of available treatment services for those who test HIV positive. Therefore, most of the country's adults do not know their HIV status. Even worse, most of those infected are in the productive and reproductive age group of 15-24 years, posing a real threat to the economic viability of the country. Almost 50% of these are women (UNAIDS, 2001). The Zimbabwean economy has faced massive challenges in maintaining sustainable productivity levels with a very sick labour force that is often on sick leave, compassionate leave, extended leave, or away from work because of absenteeism or light duty (NAC, 2002).

High unemployment rates have also forced people to engage in dangerous and illegal activities in the parallel economy, especially so-called survival sex (ZAPSO, 2003). Women and young people are particularly vulnerable to trading sex for money, food, and shelter, thereby increasing the risk of transmission of HIV and other sexually transmitted infections (STIs). The distribution of HIV infection by age and sex shows the disproportionate risk of younger women and older men to HIV infection. Younger women are forced to enter into sexual relations with older men, who may have disposable income to spend (ZWRCN, 2003).

To monitor the epidemic, the Zimbabwean government has committed to undertaking a surveillance system of HIV prevalence among pregnant women, which has yielded significant findings since its inception in 1990 (MOHCW, 2001). Figures show that transmission of HIV by heterosexual contact has increased significantly since discovery of the virus in Zimbabwe in 1984 (NAC, 2002) (see the tables below).

Distribution of HIV by Age and Sex, Zimbabwe: 1993



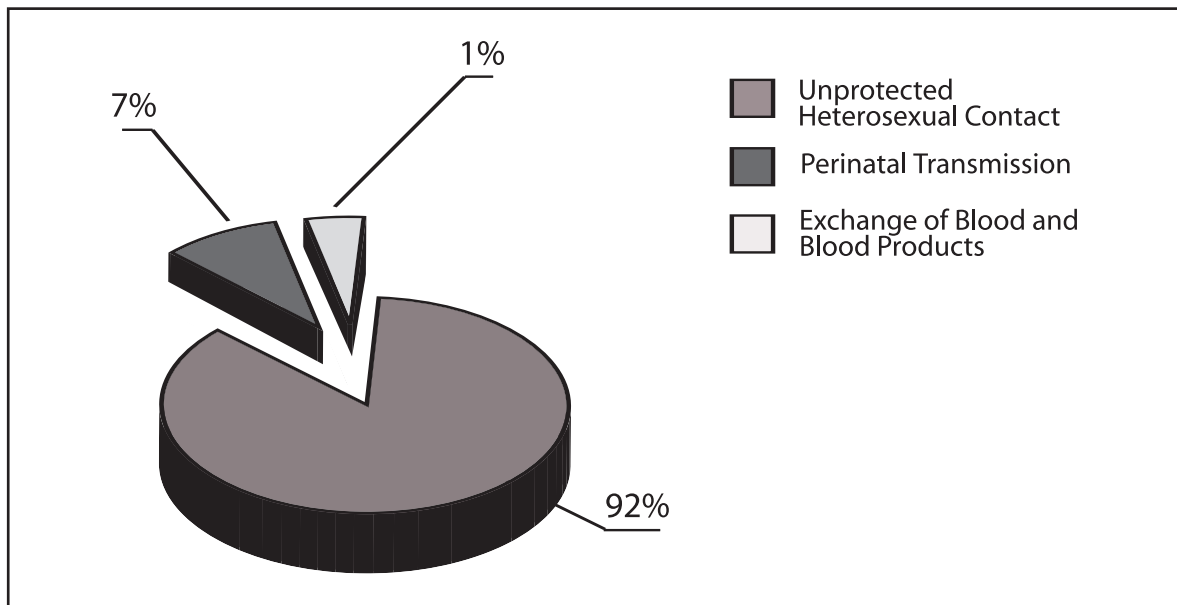


SECTION 1: INTRODUCTION TO THE TOOLKIT



Because most of those infected are young, productive, and able to bear or father children, the impact on the economy is devastating (ZAPP, 2000; ZNFPC, 1997). 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 (ILO, 2003). Loss of skilled labour, a decline in productivity, and a dwindling macroeconomic spectrum has further darkened the horizon for an ailing Zimbabwean economy. In these trying times, those living with HIV & AIDS face stigmatisation, discrimination, and other unfair labour practices while also failing to have access to health care and social support at home and in the workplace (Williams and Ray, 1993).

1.5 MODE OF TRANSMISSION OF HIV IN ZIMBABWE



Antenatal HIV Sero-prevalence in Zimbabwe 1990 - 2000

1.6 HIV & AIDS IN THE WORKPLACE: SMARTWork NEEDS ASSESSMENT

Sub-Saharan Africa is the region of the world most profoundly affected by the global HIV/AIDS epidemic. Zimbabwe has the third-highest sero-prevalence rate in the world, with an estimated one-quarter of its adult population living with HIV & AIDS. The epidemic is transforming Zimbabwe and exacerbating the country's social, economic and agricultural woes.

In response to these challenges, SMARTWork/Zimbabwe has helped implement HIV & AIDS prevention, care, and support programmes built on a tripartite partnership among employers, unions, and government. As part of this effort, SMARTWork conducted a needs assessment to identify barriers to and opportunities for addressing HIV & AIDS in the workplace.



SECTION 1: INTRODUCTION TO THE TOOLKIT

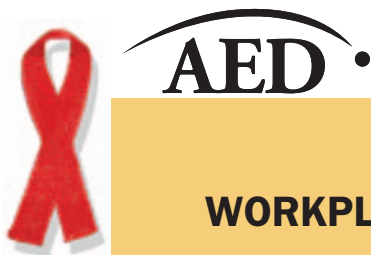


SMARTWork/Zimbabwe interviewed employers, labour representatives, and workers (more than 100 people in total) to learn their views and gather recommendations related to workplace HIV & AIDS programmes.

The needs assessment found that government has created numerous entities to address HIV & AIDS and has passed regulations that protect the rights of people living with HIV & AIDS (PLWHA). It is not clear, however, whether the regulations are being enforced in the workplace. Many employers lack anti-discrimination policies, although some do offer HIV & AIDS education, care, and support programmes for their workers. On the other hand, workers expressed a need for more comprehensive programmes and more discreet medical care. In addition, workers found the union response to HIV & AIDS to be limited. None of the employees interviewed feel that their unions are addressing HIV & AIDS adequately or advocating for workers on this critical issue.

While managers believe that PLWHA are not being discriminated against in the workplace, employees reported that discrimination was prevalent, particularly once a worker is visibly ill. Workers expressed the fear that they will lose their jobs if their employers discover their sero-status. This widespread fear and discrimination prevents people from seeking HIV testing and treatment and from disclosing their HIV status to friends, co-workers, and employers.

The needs assessment recommended that the government work toward creating tripartite and other collaborative interventions to tackle HIV & AIDS. It also recommended that unions be much more active and work toward implementation of beneficial policies and programmes for their members. Employers need to institutionalise policies that prohibit employment discrimination, protect workers' confidential medical records, and provide mechanisms for accessing health information and treatment. The assessment also recommended that government become more active in funding prevention, care, and support programmes; enforcing its anti-discrimination regulations; and educating the public and workforce about HIV & AIDS.



SECTION 2:

WORKPLACE HIV & AIDS POLICY DEVELOPMENT



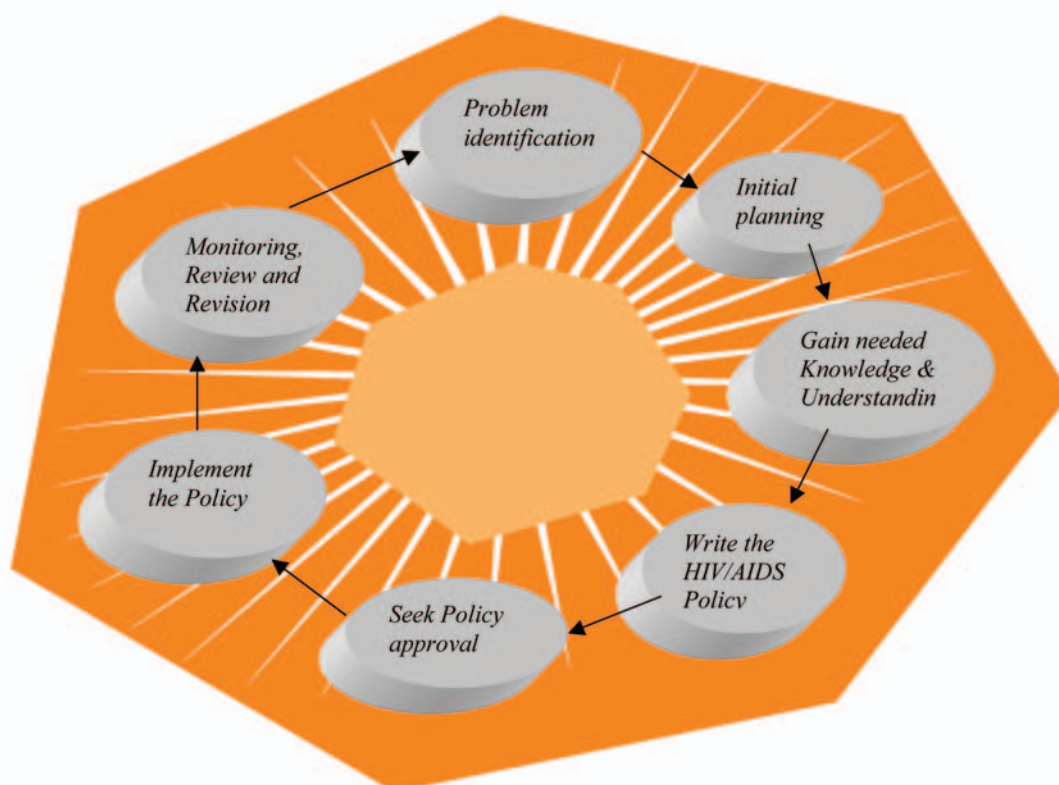
2.1 INTRODUCTION AND OBJECTIVES

What is a workplace HIV & AIDS Policy? An HIV & AIDS workplace policy may be defined as an organisation's position on and practices for preventing the transmission of HIV and for handling cases of HIV infection or AIDS among employees. The workplace policy states the employer's position on the issue as well as specific procedures to guide managers, labour leaders, and employees at all levels. A workplace policy statement on HIV & AIDS is the first major step in implementing an HIV & AIDS programme.

The length and scope of a workplace HIV & AIDS policy will depend on the organisation's preference. Some organisations may prefer long and comprehensive policies with detailed instructions and implementation procedures, while others prefer short, precise documents that simply outline broad guidelines. It is important therefore to know your target audience first. Some audiences prefer reading very little, or they simply may not have enough time to read large documents. Others may prefer comprehensive information.

The following is a step-by-step guide to help you develop your own workplace policy. It outlines the key steps in the development, implementation, monitoring, and evaluation of a workplace policy.

KEY STEPS IN POICY DEVELOPMENT



Adapted from module 3 of the workplace guide for managers and labour leaders: HIV & AIDS Policies and programmes herein and after referred to as the guide.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.1: Summary of key steps in policy development
(The following table is an example of problem identification)

Key Steps	Major Activities/Outcomes <i>Put a tick in the opposite box when activity is done</i>	Responsibility <i>(Name of person)</i>	Target time <i>When it is to be done</i>	Completion date
1. Problem identification	<input type="checkbox"/> Conduct employee survey <input type="checkbox"/> Interview key employees, their representatives, and management <input type="checkbox"/> Hold discussions/meetings with employees, their representatives, and management			
2. Initial planning	<input type="checkbox"/> Obtain labour and management support for developing a policy			
3. Gain needed knowledge and understanding	<input type="checkbox"/> Learn about HIV & AIDS and how it affects your community <input type="checkbox"/> Learn about applicable laws <input type="checkbox"/> Review existing policies and contracts <input type="checkbox"/> Learn about worker needs <input type="checkbox"/> Agree on use of a rationale for each recommended policy component			
4. Write the HIV & AIDS policy	Draft: <input type="checkbox"/> Summary rationale <input type="checkbox"/> Policy statements <input type="checkbox"/> Workplace guidelines <input type="checkbox"/> Outline of HIV & AIDS prevention education, care, and support activities			
5. Obtain approval of the policy	<input type="checkbox"/> Complete and revise the draft policy <input type="checkbox"/> Reach committee agreement on the final draft policy <input type="checkbox"/> Obtain labour approval and support <input type="checkbox"/> Obtain top management approval and support			
6. Implement the policy	<input type="checkbox"/> Develop a communication plan to inform all employees about the policy <input type="checkbox"/> Provide appropriate key messenger(s) and messages <input type="checkbox"/> Mainstream policy into existing financial and programme plans and agreements <input type="checkbox"/> Implement the policy			
7. Policy monitoring	<input type="checkbox"/> Periodically monitor, review, and revise the policy			

Adapted from Module 3 of the Guide page 15.



SECTION 2:

WORKPLACE HIV & AIDS POLICY DEVELOPMENT



2.2 KEY STEPS IN POLICY DEVELOPMENT

Step 1: Problem Identification

Policy development begins with identifying a problem to create a systematic and informed response to identified or anticipated problems and issues. When creating any policy, you must be clear about what problems and/or issues are to be addressed. Although anyone, such as employees, employee representatives, health personnel or managers, can undertake problem identification, it is frequently best for all parties involved to participate in this process. Table 2.2 presents an example of problem identification.

Table 2.2: Problem Identification

(The following table is an example of problem identification)

What is the problem?	Who is affected?	How are they affected?	How do you get the information?
More and more people are getting sick at work	Workers	<ul style="list-style-type: none"> • Increased absenteeism, leading to increased workload for other workers, resulting in stress and poor moral • Increasing stigma at the workplace that affects productivity negatively • Inadequate capacity to cope with illness at home and in the workplace, etc. 	<ul style="list-style-type: none"> • Employee survey • Interviews with employees and their representatives • Meetings with workers and workers committee • Other methods
	Enterprise	<ul style="list-style-type: none"> • Increasing absenteeism, resulting in decreased standards of performance, leading to reduced productivity • Increasing costs due to replacement training and recruitment • Increased benefit costs due to increasing health and medical care costs, sick pay, funeral expenses • Bereavement leave, life insurance, survivor pensions, and other issues • Increasing stigma at the workplace retards progress 	<ul style="list-style-type: none"> • Employee survey • Interviews with employee representatives and management • Meetings with employee representatives and management • Other methods



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.3: Problem Identification

(You can now go ahead and do your own problem identification using the table below)

What is the problem?	Who is affected?	How are they affected?	How do you get the information?

Step 2: Initial Planning

After identifying the problem, you will use the information to do initial planning for policy development. The process involves:

- Obtaining labour and management support for developing a policy;
- Organizing an HIV & AIDS planning committee (if one does not already exist);
- Agreeing on an action plan with assignments and timetable to guide your work;



SECTION 2:

WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 3: Obtain management and labour support for developing a policy.

You must obtain management support when developing a policy because authority rests with managers, and they are responsible for making decisions. It is equally necessary to obtain workers' support to ensure their participation in and acceptance of the policy. You will need to enlist both of these groups to motivate them to take action.

Table 2.4: Obtaining management and labour support

(Process for obtaining management and workers committee support)

Target	What to do <i>Put a tick in the opposite box when done/completed</i>	Decisions <i>Put a tick in opposite box if granted and an "X" if not</i>	Approach	Major results <i>Circle a yes or no response and the date</i>
Managers	<input type="checkbox"/> Provide information as identified under problem identification <input type="checkbox"/> Describe how problem affects enterprise and workers <input type="checkbox"/> Sell the benefits of a written policy <input type="checkbox"/> Explain the procedure for policy development and need for their involvement (Refer to table 2. 1)	<input type="checkbox"/> Give permission to formulate the policy <input type="checkbox"/> Give time to formulate the policy <input type="checkbox"/> Give financial and material resources <input type="checkbox"/> Can give the people to formulate the policy <input type="checkbox"/> Other	<input type="checkbox"/> Management meetings <input type="checkbox"/> Work council's meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	
Worker's Committee	<input type="checkbox"/> Give information as identified under problem identification <input type="checkbox"/> Describe how problem affects enterprise and workers <input type="checkbox"/> Sell benefits of a written policy <input type="checkbox"/> Explain procedure and need for their involvement (Refer to table 2.1)	<input type="checkbox"/> Can accept idea <input type="checkbox"/> Can participate <input type="checkbox"/> Can convince the workforce of the need for the policy <input type="checkbox"/> Other	<input type="checkbox"/> Workers committee meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	
Workers	<input type="checkbox"/> Provide information as identified under problem identification <input type="checkbox"/> Describe how problem affects the workers <input type="checkbox"/> Promote the benefits of a written policy <input type="checkbox"/> Explain the procedure for policy development and need for their involvement (Refer to table 2.1)	<input type="checkbox"/> Can accept programme <input type="checkbox"/> Can participate in programme <input type="checkbox"/> Other	<input type="checkbox"/> Worker's committee meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	
Other <i>Include other groups</i>				

Refer to Module 3 of the Guide, pages 14-18, for more information



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 4: Organise an HIV & AIDS Planning Committee (if one does not already exist)

Once you have obtained management and labour support, the next step will be to form an HIV & AIDS planning committee to coordinate development of the policy. This should be done jointly with all stakeholders to ensure maximum representation. The process will include the following activities:

- Compile scope of work, roles, and responsibilities of the committee;
- Develop the selection criteria; and
- Select committee members.

Refer to Table 2.5 for a checklist for organizing an HIV & AIDS planning committee. Many enterprises already have work councils that include management and worker representatives to address organizational issues and concerns of mutual interest.

Table 2.5: Checklist for organising an HIV & AIDS planning committee
(Complete by ticking into boxes provided.)

Element	Put when accomplished <i>Put a tick in the box opposite when activity is completed.</i>
Compile scope of work, roles, and responsibilities of the committee <i>(Refer to action plan below)</i>	<input type="checkbox"/> Agree on the scope of work, i.e., what exactly you want to do <input type="checkbox"/> Agree on the tasks to be performed <input type="checkbox"/> Agree on who will do what, i.e., the roles and responsibilities of individuals and groups <input type="checkbox"/> Agree on a time frame, i.e., when should each task be completed
Developing selection criteria for committee members	<input type="checkbox"/> Identify key persons who represent the various interests of the organisation and the workplace <input type="checkbox"/> Include representatives from all appropriate departments and levels, including workers with HIV & AIDS (if they are willing) <input type="checkbox"/> Make labour representatives an integral part of the planning process <input type="checkbox"/> Include both men and women to ensure that their interests are represented <input type="checkbox"/> Include people who are committed to addressing HIV & AIDS issues <input type="checkbox"/> Include people who are able to communicate and gain support for the committee's decisions <input type="checkbox"/> Keep the committee size manageable <input type="checkbox"/> Identify leadership within the committee
Selection of committee members <i>(Will be based on above 2 items. Composition will depend on the organisational size and nature. May but not necessarily comprise those listed in the opposite box.)</i>	Are the following parts of the committee? <input type="checkbox"/> Operations manager <input type="checkbox"/> Human resources manager <input type="checkbox"/> Health representative <input type="checkbox"/> Union representative <input type="checkbox"/> Worker's committee representative <input type="checkbox"/> PLWHA representative (if willing) <input type="checkbox"/> Other <i>(You may include others who have not been mentioned, and you may substitute those on the list depending on your organisational set-up).</i>

For further information, please refer to Module 3 of the Guide, page 16.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 5: Agree on Action Plan with Assignments and Timetable to Guide Your Work

Table 2.6: Agree on action plan

(Read the following table and complete the tasks.)

What exactly do you want to do?	Tasks involved (Put a tick in the box opposite the task that has been completed.)	Person responsible (Name of person)	Target time (When it is to be done)	Completion date
Gain needed knowledge and understanding	<input type="checkbox"/> Learn about HIV & AIDS and how it affects your community (Refer to Step 5 table 2.7.) <input type="checkbox"/> Review this workbook <input type="checkbox"/> Learn about applicable laws <input type="checkbox"/> Review existing policies and contracts <input type="checkbox"/> Learn about worker needs Other			
Write the HIV & AIDS policy	Write the draft policy using the format below: <input type="checkbox"/> Summary rationale <input type="checkbox"/> Policy statements <input type="checkbox"/> Workplace guidelines <input type="checkbox"/> Outline of HIV & AIDS prevention education, care, and support activities <input type="checkbox"/> Other (Refer to Step 7)			
Obtain approval of the policy	<input type="checkbox"/> Complete and revise the draft policy <input type="checkbox"/> Reach committee agreement on the final draft policy			
Implement the policy	<input type="checkbox"/> Develop a communication plan to inform all employees about the policy <input type="checkbox"/> Provide appropriate initial messenger(s) and messages <input type="checkbox"/> Mainstream policy into existing financial and programmes plans and agreements <input type="checkbox"/> Implement the policy <input type="checkbox"/> Other (Refer to step 8)			
Policy monitoring	<input type="checkbox"/> Periodically monitor, review, and revise the policy <input type="checkbox"/> Other (Refer to Step 10)			



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 6: Gain Needed Knowledge and Understanding

Following initial planning, you need to learn about HIV & AIDS and applicable laws to ensure that you develop a well-informed policy (refer to Table 2.7 for guidance).

Table 2.7: Gaining the needed knowledge

(Read and complete the following table.)

Activity	What (Put a tick in the box opposite the tasks that has been done.)
1. Learn about HIV & AIDS and recommended programme components	<input type="checkbox"/> What is HIV & AIDS? <input type="checkbox"/> How is HIV & AIDS transmitted? <input type="checkbox"/> How is HIV & AIDS not transmitted? <input type="checkbox"/> How can HIV transmission be prevented? <input type="checkbox"/> How does HIV & AIDS affect workers, enterprises, and communities? Recommended programme components, for example, <i>Formal and informal prevention education</i> <i>Prevention support, including condom distribution and drug abuse programmes</i> <i>Diagnosis and treatment of STIs and OIs</i> <i>Access to VCT</i> <i>Counselling, care, and other support programme</i> <i>When feasible, access to ARV</i>
2. Learn about applicable laws	<input type="checkbox"/> Review national laws such as the Statutory Instrument 202/98, the ILO Code of Practice, and the SADC Code <input type="checkbox"/> Get information from experts within or outside the organisation
3. Review existing policies and contracts	<input type="checkbox"/> Collective bargaining agreements <input type="checkbox"/> National HIV & AIDS policy <input type="checkbox"/> Any other policies and procedures within the organisation
4. Learn about worker needs regarding HIV & AIDS	<input type="checkbox"/> These will differ among organisations and are best learned through surveys, interviews, and focus group discussion with workers and knowledgeable and willing PLWHA employees.

Refer to Module 3 of the Guide, pages 19-22, for more information



SECTION 2:

WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 7: Write the HIV & AIDS Policy

Now that you are equipped with the necessary knowledge and understanding, it is time to write the policy. To start the process, the HIV & AIDS planning committee needs to work through the items in the checklist in Table 2.8. The responses should then guide you on issues to include or not include in the policy.

Table 2.8: Issues to address when writing the policy

Topic	Response <i>(Fill in the responses to the (Put a tick in the box opposite the tasks that has been done.)questions.)</i>
Will the policy be HIV & AIDS-specific or will it address all life-threatening illnesses?	
Who will be covered by the policy?	
What practices will be outlined for hiring, promotion, and termination?	
What accommodations will be made for employees with HIV or for employees with other illnesses and disabilities?	
What policies are needed to ensure that relevant laws and regulations are followed?	
What policies are needed to ensure consistency with collective bargaining or other labour-related agreements?	
What will be the policy concerning HIV testing?	
What worker HIV & AIDS prevention education, care, and support services will be provided?	
What must be done to the policy and programmes to ensure medical confidentiality and privacy?	
What policy language and action are needed to prevent discrimination?	
How can co-worker concerns about working with persons with HIV & AIDS be addressed?	
What prevention education or other services will be provided to families/partners?	
Who will be responsible for implementing and enforcing the policy?	
To what extent will key provisions of the policy become a part of collective bargaining agreements?	
How will the policy be monitored, reviewed, and revised?	

*(Read through the following table and complete)
Adapted from Module 3 of the Guide, page 17.*

When writing up the workplace policy, the planning committee can use the following format:

1. Summary rationale
2. Policy statements
3. Workplace guidelines
4. Outline of HIV & AIDS prevention education, care, and support activities



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.9: Structure of the workplace policy
(Example of the structure of a workplace policy)

Activity	Explanation	Example
Part 1: Summary rationale for adoption of the policy	May start with a general statement or introductory remark that relates the HIV & AIDS policy to the local situation. Provide the broad rationale for an HIV & AIDS policy and link it to other established, familiar employer policies and practices.	-[Employer name] is concerned about all of its workers and wants to ensure a healthy and productive workforce. This has been the guiding principle in developing our policy and programme on HIV & AIDS. or -The HIV & AIDS epidemic is everyone's concern, and we are developing our policy and programme so we can deal with the epidemic responsibly and knowledgeably and in a businesslike way. or -We are committed to providing a healthy and safe work environment for all employees. The HIV & AIDS policy and programme in this organisation are intended to assure that everyone can learn how to prevent the spread of HIV and be confident about health and safety in the workplace.
Part 2: Policy statements	These are general statements that set forth the organisation's position on workplace-related HIV & AIDS policy issues. The section identifies and highlights the major issues that are addressed when working through the checklist and broadly states what the policy is all about.	-[Employer name] firmly opposes discrimination in general, including discrimination of employees with HIV, and will make every effort-including providing information, education, and communication about HIV & AIDS-to ensure that employees are not stigmatised. -[Employer name] seeks to accommodate employees with life-threatening illnesses or disabilities, as long as they are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others. -[Employer name] will not force anyone to undergo an HIV test or treatment, and HIV testing is not a prerequisite for recruitment, continued employment, access to training, or promotion. However, we do support and facilitate access to confidential, voluntary counselling and testing (VCT) for employees and their families/partners. Counselling includes pre-test and post-test counselling.
Part 3: Workplace guidelines	These are guidelines or instructions for managers and employees to clarify what is expected of them. They expand on issues identified in the general statements that begin the policy, state how the policy should be carried out, and provide systematic procedures and guidelines. The Key Principles from the ILO Code of Practice, and Rationales for each, may be used if desired. (Refer to Annexe 1.)	Managers, labour representatives, and any other staff with relevant human resource-related responsibilities should: -Remember that an employee's personnel records, including medical information, are personal and confidential, and reasonable precautions will be taken to protect information regarding an employee's personnel records and medical condition. -Contact Human Resources if you believe that you or other employees need information about terminal illnesses or a specific life-threatening illness, or if you need further guidance in managing a situation that involves an employee with a life-threatening illness. -Contact Human Resources if you have any concerns about the possible contagious nature of an employee's illness. -Make reasonable accommodations, if warranted, for employees with life-threatening illnesses consistent with the needs of the department or division. -Make a reasonable attempt to transfer employees with life-threatening illnesses who request a transfer because they are experiencing undue stress.
Part 4: An outline of the HIV & AIDS Prevention, care and support activities	Based on the policy issues and recommendations discussed earlier. The organization can engage into relevant activities.	-Formal and informal education prevention activities for all staff -Prevention support, including condom distribution systems that make condoms readily and consistently available. -Diagnosis and treatment of STI and OI associated with HIV for employees and/or family members. -Access to VCT, either within or outside the workplace. -Counselling, care, and other support programs for HIV-positive employees and/or family members. -When feasible, more advanced treatment therapies for employees and family members living with HIV & AIDS, such as ARV therapy or HAART.

Refer to Module 3 of the Guide, pages 19-22, for more information.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.10: Policy checklist

(Read through the following table and complete)

Item	Check If Included <i>(Put a tick if it has been considered and an X if not.)</i>
No mandatory HIV testing for applicants	
No mandatory HIV testing for employees	
No denial of employment on grounds of HIV or AIDS status	
Reasonable work accommodations available for workers with AIDS-related illnesses	
Universal precautions/safe work environment	
Medical confidentiality of personnel records	
Guarantees no job termination or change of conditions of employment for PLWHA who are able to perform job duties	
Guarantees no restriction in promotion or other employment benefits on basis of HIV or AIDS status	
Provides for a workplace HIV & AIDS program	

Refer to Module 3 of the Guide, pages 19-22, for more information



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 8: Obtain Approval of Policy

For a policy to be effective once it is written, you must obtain approval of it. First, you need to review and revise your draft and then get agreement from committee members, senior management, and trade unions. Following the steps in Table 2.11 will facilitate this process.

Table 2.11: Diagram of the policy approval process

(Read and complete the following table.)

Activity	Tasks <i>(Put a tick in the box opposite the tasks that has been completed).</i>	Person responsible <i>(Put name of person)</i>	Target time <i>(When it is to be done)</i>	Completion date
Complete and revise the draft policy	<input type="checkbox"/> Organize the components of the policy in the four-part structure described above or in another logical, easy-to-follow arrangement. <input type="checkbox"/> Then prepare a revised draft of the policy using language that is easy to read and understand.			
Reach committee agreement on the final draft policy	<input type="checkbox"/> Have the planning committee review the draft- either individually or together. <input type="checkbox"/> Revise it to accommodate their comments and suggestions for consensus. Acceptance of the final draft by all committee members becomes the first step in obtaining approval for implementing the policy.			
Obtain top management approval and support	<input type="checkbox"/> Ensure that members of top management receive and review the document and incorporate their comments to obtain their approval and support. To be effective, a workplace HIV & AIDS policy needs approval from top management.			
Obtain labour approval and support	<input type="checkbox"/> The draft policy should also be given to labour representatives to review and comment on to obtain their agreement. Labour support can also contribute to obtaining approval from top management.			

Refer to Module 3 of the Guide, pages 15-29.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 9: Policy Implementation

Several organisations have spent a great deal of money and many other resources developing their workplace policies. On completion, however, some of these have been put on shelves to gather dust, because planning committees lacked a plan for implementation. It is important, therefore, that you plan for implementation of the policy. You can take the following steps (illustrated in Table 2.12) to implement your policy.

- Develop a communication plan to inform all employees about the policy.
- Provide appropriate initial messenger(s) and messages.
- Mainstream policy into existing financial and programme plans and agreements.
- Implement the policy.

Refer to Module 3 of the Guide, pages 30-31.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.12: Policy implementation framework

(Read through and implement accordingly.)

Activity <i>(Put a tick in the opposite box when completed.)</i>	Tasks <i>(Put a tick in the opposite box when completed.)</i>	Responsibility <i>(Name of person)</i>	Target date <i>(When it is to be done)</i>	Completion date
Develop a communication plan to inform all employees about the policy <i>(Refer to tables 2.13 and 2.14 for a communication plan.)</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Policy dissemination workshop/s for the whole organisation or several workshops for various categories of workers or departments with the following objectives: <input type="checkbox"/> Familiarize employees with all four components of the policy. <input type="checkbox"/> Discuss expectations for employee behaviour and protection. <input type="checkbox"/> Disseminate information about HIV & AIDS education and prevention, support, and care programs. 			
Provide appropriate initial message(s) and messengers <i>(Refer to Table 2.15 for examples of appropriate messages and messengers.)</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan your message and your messengers carefully, considering national and organisational cultures, language, literacy, education, level of knowledge about HIV & AIDS, enterprise size and resources, etc. <input type="checkbox"/> Present initial message in such a way that all employees can learn simultaneously about the employer's general position on HIV & AIDS. <input type="checkbox"/> Introduce the policy from the highest levels of management-preferably by most senior person in the organisation or work site. <input type="checkbox"/> Management should communicate commitment from the top down. <input type="checkbox"/> Union shop stewards should simultaneously begin to communicate the importance of the policy to each worker. 			
Mainstream policy into existing financial and programmes plans and agreements. <i>(See Table 2.16 for mainstreaming of policy.)</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Review the organisational mission statement, along with the new policy, taking into consideration employee rights, protections, and benefits, and agree on key provisions to be added. 			
	<ul style="list-style-type: none"> <input type="checkbox"/> Review the organisational goals and objectives, along with the new policy, taking into consideration employee rights, protections, and benefits, and agree on key provisions to be added. <input type="checkbox"/> Review current contracts and agreements, along with the new policy, taking into consideration employee rights, protections, and benefits, and agree on key provisions to be added. 			
Implement the policy	<ul style="list-style-type: none"> <input type="checkbox"/> Through implementation of relevant programmes, policies, and procedures where the policy has been mainstreamed. 			

Refer to Module 3 of the Guide, pages 30-32, for more information



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.15: Appropriate key messages and messengers

(Example of appropriate key messages and messengers)

Key messages to employers	Key messages to worker's union
<p>Get started on an HIV & AIDS policy and programmes as soon as possible:</p> <ol style="list-style-type: none"> <i>The sooner you take action, the more you can reduce the impact of HIV & AIDS on the costs of doing business.</i> <p>Collaborative, workplace -based team approach is the best strategy:</p> <ol style="list-style-type: none"> <i>Include key managers and worker's committee, supplemented by public or NGO representatives as needed to fill knowledge and service gaps. Include diverse representation from the workplace.</i> <p>Effective workplace policies and programs take some time to develop:</p> <ol style="list-style-type: none"> <i>Do not expect a quick fix or depend on a one-time or ad hoc strategy. HIV & AIDS is an ongoing challenge; your response needs to be long term as well.</i> <p>Once you have started, monitor and regularly evaluate the effectiveness of activities and programs:</p> <ol style="list-style-type: none"> <i>Be prepared to refine and add components based on what you learn. It may be worthwhile to establish a relationship with a university researcher or collaborate with a Ministry to get help in evaluating the impact of your HIV & AIDS policies and programmes.</i> 	<p>Worker rights and protections are a major benefit of workplace HIV & AIDS policies:</p> <ol style="list-style-type: none"> <i>Labour involvement in employer planning can contribute to policies that guarantee confidentiality of information about HIV status, access to confidential and voluntary testing, elimination of mandatory testing, and protection against job discrimination.</i> <p>Components of workplace policies can become part of collective bargaining agreements. However, it is not the planning committee's responsibility to write contract language. The job belongs to the union and its representatives:</p> <ol style="list-style-type: none"> <i>Where the union or a labour federation already has contract language on HIV & AIDS, it can provide a valuable foundation for both workplace policies and other local union contract agreements.</i> <p>Workers often need education to address stigma:</p> <ol style="list-style-type: none"> <i>Lack of accurate information about HIV often contributes to stigmatising of HIV -positive individuals by their co-workers. Unions can play a key role by ensuring that accurate information and worker education are offered. Unions and their members should ensure that they are addressing stigma and discrimination by including special specific anti-discrimination language in their contracts.</i>

Refer to Module 2 of the Guide, page 6, for more information



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.16: Format for mainstreaming policy

Mainstreaming is the integration of the policy issues into the main activities, programmes and systems of the organisation or company to ensure that the impact of HIV & AIDS is addressed and reduced. Table 2:16 contains some of the areas for mainstreaming of the policy.

(Read through the following table and complete)

Element	Key provisions to be added Insert key provisions based on key rights and protections from policy from the policy in each of the opposite elements
Mission statement	
Organisational goals	
Organisational objectives	
Organisational activities	
Organisational policies	
Financial systems and procedures	
Organisational contracts	
Organisational agreements	
Others to be added	



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Step 10: Policy Monitoring, Review and Revision

Once implementation of the policy has begun, you need to ensure that it is still relevant and continues to address identified needs as the situation keeps changing. This can be achieved through regular policy monitoring, review and revision. See Table 2.17 for an example of policy monitoring, review and revision activities.

Table 2.17: Policy Monitoring, Review and Revision

(Example of policy monitoring, review and revision)

Activity	Tasks	Frequency	Person responsible <i>(Depends on enterprise organization and preferences)</i>
Policy monitoring	1. Attend various meetings and for a, such as worker's, committee meetings, worker's council meetings, programme management meetings, and others, to assess the extent to which the policy is implemented, establish achievements and constraints, and chart the way forward.	Monthly Quarterly Annually Ongoing	-Policy Committee -HIV & AIDS Coordinator -Management -Union
	2 Review organisational reports to determine achievements and successes in implementation of the policy.	Monthly Quarterly Annually Ongoing	-Policy Committee -HIV & AIDS Coordinator -Management -Union
	3. Perform field visits and observation to see the extent to which policy issues are being observed and implemented.	Ongoing	-Policy Committee -HIV & AIDS Coordinator -Management -Union
	4. Conduct interviews with management, workers, and their representatives to determine the extent to which policy issues are being implemented and the problems, constraints, and way forward.	Monthly Quarterly Annually Ongoing	-Policy Committee -HIV & AIDS Coordinator -Management -Union
Policy review	1. Conduct policy review and employer/employee survey to find out: <ul style="list-style-type: none"> • What problems people are still experiencing with HIV & AIDS • To what extent the policy addresses the problems • What areas are not sufficiently addressed by the policy • What people wish done to solve identified problems Recommendations for improvements	Annually	-Policy committee -HIV & AIDS Coordinator -Management/Workers -Union
Policy revision	1. Revise the policy based on recommendations from the review	Annually or less often, depending on enterprise	-Policy committee -HIV & AIDS Coordinator -Management -Union

Refer to Module 3 of the Guide, page 16, for more information



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



Table 2.18: Policy Monitoring, Review and Revision

Activity	Tasks	Frequency	Person responsible
Policy monitoring			
Policy review			
Policy revision			

(Use the following table to do your own policy monitoring, review and revision.)



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



2.3 Best Practice

Best practices policies should, but not necessarily be limited to the following elements:

- Offer a framework for consistent practice in a workplace.
- Express the standards of behaviour expected of all employees.
- Tell employees what assistance is available to them and their families and where to find it.
- Instruct supervisors on how to manage HIV & AIDS in their work groups.
- Often provide a basis for and/or ensures consistency with collective bargaining agreements.
- Often mirror protections provided in the unions' collective bargaining agreements.
- Ensure consistency with relevant local and national laws or regulations.
- Establish a foundation for HIV & AIDS prevention, care, and support programmes.
- Promise confidentiality of information about employees.
- Specify requirements for suppliers/contractors to provide HIV & AIDS programmes and/or protections to their employees.

Adapted from Module 3 of the Guide

The following is an example of a best practice policy:

SMARTWork Model Comprehensive Workplace HIV & AIDS Policy

Our Guiding Principles

[Organisation] is concerned about all its workers and wants to ensure a healthy and productive workforce. This has been the guiding principle in developing our policy and programme on HIV & AIDS.

[Organisation] does not discriminate against a qualified individual with a disability with regard to job applications, hiring, advancement, discharge, compensation, benefits, training, or other terms, conditions or privileges of employment.

We are committed to complying with all relevant laws, regulations, collective bargaining, and trade agreements. Furthermore.

[Organisation] recognizes that employees with life-threatening illnesses-including but not limited to heart disease, multiple sclerosis, cancer, and HIV-and other disabilities may wish and be able to engage in as many of their normal pursuits as their conditions allow, including work.

[Organisation] firmly opposes discrimination of any kind, including discrimination against employees with HIV, and will make every effort-including providing information, education, and communication about HIV & AIDS-to ensure that employees are not stigmatised.

[Organisation] will not oblige anyone to undergo an HIV test, and HIV status will not be considered in recruitment, continued employment, access to training, or for promotion. However, we do support and facilitate access to confidential, voluntary counselling and



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WORKPLACE HIV & AIDS POLICY DEVELOPMENT



testing (VCT) for employees and their families or partners. Counselling includes pre- and post-test counselling.

[Organisation] seeks to accommodate employees with life-threatening illnesses or disabilities, as long as they are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others. While accommodating employees with life-threatening illnesses and disabilities, [Organisation] recognizes its obligation to provide a safe work environment for all employees and customers/clients. Every precaution should be taken to ensure that an employee's condition does not present a health and/or safety threat to other employees or customers/clients.

Management Responsibilities

Managers, labour representatives, and any other staff with relevant human resource-related responsibilities should:

- Remember that an employee's personnel records, including medical information, are personal and confidential and take reasonable precautions to protect information regarding an employee's personnel records and medical condition.
- Contact Human Resources if you believe that you or other employees need information about terminal illnesses or a specific life-threatening illness, or if you need further guidance in managing a situation that involves an employee with a life-threatening illness.
- Contact Human Resources if you have any concerns about the possible contagious nature of an employee's illness.
- Make reasonable accommodations, if warranted, for employees with life-threatening illnesses consistent with the needs of the department or division.
- Make a reasonable attempt to transfer employees with life-threatening illnesses who request a transfer because they are experiencing undue stress.
- Be sensitive and responsive to co-workers' concerns and emphasize employee education available through Human Resources. No special consideration will be given beyond normal transfer requests for employees who feel threatened by a co-worker's life-threatening illness.
- Be sensitive to the fact that continued employment for a person with a life-threatening illness provides self-supporting income and other benefits, may be therapeutically important, may assist in the remission or recovery process, and may help to prolong the individual's life.
- Encourage employees to seek appropriate medical treatment and counselling services. Information on these services can be requested through Human Resources.

Our HIV & AID Prevention, Care, and Support Programmes

- To inform employees about HIV & AIDS and encourage employees to practice behaviours that are known to reduce the risk of HIV transmission, [organisation] will offer a regular programme of education about HIV & AIDS.
- Employees will receive formal prevention training sessions and have access to informal peer educators.



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT



- VCT for HIV for all employees and their families is available at an off-site, health services centre upon request and at no expense to the employee. Confidentiality will be maintained for all clients, and test results will not be divulged to anyone other than the client without written, voluntary, and fully informed consent. Counselling is offered with confidential testing because it has been shown to be effective in risk reduction.
- Counselling and support services help employees and their families cope with social, emotional, and other concerns associated with HIV & AIDS and sustain behaviour changes that reduce the risk of HIV transmission. Employees and their families may request confidential counselling and support services at the clinic or Human Resources Department or from peer educators.
- Condoms are an effective barrier to sexually transmitted infections (STIs) and HIV transmission. To provide easy access to condoms for employees and partners who wish to use them, [Organisation] will make them available at reasonable cost in the restrooms and at clinic.
- Workplace use of illegal drugs or drugs not obtained through appropriate prescriptions are not permitted. Drug treatment is available through on-site counselling. During drug treatment, based on the recommendation of counsellors, clean needles and syringes are provided at no cost to employees through medical services.
- Untreated STIs are injurious and increase the risk of HIV transmission. To reduce the number of STI cases and improve the general welfare of employees and their families, [Organisation] will provide STI diagnosis and treatment at the health services centre, ensuring that treatment is confidential and that services meet medical standards. Such services will be provided at no cost to the worker. Workers with repeated STI cases will be counselled about the risks associated with unsafe sexual practices.
- Basic treatment for STIs, tuberculosis (TB), and opportunistic infections (OIs) associated with HIV treatment will be made available for every affected employee and his/her spouse/partner. The health service centre will provide and monitor treatment for TB and opportunistic infections.
- Because we value all our employees, [Organisation] will offer highly active antiretroviral therapy (HAART) at no cost to all HIV-infected employees and family members. Adherence to therapy and routine monitoring will be available in conjunction with treatment.

If you have any questions or concerns regarding this policy, please contact the Human Resources Department or any member of the HIV & AIDS workplace planning committee.



SECTION 2:

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2.4 NETWORKING, COOPERATION AND COLLABORATION

Networking and collaboration with other organizations provides the opportunity to learn from what others have done in order to improve. It also assists in maximization of resources through access to services that you normally do not have at very little or no cost at all. The following are a list of organisations that you can network and collaborate with.

Table 2.19: Networking, Cooperation and Collaboration

Organization	Activities	Contact person	Location
The Victoria Falls Informal Traders	-HIV & AIDS Awareness -Home Based Care and Support Groups -Orphan Care and Support Groups -Referral of clients for VCT and Management of STI/OI/TB	Mr Misheck Mpofu <i>Chairman</i>	99 Barry rd P. O. Box CT 87 Victoria Falls Phone: 013-41668
General Agriculture and Plantation Workers Union of Zimbabwe (GAPWUZ)	-Peer Education -Condom Distribution -Psycho-Social Support -Referral of clients for VCT and Management of STI/OI/TB	Mr Killian Mhoya National Health and <i>Safety Officer</i>	Saunders House Corner First Street / Jason Moyo P.O. Box 1952 Harare Phone: 773414
Zimbabwe Domestic and Allied Workers Union of Zimbabwe (ZIDAWU)	-Peer Education -Condom Distribution -Referral of clients for VCT and Management of STI/OI/TB	Toendepi Dhure National Health and <i>Safety Officer</i>	4 Cannon House 88 Kaguvi Street P. O. Box 5860 Harare Phone: 04-775813, 775817
Associated Mine Workers Union of Zimbabwe (AMWUZ)	-Peer Education -Condom Distribution -Referral of clients for VCT and Management of STI/OI/TB	Mr Ruzive <i>President</i>	St Andrew's House 40 Samora Machel avenue Harare Phone: 04-700287, 706543



SECTION 2: WORKPLACE HIV & AIDS POLICY DEVELOPMENT

2.5 MATERIALS/RESOURCES

The toolkit comes with the following materials, which are intended to guide you in the development of your own workplace policies:

1. *A Workplace Guide for Managers and Labour Leaders: HIV & AIDS Policies and Programs* on CD-this detailed manual spells out most of the relevant information for workplace policy and programme development.
2. *Zimbabwe Statutory Instrument 202/98*-this legal document applies to both workers and employers and provides for the establishment and realization of a workplace-based HIV & AIDS programme that promotes a favourable environment for HIV & AIDS prevention and management.
3. *The ILO Code of Practice on HIV & AIDS and the World of Work*-provides global guidelines for addressing HIV & AIDS and its impact, based on international labour standards, to workers, employers, and governments, at the enterprise, community and national levels
4. *The SADC Code of Conduct for HIV & AIDS and Employment in the Southern African Development Community (SADC)*
5. *"You are safe at work"* poster - by AED SMARTWork
6. *"HIV Affects Everyone, Work Together"* poster - by AED SMARTWork
7. *"Smart tools make life easy to operate"* poster - by AED
8. *Stigma and Discrimination, "The Flipchart,"* - by AED SMARTWork
9. *Stigma and Discrimination pamphlet* - by AED SMARTWork
10. *Basic Facts about HIV & AIDS pamphlet* - by AED SMARTWork



SECTION 3: PROGRAMME DEVELOPMENT

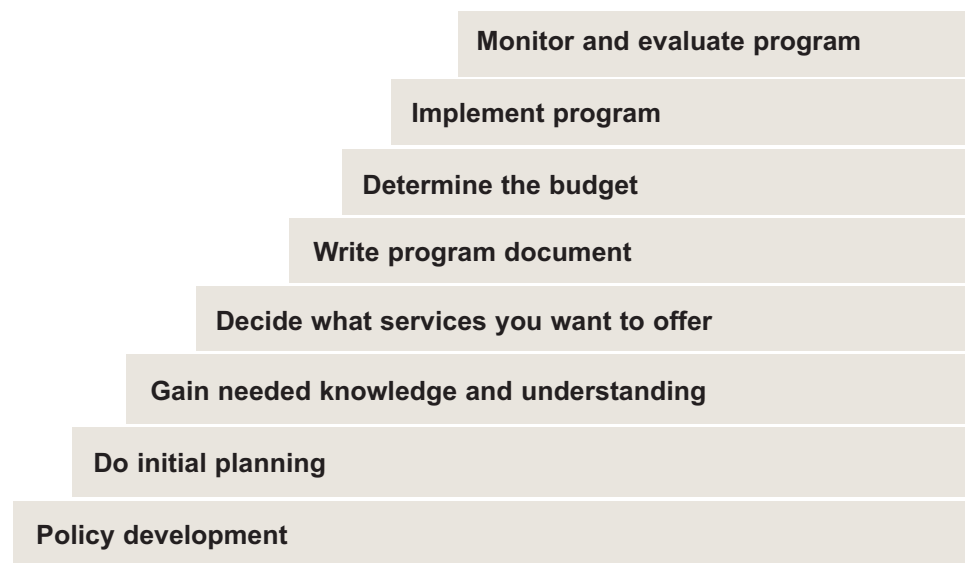


3.1 INTRODUCTION AND OBJECTIVES

Following the development of a workplace HIV & AIDS policy, the second step is to plan and develop an HIV & AIDS programme consistent with the policy. The policy provides the foundation for an HIV & AIDS programme: it defines the employer's position, specifies union and worker rights and responsibilities, and establishes consistent practices.

The following is a step-by-step guide you can follow to help you develop your own HIV & AIDS workplace programme. It outlines the key steps in the development, implementation, monitoring, and evaluation of the programme.

3.2 KEY STEPS IN PROGRAMME DEVELOPMENT



Refer to module 3 of the guide on page 15 for more information

Step 1: Use the Policy as a Basis for Programme Development

Ideally, programme development should start with a policy; a good policy specifies what programme activities will be done. These will depend, however, on organisational preferences and situations. Many organisations have implemented HIV & AIDS programmes before they have established policies because they are not aware of the need for a policy; they had to act as a matter of urgency, or for some other reasons. In this toolkit, we strongly recommend that enterprises start by developing a workplace HIV & AIDS policy, as it is the foundation of an HIV & AIDS programme.

Refer to Section 2 (Workplace HIV & AIDS Policy Development) and to Module 3 of the Guide for more details.



SECTION 3: PROGRAMME DEVELOPMENT



Step 2: Do the Initial HIV & AIDS Workplace Programme Planning

Now that the policy document is in place, it is time for the initial programme planning. The steps to follow include obtaining labour and management support as well as organising (or reorganising) an HIV & AIDS planning committee. (See Table 3.1 for an example of the process for obtaining management and labour support.)

Obtain management and labour support. You will recall that, in Section 2, we mentioned the need to obtain labour and management support for policy development to succeed. It is equally necessary to obtain management and labour support in programme development.



SECTION 3: PROGRAMME DEVELOPMENT



Table 3.1: How to obtain management and labour support in programme development
(Read through the table below and complete according to instruction)
Based on Step 2 of Section 2.

Target	What to do (Put a tick in the appropriate box when done.)	Decisions (Put a tick in the opposite box if granted and an X if not.)	Approach (Put a tick in the appropriate box.)	Major results (Circle Y/N and fill in date.)
Managers	<input type="checkbox"/> Explain that the HIV & AIDS policy has to be implemented to ensure that: -mitigation of HIV & AIDS takes place -the incidence of HIV & AIDS and associated morbidity is reduced and -productivity is enhanced <input type="checkbox"/> Explain that this will be achieved through developing HIV & AIDS programmes based on the policy.	<input type="checkbox"/> Give permission to do the work <input type="checkbox"/> Give time to do the work <input type="checkbox"/> Give financial and material resources <input type="checkbox"/> Give the human resources to do work <input type="checkbox"/> Other	<input type="checkbox"/> Management meetings <input type="checkbox"/> Worker's council meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	Management agrees Y/N Date..... Worker's council agrees Y/N Date.....
Labour leaders	<input type="checkbox"/> Explain that the HIV & AIDS policy has to be implemented to ensure that: -mitigation of HIV & AIDS takes place -the incidence of HIV & AIDS and associated morbidity is reduced -productivity is enhanced <input type="checkbox"/> Explain that this will be achieved through developing HIV & AIDS programmes based on the policy.	<input type="checkbox"/> Accept programme <input type="checkbox"/> Participate and have ownership of programme <input type="checkbox"/> Convince workers on the need for the programme development <input type="checkbox"/> Other	<input type="checkbox"/> Worker's council meetings <input type="checkbox"/> Worker's committee meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	Worker's council agrees Y/N Date..... Worker's committee agrees Y/N Date..... Other
Workers	<input type="checkbox"/> Explain that the HIV & AIDS policy has to be implemented to ensure that: -mitigation of HIV & AIDS takes place -the incidence of HIV & AIDS and associated morbidity are reduced -the workload is reduced -care is improved <input type="checkbox"/> Explain that this will be achieved through developing HIV & AIDS programmes based the policy	<input type="checkbox"/> Accept programme <input type="checkbox"/> Can participate in programme <input type="checkbox"/> Can have ownership of programme <input type="checkbox"/> Other	<input type="checkbox"/> Worker's council meetings <input type="checkbox"/> Worker's committee meetings <input type="checkbox"/> Special feedback meetings <input type="checkbox"/> Other	Worker's committee agrees Y/N Date..... Other

Step 3: Organize/ Reorganize an HIV & AIDS Planning Committee

The existing HIV & AIDS workplace planning committee formed during the policy development process could be used to spearhead programme development. If such a committee exists, you may need to review its membership and add individuals with a programme background. If one does not exist, refer to Step 3 in Section 2, which discusses developing a planning committee.

(You can also refer to Module 2 of the Guide for more details.)



SECTION 3: PROGRAMME DEVELOPMENT



Step 4: Gain Needed Knowledge and Understanding

Now that the plan is ready, committee members should give themselves time to gain the needed knowledge and understanding to ensure that they develop a well-informed programme; Table 3.2 may help.

Table 3.2: How to gain needed knowledge and understanding

(Read and complete the following table.)

Activity	Tasks (Put a tick in the opposite box when done.)	Issues to be addressed (Put a tick in the opposite box when done.)
Learn about HIV & AIDS	<input type="checkbox"/> Acquaint yourself with basic facts about HIV & AIDS. <input type="checkbox"/> Establish employee knowledge of and attitudes about HIV & AIDS. <input type="checkbox"/> Establish knowledge gaps.	<input type="checkbox"/> List the knowledge gaps as content areas to be addressed by the programme (these will form part of the activities).
Review the HIV & AIDS workplace policy, existing labour agreements and contracts	<input type="checkbox"/> Note worker rights, protections, and provisions to be considered in the programme. <input type="checkbox"/> Check HIV & AIDS components that are specified in the policy.	<input type="checkbox"/> List worker rights, protections, and benefits as areas to be considered in programming. <input type="checkbox"/> List the HIV & AIDS components specified in the policy for inclusion in the programme.
Learn about target audience	<input type="checkbox"/> Learn about their cultural background. <input type="checkbox"/> Learn about their level of education. <input type="checkbox"/> Learn about their age and gender.	<input type="checkbox"/> Decide on approach, e.g., discussing with single-sex or mixed-sex groups. <input type="checkbox"/> Decide how to address issues of sex and sexuality, etc.
Review existing programs	<input type="checkbox"/> Find out what programs are in other workplaces or nearby community. <input type="checkbox"/> Find out if it is possible for you to benefit from these services. <input type="checkbox"/> Determine the pre-conditions and the extent to which you can meet these.	<input type="checkbox"/> You can use existing services if they are in line with the issues you wish to address to cut costs, avoid duplication and overlaps, and maximize on resources.
Review external resources	<input type="checkbox"/> Find out if there are any organisations/donors offering financial, material, or technical assistance. <input type="checkbox"/> Find out if it possible for you to benefit. <input type="checkbox"/> Find out the pre-conditions and the extent to which you can meet these.	<input type="checkbox"/> Resource-constrained organisations should try to use these available funds so they can use what they have to cover other needs that are not included in the funding.
Review internal resources	<input type="checkbox"/> Find out if there are persons with skills in implementing HIV & AIDS programs. <input type="checkbox"/> Find out if there are funds for implementing <input type="checkbox"/> HIV & AIDS programme within your community.	<input type="checkbox"/> Try and use skills available first before looking outside; this is motivating and enhances programme acceptance, which leads to project ownership. <input type="checkbox"/> Also try to find funds from inside to sustain the project.

Refer to Module 3 of the guide, page 15, for more information



SECTION 3: PROGRAMME DEVELOPMENT



Step 5: Decide What Services You Want to Offer

Workplace prevention, care, and support programmes are at the core of an organization's response to HIV & AIDS. Effective programs are not one-time events but a variety of coordinated and ongoing activities and services. A well-designed HIV & AIDS programme usually includes a comprehensive set of complementary components. SMARTWork recommends that employers and labour leaders consider establishing six types of prevention, care, and support activities:

- Formal and informal HIV & AIDS prevention education activities for all employees.
- HIV prevention support, including:
 - STI/OI diagnosis and treatment for employees, partners, and/or family members;
 - Access to VCT within or outside the workplace.
 - Counselling, care, and other support programs for HIV-positive employees and/or family members.
- When feasible, provision of more advanced treatment therapies for employees and family members who are living with HIV & AIDS, e.g. provision of ARV or HAART.

It is worth noting that it is possible to develop a workplace programme that does not include all these components. However, experience in other workplace settings indicates that the most effective programmes ensure that these complementary components are readily available to employees, either in the workplace or in the surrounding community. The lack of available services in many communities places greater pressure on the employer to provide services directly and calls for prioritisation of services based on need, capacity, benefits, costs, and other factors.

Who Delivers Services?

Employers vary in the extent to which they can, or should choose to, provide HIV & AIDS services directly. Mid-size (50-249 workers) to large employers (250+ workers) are likely to have medical and personnel staff and resources to manage a comprehensive prevention programme directly. Smaller organizations may not have designated staff to provide HIV & AIDS -specific programmes. They are less likely to operate their own clinic or have staff to provide these services, and they often need assistance from other organizations with expertise in setting up HIV & AIDS programmes. Whether an organization is small or large, formalizing referral services for employees to local service providers is often an ideal arrangement.

On completing Step 3, use the information obtained to decide what issues your programme should address. These will be based on your organisation's policy, organisational needs, capacity, and available resources. Table 3.3 may assist you in the process.

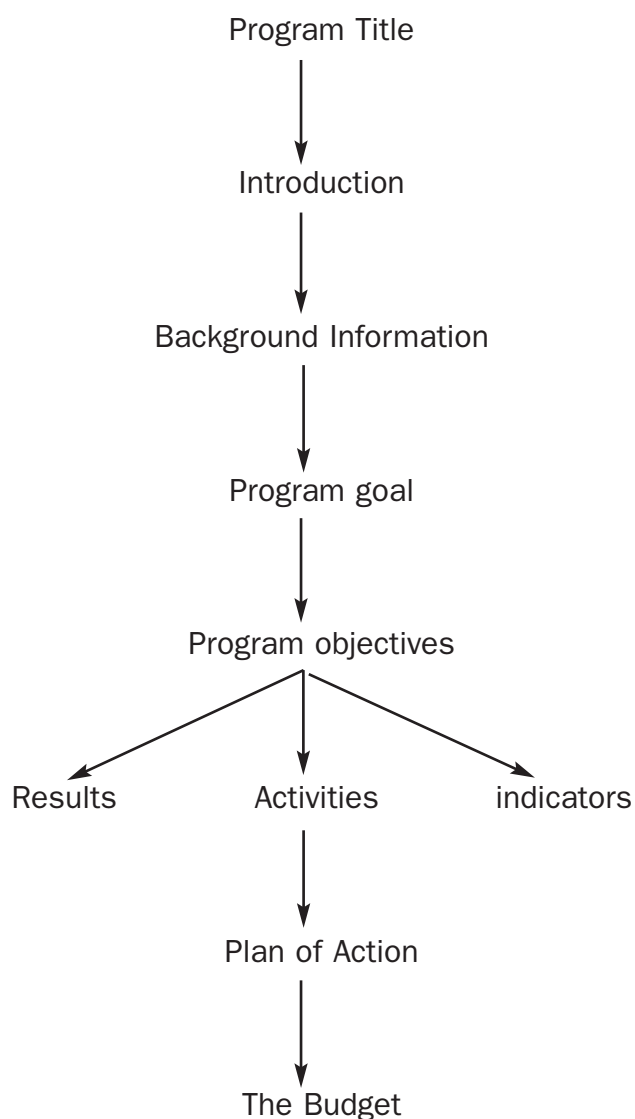


SECTION 3: PROGRAMME DEVELOPMENT



Step 6: Write the programme document

After deciding what services you want to offer, you can now proceed and write the program document. The following are the steps that you can follow.





SECTION 3: PROGRAMME DEVELOPMENT



Table 3.4: Outline of the program document
(Outline of format for writing the program document and examples)

Element	Description	Example
Program title	This is the name that you can give to your program. It should if possible be based on the theme of the program for better understanding.	The Dyno-Nobel HIV & AIDS Prevention Program
Introduction	Introduces to the reader to the program, the main objective, the process and what it hopes to achieve.	
Background Information	Gives the global overview of the HIV & AIDS situation, which may cover the whole world, the continent, country or region. Narrows down to the local context, which may cover the workplace and or surrounding area. Some of the information will include the magnitude of HIV & AIDS, the impact in the wider society and at the workplace to give the reader a broader context of the situation	
Program Goal	The goal is an objective that is wider than the program itself and needs other goals / projects to contribute to it in order to be achieved. The goal can also be stated as if it has already been achieved depending on donor preference.	Reduced incidence of HIV & AIDS and its social, economic and psychological consequences among workers in target enterprises
Program Objectives	Are a number of possible means by which to reach the end or the goal. These are statements of intent that tell what is expected or what is to be achieved. They can also be stated as if already achieved depending on donor preference.	Formal and informal HIV & AIDS education for employees in the 20 target enterprises
Activities	These are a number of tasks aimed at fulfilling a given objective. The following is an example:	<ul style="list-style-type: none"> -Organize and conduct 2 weeklong peer educator-training courses for 20 workers in each of the 20 target enterprises -Weekly lunch time IEC sessions by trained Peer Educators -Distribution of IEC/BCC materials by Peer Educators
Indicators	Indicators are yardsticks used to monitor and evaluate the extent to which objectives have been achieved.	<ul style="list-style-type: none"> -The total of 20 workers in each of the 20 target enterprises in Zimbabwe trained as Peer educators by 31 December 2005 -About 90% of the trained peer educators express satisfaction with training received by the end of the project period -The total of 52 IEC/BCC sessions conducted -90% of workforce express satisfaction with IEC/BCC activities.
Results	These are benefits that beneficiaries will receive due to implementation of activities that at the same time leads to the achievement of the objective. The following is an example:	<ul style="list-style-type: none"> -Each of the 20 target enterprises in Zimbabwe has an active HIV & AIDS Program -Each of the 20 target enterprises in Zimbabwe has an active peer education group



SECTION 3: PROGRAMME DEVELOPMENT



After writing the programme document, you need to draw up a plan of action based on the activities to be implemented. Table 3.5 provides an example.

Table 3.5: Plan of action
(Example of a plan of action)

Activities	Time frame															
	Month 1				Month 2				Month 3				Month 4			
Months	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Weeks	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Objective 1																
Formal and informal HIV & AIDS education for employees in 20 target enterprises																
Activities																
1. Conduct a training needs assessment	x	x														
2. Peer educator training courses x 20			x	x			x	x			x	x			x	x
3. Weekly lunch IEC sessions by trained peer educators	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
4. Distribution of IEC/BCC materials by peer educators	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Objective 2																
Provide HIV & AIDS prevention support to employees in 20 target enterprises																
Activities																
1.																
2.																
3.																
4.																



SECTION 3: PROGRAMME DEVELOPMENT



Step 7: The Budget

After developing the plan of action, you can proceed to develop a budget based on the activities. Different donors and enterprises have different budget formats and approaches. Whichever of these you choose, you need to cost all resources needed for each identified activity.

What is a budget?

A budget is a plan for coordinating income and expenditures. There is no "average" budget for you to follow. The type of budget that will work for you depends on the priorities you set in accordance with your project needs.

The process: -

Identify the cost elements needed for the project: -

1. Personnel cost. You have to identify the number of people to undertake the project. As a control measure time sheets should be used in order to charge the labour cost of the project correctly. The number of hours worked is multiplied by the wage rate to come out with the wage cost per employee. Benefits and allowances if any should also be included Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If there is need to engage a consultant, the cost should be worked out and included.

Sample Budget.

Personnel				Total \$.....
<u>Position Title & Name</u>	<u>Annual</u>	<u>Time</u>	<u>Months</u>	<u>Total Amount.</u>
1. Project Coordinator	\$144 000 000	100%	12	\$ 144 000 000
2. Project Associate	\$96 000 000	50%	12	\$ 48 000 000
3. Finance Manager	\$96 000 000	100%	12	\$ 96 000 000

Fringe Benefits

Total \$.....

10% of Total Salaries = Fringe benefits.

If Fringe benefits are not computed by using a percentage of salaries, itemise how the amount is determined

2. Consultant Costs. This category is appropriate when hiring an individual to give professional advice or services (e.g. training, expert consultant, etc.) The consultant normally charges on an hourly basis or it could be a fixed charge for the entire work to be done. The total cost as per signed agreement should be reflected on the budget.
3. Training cost. This includes the venue for training purpose, materials used in the training. The types of meetings to be held should be known well ahead in advance as this has an impact on the cost to be incurred in holding such meetings.



SECTION 3: PROGRAMME DEVELOPMENT



Sample Budget.

Training	# of meetings	Cost per Venue	Total Amount	Total Venue
Lake View Inn	2	\$1 000 000	\$2 000 000	
Field Club	1	\$1 500 000	\$1 500 000	
<u>Materials</u>				
Educational Pamphlets (500 copies @ \$50 000 each)				\$25 000 000

4. Supplies. This includes all sundries associated with the running of the workshops and includes stationery used, flipcharts and makers, equipment hired such as cameras, LCD's overhead projector, etc. The cost of stationery will include such items as ball pens required, bond paper to be used for handouts to participants, writing pads or note books. Individually list each item required. Show the unit cost of each item, number needed, and total amount and relate it to specific Program objective. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget.

Supplies	Total \$.....
Office Supplies (pens, pencils, paper, etc.)	\$750 000
Hire of LCD Projector (3 workshops @ \$200 000 per workshop)	\$600 000
Bond paper (10 reams @ 50 000per ream)	\$500 000

5. Travelling and Subsistence. This includes cost associated with travelling, i.e. fuel, taxi fare for those participants coming to the workshop, refunds for those using their own vehicles i.e. mileage claims. The allowances paid to participants (if any), food and accommodation should also be taken into account. Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of kilometres and the cost per kilometre. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Sample Budget

Travelling and Subsistence	\$.....
2 trips X 2 people X 100 Km @ \$5 000/ km	\$1 000 000
5 days per diem @ \$50000 per day X 2 people	\$ 500 000
4 nights lodging @ \$100 000 per night X 2 people	\$ 800 000

It should be noted that not all needs cost money i.e. some items such as condoms are distributed free of charge and some materials are donated by other organizations i.e. training materials.



SECTION 3: PROGRAMME DEVELOPMENT



As this is a budget formulation, costs must be anticipated well ahead of time quotations must be obtained from service providers and in most cases three quotations are required in order to get the best prices. It should however be borne in mind that the quote that is the lowest is not the best quote.

The budget should be formulated by a finance person (if one is available) in conjunction with the head of the project. The head of the project will be ultimately responsible for the budget and its implementation.

The overall budget can be presented in the format below:

Table 3.7: Summary Budget format
(The following is an example of a budget summary)

ITEM	Annual	Time	Months ZW\$	Total Amount
1. Personnel Cost				
Position Title & Name				
a.Project Coordinator	144 000 000	100%	12	144 000 000
b.Project Associate	75,000	50%	12	48 000 000
c.Finance Manager	75,000	100%	12	96 000 000
SUB TOTAL				288 000 000
2. Consultant Fees				
	Rate		# of days	
a.Needs Assessment	500000 per day		3	1500,000
b.Training	750000 per day		1	750,000
c.Monitoring & Evaluation	100 000per day		5	500,000
SUB TOTAL				2750 000
Training Costs				
	Venue Hire	Cost/ venue	# of meetings	
a.Peer Education	Lake View Inn	300000	2	600,000
b.VCT	Field Club	350000	1	350,000
c.Training materials	(Educational pamphlets 500 copies @ \$10000 each			500,000
SUB TOTAL				
4.Supplies				
	Quantity	Item cost		
a.Pens	100	\$10000		1 000,000.
b.Bond paper	150	\$10000		1 500,000.
c.Note pads	250	\$15000		3 750,000.
SUB TOTAL				6 250,000.
Travelling & Subsistence				
a.Workshop 1	1 trip X 2 people X100km @\$500 per KM			100,000.
	5 days per diem @ \$5000 per day X 2 people			50 000
	4 nights lodging @ \$100 000 per night X 2 people			800,000.
Workshop 2	1 trip X5 people X100km @\$500 per KM			250,000.
	5 days per diem @ \$5000 per day X 5 people			1250,000.
	4 nights lodging @ \$100 000 per night X 5 people			2 000,000.
SUB TOTAL				4 450 000
GRAND TOTAL				301 450 000

Budget notes or justification must accompany the budget on budget lines. i.e. Supplies will be used by staff members to carry out daily activities of the program. The education pamphlets will be developed by Y Printers and used to illustrate and promote safe healthy activities.



SECTION 3: PROGRAMME DEVELOPMENT



3.3 IMPLEMENT THE PROGRAMME

- Announce the launch of the programme through appropriate communication to all employees. This can be done in the form of a feedback workshop; meeting or campaign aimed at informing all stakeholders on the document, the contents and their roles and responsibilities.
- Organized communication campaigns that involve messages from workers and management may be considered.
- In addition to the workshops, meetings and campaigns, posters, brochures, pamphlets, and other materials that describe the components of the programme may be offered. Communication materials should also explain how employees can participate in the programmes, how the activities will be coordinated with normal work requirements and benefits to the worker and the employer such as:
 - Reduced costs, stable productivity, and a healthier workforce for the employer
 - Increased worker loyalty, morale, and positive community attitudes.
 - Direct access to services for employees and their families
- Shared knowledge about prevention and reduced employee risk behaviour for the surrounding community
- The focal person or coordinator in close collaboration with the committee should ensure timely implementation, monitoring and evaluation according to the plan of action and budget.

3.4 MONITORING, REVIEW AND EVALUATION

Once implementation of the programme has begun, you need to ensure that you are on course. You can do this through regular programme monitoring, review and evaluation. Refer to Table 3.8 for examples of monitoring, review, and evaluation activities.



SECTION 3: PROGRAMME DEVELOPMENT



Table 3.8: Monitoring, Review and Evaluation

(Examples of monitoring, review and evaluation activities)

Activity	Tasks	Frequency	Person responsible
Programme monitoring	1. Organize regular programme management meetings for programme implementers to get feedback on progress from the various departments and provide backup services.	Quarterly Ongoing	-Planning committee -HIV & AIDS coordinator -Depends on enterprise
	2. Regular review of programme reports to find out achievements problems, and constraints to map the way forward.	Monthly Quarterly Annual.	-Planning committee -HIV & AIDS coordinator
	3. Field visits and observation to see the extent to which activities have been implemented.	Quarterly Ongoing	-HIV & AIDS coordinator
	4. Interviews with management, workers, and their representatives to find out the extent to which the program is addressing identified needs.	Monthly Ongoing	-Planning committee -HIV & AIDS coordinator
Programme review	To find out: -What problems people are still experiencing with HIV & AIDS -To what extent the programme addresses the problems -What areas are not sufficiently addressed by the policy -What people wish done to solve identified problems -Make recommendations for improvements	Twice a year	-Planning committee -HIV & AIDS coordinator -Management/ worker's union -other
Programme evaluation	To find out: -The extent to which objectives have been achieved -Whether implementation was done efficiently or could it have been done in a better way -Whether the activities are still relevant in view of changes taking place	Annually or less often, depending on enterprise	-Planning committee -HIV & AIDS coordinator -Management -Union -Other



SECTION 3: PROGRAMME DEVELOPMENT



3.9: Monitoring, Review and Evaluation

(You can now go ahead and do your own Project Monitoring, Review and Evaluation by completing the table below)

Activity	Tasks	Frequency	Person Responsible
Programme monitoring			
Policy review			
Policy evaluation			



SECTION 3: PROGRAMME DEVELOPMENT



3.5 BEST PRACTICES

The length and scope of a workplace HIV & AIDS Programme will depend on the organization's preference. Some organizations may prefer long and comprehensive programme documents with detailed instructions and implementation procedures while others prefer short and precise documents. Whatever the case, best practices programmes should but not necessarily be limited to the following elements:

- Based on real needs of stakeholders
- Logical presentation of information for straight forward implementation
- Existence of collaborative networks for avoidance of overlaps, duplication and gaps and maximization of resources
- Work within their capacity in terms of skills, material, financial and human resources for effectiveness
- Focussed and not thinly spread

Example of a best practice:

Hippo Valley Estate HIV & AIDS Program

SMARTWork started working with Hippo Valley in 2003. The enterprise employed a full-time nursing sister to supervise the HIV & AIDS prevention and control project, under the supervision of a medical officer. The main objective of the program is to reduce the incidence and impact of HIV & AIDS among workers.

Some of the activities include:

- HIV & AIDS/STI Information, Education and Communication
- Syndromic management of STI
- Condom distribution
- Partner notification and treatment
- Treatment of opportunistic infections
- Voluntary HIV counseling and testing (VCT)
- Prevention of mother-to-child transmission (PMTCT)
- Post-exposure prophylaxis
- Training of Health staff, Adult and Youth Peer educators and Community members.

Major achievements:

The enterprise has so far trained a total of 191 peer educators. These are given formal time to talk to colleagues for 15 minutes every Wednesday morning. The Peer educators are also given five minutes every day for pre-shift talks. They also give talks to children in school. The peer educators have initiated a home-based care program for the terminally ill. Members grow vegetables to sell and use the money to take care of the sick. Hippo Valley supplies the seed and fertilizer based on the program needs. The support group meets once a week after hours.



SECTION 3: PROGRAMME DEVELOPMENT



The total of 47 youth peer educators have also been trained. These peer youth educators conduct HIV & AIDS IEC to their fellow youth in school. They do this through drama, poetry and dance. They keep records and submit monthly reports. They are evaluated on the basis of the number of interventions they will have undertaken. This is done through use of the peer education feedback form, which is submitted monthly to the clinic and captures issues such as the number and topics covered during their discussions.

The enterprise provides monetary incentives to employees who undertake VCT and more for one who brings along the spouse. VCT has an effect on employee family planning methods. More and more workers have switched from oral contraception to use of condoms. The clinic therefore recorded an increased in the use of the female condom over the past year.

The enterprise has broken a record by providing ARV to infected employees and their spouses that a lot of institutions have failed to do. Due to limited resources however, the program currently caters for only 50 workers. A selection criterion has therefore been set. Some of the criteria is that the candidates should fulfil the clinical criteria (according to the Zimbabwean guidelines), should be a permanent employee and must have one spouse.



SECTION 3: PROGRAMME DEVELOPMENT



3.6 NETWORKING, COOPERATION AND COLLABORATION

Networking and collaboration with other organizations provides the opportunity to learn from what others have done in order to improve. It also assists in maximization of resources through access to services that you normally do not have at very little or no cost at all. The following are a list of organisations that you can network and collaborate with:

Table 3.10: Networking, Cooperation and Collaboration

(Names of organizations supported by AED SMARTWork, their activities and contact)

Organiza - tion	Activities	Contact person	Location
The Victoria Falls Informal Traders	-HIV & AIDS Awareness -Home Based Care and Support Groups -Orphan Care and Support Groups -Referral of clients for VCT and Management of STI/OI/TB	Mr Misheck Mpofo <i>Chairman</i>	99 Barry rd P. O. Box CT 87 Victoria Falls Phone: 013-41668
General Agriculture and Plantation Workers Union of Zimbabwe (GAPWUZ)	-Peer Education -Condom Distribution -Psycho-Social Support -Referral of clients for VCT and Management of STI/OI/TB	Mr Killian Mhoya National Health and <i>Safety Officer</i>	Saunders House Corner First Street / Jason Moyo P.O. Box 1952 Harare Phone: 773414
Zimbabwe Domestic and Allied Workers Union of Zimbabwe (ZIDAWU)	-Peer Education -Condom Distribution -Referral of clients for VCT and Management of STI/OI/TB	Toendepi Dhure National Health and <i>Safety Officer</i>	4 Cannon House 88 Kaguvi Street P. O. Box 5860 Harare Phone: 04-775813, 775817
Associated Mine Workers Union of Zimbabwe (AMWUZ)	-Peer Education -Condom Distribution -Referral of clients for VCT and Management of STI/OI/TB	Mr Ruzive <i>President</i>	St Andrew's House 40 Samora Machel Avenue Harare Phone: 04-700287, 706543
Hippo Valley Estates	-HIV & AIDS/STI IEC -Syndromic management of STI -Condom distribution -Partner notification and treatment -Treatment of opportunistic infections -Voluntary HIV counselling and testing (VCT) -Prevention of mother-to-child transmission (PMTCT) -Post-exposure prophylaxis Training of health staff, Adult and Youth Peer educators and Community members	Dr Davey <i>Senior Medical Officer</i>	Hippo Valley Medical Centre P.O. Box 1 Chiredzi Phone: 031-515 ext 2022



SECTION 4: IEC/BCC TOOLS



4.1 INTRODUCTION

The primary aim of the behaviour change communication initiative is to change not only the workers' level of awareness and knowledge but to enhance abilities to translate that knowledge into specific positive behaviours. As a strategy for communicating HIV & AIDS issues in this section, participatory or interactive learning / teaching methods which include role-plays, group discussions, debates and situational analysis are critical and recommended. Through participatory learning activities, the workers learn how to manage themselves, their relationships and their health decisions.

This toolkit contains a number of IEC/BCC tools to help the process. These include:

- Facing Up with Facts pamphlet
- Basic Facts about HIV & AIDS pamphlet
- Stigma and Discrimination pamphlet
- Personal Risk Assessment pamphlet
- Weighing It Up pamphlet
- Voluntary Counselling and Testing pamphlet
- Living Positively pamphlet
- Nutrition and HIV & AIDS pamphlet
- Care and Psychosocial Support pamphlet
- Sexually Transmitted Infections pamphlet - Supported by the following pamphlets from Ministry of Health and Child Welfare:
 1. *Sexually Transmitted Infections*
 2. *Gonorrhoea,*
 3. *Vaginal Discharge*
 4. *Genital Warts*
 5. *Genital Herpes*
 6. *Non-gonococcal Urethritis, (NGU) non-specific Genital Infections*
- Anti-retroviral Therapy pamphlet
- SMARTWork tools make life easy to operate poster
- "You are safe at work" poster
- "HIV affects everyone - Work together" poster
- Instructions for using a condom - pocket brochure
- Workplace Guide for Managers and Labour Leaders: HIV & AIDS Policies and Programmes (CD-ROM)

This section also contains the following resource materials:

- Statutory instrument 202/98
- National HIV&AIDS Policy of Zimbabwe
- The ILO Code
- The SADC Code
- Stigma and discrimination "Flip chart"



SECTION 4: IEC/BCC TOOLS



4.2 SUMMARY OF THE IEC/BCC MATERIALS

Facing up with Facts

This tool is about facts and myths on HIV prevention education and testing. It helps the facilitator to ascertain the level of participant knowledge so as to know where to focus. The participants are asked to identify fact and false statements so as to ascertain their level of knowledge. On completion, the facilitator uses the topic to generate discussion and fill in identified knowledge gaps.

Basic Facts about HIV & AIDS

The tool provides basic facts on HIV & AIDS. The fact sheet is used as reference material by both facilitator and participants. It can be utilized as a facility for enhancing debates or group discussions

Stigma and Discrimination

This instrument outlines the nature of stigma and discrimination. The fact sheet targets all levels of employees in order address the issue. The various levels of employees can be divided into groups to discuss and then make presentations in plenary.

This fact sheet can be used in conjunction with the Flipchart booklet provided on CD in this toolkit to generate discussion on stigma and discrimination. It can also be used together with the "You are Safe at Work" and HIV Affects Everyone" posters. The facilitator can make reference to SI 202 of 1998, The ILO as well as the SADC Code. Take note that the aforementioned instruments are highly technical containing legislative jargon that would make it difficult for a layperson to understand. This then makes it imperative that the facilitator should have in-depth knowledge and be able to explain these instruments in their simplest terms to participants.

Personal Risk Assessment

This is a good behaviour change communication tool and is ideal for use at the beginning of a training session for participants to assess their level of personal risk. Facilitate group discussions round the implications of engaging in each of the given behaviour. This fact sheet is also good to use with the "Facing up With Facts" tool.

Weighing it up

Designed to enhance awareness, knowledge and capacity to deal with difficult decisions on issues of HIV & AIDS. Participants are given the tool to do a self-assessment by filling in the form to determine their level of preparedness to take a particular decision. Participants can then role-play counselling situations

Voluntary Counselling and Testing (VCT)

The VCT pamphlet states the need to have an HIV test sets out the process as well as gives the implications for a positive or negative result. This fact sheet is mostly informative and can be delivered using the lecture method but again with a substantial amount of group discussion. The facilitator can refer participants to New Start Centers or to the nearest medical institution.



SECTION 4: IEC/BCC TOOLS



Living Positively

This tool focuses on strategies for living positively for both persons who have tested positive and those that have tested negative to an HIV test. Fact sheet is used to discuss each point and to demystify HIV & AIDS. May be used in conjunction with the "Nutrition and HIV & AIDS" tool.

Nutrition and HIV& AIDS

Provides basic information on nutrition in HIV&AIDS. This information sheet can be used as a handout following discussion on the subject. May be used together with the "Living Positively" tool.

Care and Psychosocial Support

The tool provides information on what care and psychosocial support is and how it can be managed. The information sheet is used as resource material for stimulating discussion and building capacity on issues of care and psychosocial support.

Sexually Transmitted Infections

Discusses what sexually transmitted infections are, their causes and how they can be managed. Can be utilized in conjunction with pictorial slides on sexually transmitted infections as a means to enhance awareness, knowledge and behaviour change. It is supported by pamphlets on various types of STIs from Ministry of Health and Child Welfare. The following is the list:

1. Sexually Transmitted Infections
2. Gonorrhoea,
3. Vaginal Discharge
4. Genital Warts
5. Genital Herpes
6. Non-gonococcal Urethritis, (NGU) non-specific Genital Infections (NSGI)

Anti Retroviral Therapy

The instrument equips participants with information on what antiretroviral drugs are as well as the issue of access. This again is mostly delivered using the lecture method and again encourages group discussion round the issue. It can be linked to the "VCT" as well as "Living Positively" tool.

SMARTWork Tools make life easy to operate poster

The poster is aimed at creating awareness on the need to know one's status in order to make appropriate decisions. It can be used together with the "VCT" tool as well as the "Instructions for using the condom" tool. It should be posted on the wall or other convenient place to sustain awareness.

You are safe at work poster

The poster is aimed at correcting misconceptions on how HIV can be transmitted in order to reduce stigma and discrimination. It can be used together with the "Stigma and Discrimination" tool. It should be posted on the wall or other convenient place to sustain awareness.



SECTION 4: IEC/BCC TOOLS



HIV affects every one - work together

It is an advocacy poster to foster commitment from policy makers and workers. It can be used with the "Stigma and Discrimination" tool and can be used in advocacy activities.

Instructions for using a condom

Initially targeted at Peer Educators whose responsibility is to train other employees on proper and consistent use of the condom as well as proper disposal of used condoms. The other side of the poster can be used during prevention education to share information on abstinence, being faithful and protection. The pictures also come as stand-alone and can be enlarged. Group discussions should be encouraged for each picture. It is important that the sequence of pictures be retained for proper flow of the story and better understanding.

A Workplace Guide for Managers and Labour Leaders: HIV and AIDS Programmes

A tool that gives strategies on HIV & AIDS policy and programmes development as well as information on prevention education, care and support for those infected and affected. Can be used as reference materials for the development of advocacy and communication materials.

4.3 RESOURCE MATERIALS

Statutory Instrument 202 of 1998

This is the statutory instrument that governs employees' conduct regarding HIV & AIDS at the workplace. Group discussion is recommended for this instrument. More copies can be obtained from government printers.

National HIV and AIDS Policy of Zimbabwe

A resource that gives guidance during development and implementation of HIV & AIDS programmes. More copies can be obtained from the National AIDS Council.

ILO Code

Represents the International Labour Organisation's commitment to help secure decent work and social protection in the face of the HIV epidemic and a framework for workplace action. It contains fundamental principles for policy development and practical guidelines from which effective responses can be developed at enterprise, community and national levels. More copies can be obtained from the ILO.

SADC Code

The SADC "Code on AIDS and Employment" establishes the industrial relations standards on HIV & AIDS. The facilitator should note that the provisions of the code apply only to workplaces and cannot and should not be construed as applying to other areas of law such as national immigration laws, policies and related administrative procedures. More copies can be obtained from the NAC.



SECTION 4: IEC/BCC TOOLS



Stigma and Discrimination "Flip chart"

This is a storybook on stigma and discrimination aimed at creating awareness and behaviour change. Facilitator asks participants questions on what they think is happening in the flip chart to generate discussion. This can be followed by role-plays on stigma and discrimination as it pertains to real life situations. Can be used with the "Stigma and Discrimination tool".

GLOSSARY OF TERMS

Acquired Immunodeficiency Syndrome (AIDS): Is the most severe manifestation of HIV infection where the immunity system has broken down and the person is exposed to a variety of infections. Can be diagnosed by blood tests to evaluate the CD4 cell count or evaluating the extent of opportunistic infections and cancers that develop with the collapse of the immune system.

Antiretrovirals: Drugs that suppress the replication of HIV in a person's body thereby delaying the onset of AIDS and prolonging life. They do not kill the virus.

Behaviour Change Communication (BCC) Tools: Multilevel tools for promoting and sustaining risk-reducing behaviour change in individuals and communities by distributing tailored health messages in a variety of communication channels.

CD4: Blood cells which are an important component of the human immune system. A CD4 count of below 200 cells per cubic millimetre of blood in an HIV infected person indicates AIDS.

Commercial Sex Worker: A person engaged in trading of sex for money or material gain. Human Immunodeficiency Virus (HIV)
It is the virus that causes AIDS. Previously known as LAV and HTLV 111. The term HIV was chosen by a scientific panel of Virologists and other researchers for the AIDS Virus.

HIV Infected: Persons living with HIV & AIDS, no matter when they were infected and regardless of whether they are aware of their status or not.

HIV Incidence: The percentage of new persons who become infected every year

HIV Prevalence: The percentage of persons in the population who are HIV Infected as compared to the population.

Mainstreaming: Integrating HIV & AIDS issues in the main activities of the organisation or Company.



SECTION 4: IEC/BCC TOOLS



Opportunistic Infections: Diseases or conditions that are a result of weakened immune systems.

Persons Living with AIDS (PLWA) or Persons Living with HIV & AIDS (PLWHA):

A term developed by individuals diagnosed with AIDS, to counteract the more negative "AIDS Victim" and the less assertive "AIDS Patient". Persons living with HIV & AIDS who did not want to be referred to as "Victims" coined the term in the United States of America (USA).

Retrovirus:

A class of viruses that contain the genetic material RNA (ribonucleic acid) and that have the capability to copy their RNA into DNA (deoxyribonucleic acid) of the cells of an infected person. HIV, the virus that causes AIDS, is a retrovirus.

Risk Behaviour:

These are behaviours that increase the chances of harm to one's body. Risky behaviours for infection with HIV include anal or vaginal intercourse without a condom and lubricant, oral-anal contact, semen or faeces or urine in the mouth, sharing injection drug paraphernalia, and sharing of sex toys contaminated by body fluids. These behaviours are often referred to as "unsafe" activities.

Sexually Transmitted Infections (STIs): Infections that are mostly transmitted through sexual contact. These include Gonorrhoea, Syphilis, and Chancroid among others. STIs that cause ulcers or sores on the skin or membranes facilitate the transmission of HIV.

Stigma: Involves the use of a characteristic or attribute like HIV status to discredit or devalue an individual or group and set them apart from others.

Target audience: The desired or intended audience for programme messages and materials. The primary target audience consists of those individuals the programme is designed to affect. The secondary target audience is a group that can help reach or influence the primary audience.

Tuberculosis: An infectious disease that usually affects the lungs. HIV Infected persons are highly susceptible to TB infection.

Virus: A type of organism that invades cells by altering the chemistry of that cell to produce more virus particles. Viruses cause a range of diseases including colds and flu.

Voluntary Counselling and Testing (VCT): Voluntary and confidential process by which a person receives counselling from a professional about the advantages and disadvantages of HIV testing to facilitate informed decisions by the person.



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Key Principles from the ILO Code

Recognition of HIV & AIDS as a workplace issue: HIV & AIDS is a workplace issue and should be treated like any other serious illness / condition in the workplace. This helps to ensure a loyal and healthy workforce and reduces turnover.

Non-discrimination of workers on the basis of real or perceived HIV status: In the spirit of decent work and respect for human rights and dignity of persons infected or affected.

Gender equality: The gender dimensions of HIV & AIDS should be recognized to reduce vulnerability among groups such as women who are more adversely affected due to biological, socio-cultural and economic reasons.

Healthy work environment:

The work environment should be healthy and safe so far as it is practicable for all concerned parties in order to prevent transmission of HIV & AIDS.

Social dialogue for successful implementation of an HIV & AIDS Program: There is need for cooperation and trust between employers, workers and their representatives and government where possible.

Screening for purposes of exclusion from employment or work processes: HIV & AIDS screening should not be required of job applicants or persons in employment.

Confidentiality: Access to personal data relating to a worker's HIV status should be bound by rules of confidentiality consistent with the ILO code of practice on protection of workers' personal data, 1997.

Continuation of employment relationship: HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV & AIDS should be able to work for as long as medically fit in available/appropriate work.

Prevention: HIV infection is preventable and can be achieved through a variety of culturally appropriate strategies.

Care and support: Solidarity, care and support should guide the response to HIV & AIDS in the world of work. All workers, including those with HIV & AIDS are entitled to affordable health services.



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Reference Sheets

1. Formal and informal HIV and AIDS Prevention Education

HIV & AIDS prevention education and training activities in the workplace are designed to educate workers about HIV & AIDS and to encourage changes in behaviour that will reduce the spread of HIV. Formal sessions may take as little as an hour or as long as several hours to provide factual information about HIV& AIDS and its transmission and about safer sex and other behaviours that protect workers from HIV transmission. Basic sessions should be included as a part of orientation and training for new employees. Supplemental sessions should be offered to all employees regularly (e.g. once a quarter) or as a part of programs that address safety and health issues during regular working hours. Formal education includes, for example peer education.

Transmission of HIV

Some of the ways that HIV is transmitted is through:

- Sexual contact with exchange of body fluids such as Semen and Vaginal secretions. This accounts to 92% of all infections.
- Perinatal transmission through the placenta when the baby is still in the womb, through the Vagina at birth and through breast - feeding. The baby can get infected when the mother's nipples are cracked or when the baby has cuts in the mouth which allow for the passage of HIV
- Exchange of blood and blood products as in the case of intravenous drug users (these are people who inject themselves with illegal drugs to get high-or drunk). It can also be transmitted through Blood transfusion. The Blood transfusion Services in Zimbabwe routinely screens blood for HIVso there is very little danger of acquiring HIV from this source.

How is HIV not transmitted

- HIV cannot be transmitted through casual contact- shaking hands or sharing dishes, tools, telephones or toilets
- HIV is not transmitted through everyday contact- transmission requires exchange of bodily fluids containing the virus
- HIV is not transmitted through mosquito bites
- HIV is not transmitted through sweat, tears, coughs or sneezing

Pregnancy and HIV

HIV can be transmitted from mother to child during pregnancy, delivery and through breast milk. The risk of HIV transmission from mother to child is very significant. Many children with HIV related illnesses develop AIDS early in life and die before they reach the age of five years. Child bearing is a very important event for every Zimbabwean -yet the desire of the couple with HIV infection to have children needs to be balanced with the possibility of



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having an HIV infected baby who has a high risk of dying within the first five years of life. The company can assist by providing:

- Information on encouraging women and couples considering pregnancy to seek voluntary testing and counselling for HIV.
- Information to increase the acceptability of voluntary counselling and testing
- Information to employees to enable them to make informed decisions about planning pregnancy
- Access to information about options to reduce the risk of parent to child transmission

Factual Information about HIV & AIDS

It is important that employees have access to accurate and factual information in order to dispel many myths and misconceptions that surround the issue of HIV and AIDS. This information includes what HIV is, how it is transmitted, how it is not transmitted and the distinction between HIV & AIDS. This information will assist employees to demystify HIV & AIDS as well as help in the reduction of stigma and discrimination. Refer to the pamphlet on Basic Facts on HIV & AIDS in the toolkit.

Peer Educators

Peer educators can be extremely effective as an integral part of prevention education. These are co-workers who have been specially trained to conduct informal education and training activities. They use informal small groups and one-on-one interactions to discuss HIV & AIDS, teach safer sex practices, answer questions, discuss fears, distribute pamphlets and other materials, and generally foster an environment of greater awareness and understanding about the disease. Peer educators who are HIV-positive can be especially effective in discussing risk behaviours and disposal before issuing them. Refer to the pocket booklet on condoms in the toolkit for more information.

2. HIV Prevention Support (including condom distribution systems and response to alcohol and drug use)

An effective HIV prevention program supplements HIV and AIDS education activities with prevention support designed to make it easier and more convenient for employees to take recommended actions. These should include both condom distribution systems and action to prevent transmission as a result of drug and alcohol use.

Condoms

Male and female condoms, when properly and consistently used, highly reduce the risk of HIV transmission and other sexually transmitted infections. Include condom promotion as part of your safe sex messages and ensure that condoms are readily and consistently available, in the workplace. Condoms are an essential component to an effective program for reducing transmission of HIV and other STIs. It is important to first give proper instructions and information on condom use and disposal before issuing them. Refer to the pocket booklet on condoms in the toolkit for more information.



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Alcohol and substance abuse

People who abuse alcohol and drugs are more likely than other people to engage in high-risk sexual behaviour. Effective HIV prevention programs include HIV & AIDS education, access to condoms and information on the relationship between substance and alcohol abuse and HIV transmission.

Activities designed to reduce HIV transmission related to drug and alcohol abuse

This involves arming employees with information on the relationship between alcohol and drug abuse and HIV infection. The rationale is that once one abuses alcohol and other drugs, they may lose control and engage in high risk behaviours that put them at risk of HIV infection. Information is readily obtainable at the nearest health centre next to you and the health personnel are able to deliver lectures on this matter.

New technologies

New technologies to prevent HIV transmission periodically become available. In the future, these may include vaccines or microbicides. Once available, they should be considered as part of an employer's efforts to prevent transmission of HIV. Be sure someone on the HIV & AIDS workplace team keeps up with technological advances in HIV prevention, and be prepared to make them part of your workplace HIV & AIDS program as appropriate.

Negotiating skill for safer sex

One of the facets of prevention education is on condom use. Employees, especially women and girls need to be equipped with skills on how to engage in sexual behaviours that do not compromise their safety. This includes having to use persuasive skills in order to persuade their partners to use condoms. This may also include agreeing with a partner to engage in non-penetrative sexual sex in order to climax. You may need to engage the services of a facilitator in order to assist with training in this area.

3. Diagnosis and Treatment of Sexually Transmitted Infections and Opportunistic Infections

Increasingly, treatment for workers with STIs and/or OIs is becoming an issue for employers. Many employees suffer debilitating illnesses or infections that lead to increased absenteeism from work and reduced productivity. Yet highly cost-effective therapies allow such illnesses to be prevented or successfully treated, often at very low cost. These infections include STIs other than HIV & AIDS, tuberculosis (TB), Pneumocystis carinii pneumonia, and dermatological (skin) infections. Include in your program referrals to at least some low-cost services to prevent or treat such conditions. You can support such services through employer-sponsored medical clinics or cover them as part of your employee health insurance system.

Sexually Transmitted Infections

Are infections that are transmitted through sexual contact. STIs can cause ulcers or sores on the skin or membranes that facilitate the transmission of HIV. STIs increase the risk of sexual transmission of HIV significantly. Effective control of STIs has been shown to decrease the transmission of HIV. Women are particularly vulnerable to STIs because of



their biological and socio cultural factors.

Complications of STIs can lead to chronic lower abdominal pain and ectopic pregnancies in women and infertility in both men and women. STIs can also be transmitted to the unborn child causing neonatal infections or deaths. Because of this, STI diagnosis and treatment should be part of a comprehensive workplace HIV and AIDS prevention program. The company can:

- Ensure availability of appropriate technical capacity and drugs for effective treatment of STIs at the company clinic.
- Management should constantly upgrade STI management skills of health personnel at their clinic through regular training and workshops
- Strengthen contact tracing of partners of persons with STIs and have them treated and provided with preventive education
- Address barriers faced by women and young people in seeking treatment for STIs and their complications. These barriers include lack of information, education, stigma and negative cultural norms.
- Educate the workforce on STI health seeking behaviour.
- Provide information on STIs and related conditions in a gender sensitive and integrated manner

Opportunistic Infections

Infection caused by organisms to which the body is normally immune. When the immune system is impaired, as in AIDS, opportunistic infections can occur. There are several OIs, some of which include TB, Kaposi Sarcoma, Pneumocystis carinii pneumonia (PCP), diarrhoea and others. Some common opportunistic infections such as Pneumocystis carinii pneumonia and others can be prevented with relatively low-cost medications such as Cotrimoxazole (antibiotic). It has also been shown to be extremely effective as a prophylaxis against TB and other opportunistic infections. However, this drug is very expensive. The company can assist by making available it to employees or refer them to places where they can have access.

Tuberculosis

TB is highly infectious and highly treatable. It is also the leading direct cause of death among people with HIV. The drug Isoniazid has been highly effective in reducing TB deaths. For example, use of Isoniazid in Spain was found to increase life expectancy for HIV-infected workers by three years. Directly observed therapy (DOTS)-in which the patient takes the medication under observation of a nurse or other health care provider-is highly effective in successful treatment of TB.

Contact Tracing

Finding and talking to people who have been in sexual contact with a person diagnosed with a contagious disease. In the case of many STIs, there may be no symptoms, and contacts may not be aware of an infection requiring treatment. This should also be done for cases such as TB, which can infect whole families if not traced early enough.



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4. Access to Voluntary Counselling and Testing

Voluntary, informed, and confidential HIV counselling and testing should be distinguished from mandatory or required testing. Mandatory testing, or testing without a worker's consent, is illegal in Zimbabwe, and should not be used as a pre-condition for employment. On the other hand, studies from around the world have shown that voluntary counselling and testing (VCT) can be effective in reducing risk behaviours for both HIV-infected and HIV-negative workers. Appropriate counselling associated with voluntary testing contributes to prevention education and can encourage behaviour change. Collective bargaining agreements sometimes include protections for employees against mandatory testing and ensure access to free voluntary counselling and testing.

Support Groups

These are people who share the same concern or challenge (for example they may be caregivers for those living with HIV & AIDS and then form a group to give each other support. This support may be spiritual or moral. Because they share the same challenge they are in a position to best advise each other and to give each other support. Support groups may be for child headed households, orphans or for people living with HIV & AIDS.

5. Counseling, Care, and Other Support Programs for HIV-positive Employees and Family Members

The needs of individuals with HIV & AIDS, their families and communities pose a serious challenge to the health care delivery and social welfare systems. A holistic approach to care should address the physical, psychological and social needs of people with HIV & AIDS and their families. People with HIV & AIDS should be treated with respect and dignity. Employers can make available some form of counselling, care, and other support services for concerned workers, HIV-infected workers, their partners, and their families. Such services not only benefit the physical and mental welfare of employees and their families, but also increase the probability of sustained behaviour changes that will help prevent the transmission of HIV. Even when the employer does not provide advanced therapies, it can support care for HIV-positive workers and their families. For example, they may offer:

Education and training for workers and their families on providing home-based and palliative care-care that makes people with HIV & AIDS more comfortable. Pain management, nutrition, stress management, dealing with death and dying and other training can help family members care for people with late-stage HIV and AIDS.

Information on resources available in the community and how to access them, or more extensive linkages such as referrals to and joint sessions with community-based sources of care and support. Some employers invite staff of NGOs or public agencies offering HIV & AIDS services and provide them space in the workplace so they can provide on-site services to workers and their families.

Special projects in support of school- or community-based services that assist employees and their families. For example, peer educators or other workplace personnel may offer



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prevention education sessions in the schools or at Nongovernmental organizations that serve employee family members.

Strong community linkages can help employers maximize worker access to service provided by public agencies and NGOs. Such connections are especially important for smaller enterprises that are unable to provide needed services directly.

Burnout among Caregivers

Caring for people with HIV & AIDS is a very demanding task. After a period of time care providers may experience physical, emotional and mental exhaustion. This is referred to as burnout. Caregivers risk burnout if they do not receive the necessary emotional and physical support while caring for an ill person for an extended period of time. Not dealing with burnout contributes to poor and ineffective care and undermines the coping capacity of caregivers. The company can assist by:

- Providing adequate preparation and skills training to Caregivers
- Providing information to care team members to provide support to each other in the form of backup, sharing of work, exchange of experiences, support and counseling

Secondary Prevention Sessions

These may comprise of repeat prevention sessions targeted at spouses or partners of employees. The rationale is that prevention education should be aimed at both employee and their spouse or partners for real effectiveness. The organization can arrange to have family days where they deliver prevention education to partners and families.

6. Anti retrovirals

These are drugs used to inhibit the multiplication of retroviruses such as HIV. These drugs directly attack the virus. In order to access these drugs get in touch with your nearest health centre. Refer to the pamphlet on ARVs in the toolkit for more information.

7. Factual information on nutrition

Good nutrition means eating foods each day that keep the body strong. Good nutrition means different things at various stages of an HIV infection. There is need for information on how to manage conditions like nausea, diarrhoea, fatigue and others. Refer to the pamphlet on HIV and Nutrition in this toolkit.



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ANNEXE 3

(Organisations working with HIV and AIDS that you may benefit from)

Organisation	Services	Contact person	Location
Zimbabwe AIDS Network (ZAN)	-Facilitate information sharing among organisations -Provides small amount of funding to smaller programs in need	Ms L. Chaza Jangira	154 Samora Machel Belvedere Harare
National AIDS Council (NAC)	-Provides small amounts of funding for organisations working with HIV & AIDS -Provides free educational materials -Provides national guidelines, policies and procedures, e.g. the HIV & AIDS Policy, the National Strategy for HIV & AIDS	Dr Magure	101 Central avenue Harare
Zimbabwe National Network of People Living with HIV & AIDS (ZNNP+)	-Provide counselling to PLWHA and their families -Provide small amounts of funding to PLWHA when available -Networks PLWHA	Ms Vimbai Mudege	28 Divine road Milton Park Harare
Zimbabwe National Family Planning Council (ZNFPC)	-Provides free condoms for distribution -Provides free educational materials	Dr M. Murwira	ZNFPC Harare Hospital Grounds Southerton 620281
National AIDS and TB Unit	-Provides free educational materials on HIV & AIDS and TB -Guidance and support in programs implementation -Guidelines and resources for clinical care and testing	Dr O Mugurungi	Ministry of Health and Child Welfare P. O. Box CY 1122 Causeway Harare
Health Promotion Unit of The Ministry of Health	-Provides free educational materials. -Provides free Health promotion technical support	Health Promotion Co-ordinator Ministry of Health and Child Welfare	Ministry of Health and Child Welfare P.O. Box CY 1122 Causeway; Harare. Phone: 737897



SMARTWork has offices in the Dominican Republic, Haiti, Nigeria, Ukraine, and Vietnam. If you are an employer, labor group, government agency, or NGO that would be interested in learning more about participating in SMARTWork, please contact our main office:

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