



Zimbabwe Public Service
HIV and AIDS
Implementation Strategy



2011 - 2015





ZIMBABWE

PUBLIC SERVICE

**HIV AND AIDS
IMPLEMENTATION STRATEGY
(2011 - 2015)**

ZIMBABWE PUBLIC SERVICE HIV AND AIDS IMPLEMENTATION STRATEGY

NOVEMBER 2011

Facilitated by
Ministry of Public Service, Public Service Commission, Apex Council, National AIDS Council
(NAC), and the International Labour Organization (ILO)

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CONTENTS

FOREWORD.....	v
PREAMBLE.....	vi
ACKNOWLEDGEMENT.....	vii
ABBREVIATIONS.....	viii
1. AIM AND SCOPE OF IMPLEMENTATION STRATEGY.....	1
2. LEGAL FRAMEWORK.....	2
3. GUIDING PRINCIPLES.....	3
4. IMPLEMENTATION OF OBJECTIVES.....	6
5. IMPLEMENTATION OF STRATEGY.....	7
6. MONITORING AND EVALUATION FRAMEWORK.....	9
7. PLAN OF ACTION.....	11
8. GLOSSARY.....	21
9. ANNEXURE.....	23

FOREWORD

Zimbabwe is among the countries with a high HIV and AIDS burden, although the country has managed to reduce the prevalence rate of HIV infection for the past three decades to an estimated 15 % (ZDHS, 2011) mainly through changes in behaviour and personal risk reduction, the magnitude of the effects of the pandemic is still very high.

Although there are no statistics that are specific to the Public Service, the national statistics are a good indicator of the impact of HIV and AIDS on the Public Service.

The ability of the Public Service to deliver its mandate has been seriously compromised by the HIV and AIDS pandemic in the following ways:

- Loss of productivity through absenteeism due to illness, deaths and attending to the sick or funerals
- Increased stress at the workplace leading to lower productivity
- Reduced number of qualified and experienced personnel due to the high rate of attrition
- Reduced efficiency and effectiveness at the workplace
- Increased costs of health services, funeral and pension benefits
- Increased costs of recruitment and training of new personnel.
- Increased workload covering up for those who are sick/ deceased.

In line with the National HIV and AIDS Policy of 1999 and the current Zimbabwe National HIV and AIDS Strategy Plan (ZNASP II of 2011 - 2015), the Ministry of Public Service acknowledges that HIV and AIDS requires a multi-sectoral approach where everyone is involved both in their personal and official capacities. The Ministry of Public Service also acknowledges that HIV and AIDS is a workplace problem, which should be tackled from the workplace.

There is a lot happening in the fight against the HIV and AIDS pandemic in the Public Service. All Government Ministries have got HIV and AIDS Focal Persons who have undergone some training in mainstreaming HIV and AIDS in development programmes, sectoral planning and impact assessment.

All Government Ministries should develop some sectoral action plans to combat HIV and AIDS in their respective sectors. These have not been coordinated due to the lack of implementation of the strategy in the Public Service.

The task ahead is to advocate for universal access to treatment, care, support and have more coordinated HIV and AIDS activities in the Public Service to reduce the levels of infection in the Public Service and the nation at large. The Strategy is also expected to lead to more coordination in all the areas of prevention, care and support on the HIV and AIDS in the Public Service.

Lucia G. Matibenga
Minister of Public Service

PREAMBLE

Public Servants are state employees who are governed by the Public Service regulations as defined in the Public Service Act. The Public Service is the largest formal employment sector in Zimbabwe. It is central to the functioning of all other sectors by providing an enabling environment through its services.

However, the Public Service has not been immune to the adverse impact of the HIV and AIDS pandemic. The magnitude of the economic and social burden of the HIV and AIDS problem is very high at the individual, sector and national levels. It is imperative that the integrity of the Public Service and its ability to deliver services to the various sectors are assured through effective workplace HIV and AIDS programmes.

The National Policy on HIV and AIDS of 1999 provides general guidelines for all sectors in Zimbabwe. The HIV and AIDS Implementation Strategy is for the Public Service and it was previously launched in 2005 to take cognizance of the unique conditions of the Public Service. The Strategy was reviewed in 2011 in line with new developments in the management of HIV and AIDS, the ILO Recommendation 200 concerning HIV and AIDS and the World of Work, 2010 and the Zimbabwe National HIV and AIDS Strategic Plan 2011 - 2015 (ZNASP II).

HIV and AIDS should not be viewed as an issue for the health sector alone but everyone's concern. It requires the collective involvement of all sectors, including the public sector. Therefore the Implementation Strategy on HIV and AIDS is essential to facilitate the management of the response and the development of workplace prevention, care and support programmes in the Public Service.

The responsibility for the implementation of this strategy rests with the Ministry of Public Service, as it has the mandate to coordinate HIV and AIDS workplace programmes for all line Ministries. Line Ministries on the other hand expect the Ministry of Public Service to assist them in crafting their workplace HIV and AIDS strategies. A holistic, comprehensive and co-ordinated approach to fight HIV and AIDS in the workplace can only be achieved through the involvement of all stakeholders.

Mariyawanda Nzuwah
Chairman: Public Service Commission

ACKNOWLEDGEMENTS

The Implementation Strategy is a result of wide consultations among all stakeholders, that is:

- The Ministry of Public Service
- Public Service Commission
- The Staff Associations as represented by the Apex Council
- HIV Focal Persons from all line ministries,
- The National AIDS Council (NAC),
- International Labour Organization (ILO)

and other development partners.

ABBREVIATIONS

AIDS	Acquired Immuno - Deficiency Syndrome
ARV	Anti - retroviral
HIV	Human Immuno virus
IEC	Information, Education Material
ILO	International Labour Organization
NJNC	National Joint Negotiation Council
KRA	Key Result Area
NAC	National AIDS Council
NGO	Non Governmental Organization
OI	Opportunistic Infections
PLWHA	People Living with HIV and AIDS
PEP	Post Exposure Prophylaxis
SADC	Southern Africa Development Community
STI	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan

1. AIM AND SCOPE OF THE IMPLEMENTATION STRATEGY

The aim of this Implementation Strategy is to ensure a supportive environment at all levels in the Public Service and guide the HIV and AIDS workplace response in the Public Service in Zimbabwe. The Strategy provides a framework under which the Public Service can effectively plan, design, implement, monitor and evaluate HIV and AIDS programmes in each line ministry.

The Implementation Strategy promotes a culture of caring and compassion necessary to encourage openness, consistency and equity in dealing with the HIV and AIDS pandemic in the Public Service. The strategy aims to provide human-rights based guidance that prevents and prohibits stigma and discrimination in employment and occupation on the basis of real or perceived HIV status.

This Strategy applies to all members of the public service, their families, applicants for work, laid off workers, suspended workers, those in training, volunteers including interns and apprentices.

2. LEGAL FRAMEWORK

The Implementation Strategy draws from the following international, regional and national legal instruments:

- The ILO Recommendation 200 concerning HIV and AIDS and the World of Work, 2010
- The ILO Code of Practice on HIV and AIDS and the World of Work, 2001
- The SADC Code of Conduct on HIV and AIDS and Employment, 1997
- The Republic of Zimbabwe National Policy on HIV and AIDS, 1999 for,
- The Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS (ZNASP II 2011- 2015)
- The National Gender Policy for the Republic of Zimbabwe: 2008-2012

This strategy should be read in conjunction with:

- The National HIV and AIDS Policy of 1999
- The ZNASP II 2011- 2015
- The Public Service Act [Chapter 16:04]
- The Public Service Regulations Statutory Instrument 1 of 2000
- Public Service (Pensions) (Amendment) Regulations, (No.4) (Statutory Instrument 21A of 2001)
- Statutory Instrument 162 of 2007
- Statutory Instrument 68 of 1990, National Social Security (Accident Prevention and Workers' Compensation Scheme) Notice, 1990
- Statutory Instrument 202 of 1998
- Pneumoconiosis Act [Chapter 15:08], Revised Edition, 1996

3. GUIDING PRINCIPLES

The Strategy is underpinned by the following key principles in line with universal access which should guide line ministries in designing and implementing workplace HIV and AIDS programmes and action plans.

3.1 Human Rights Based Approach

The response to HIV and AIDS should be recognised as contributing to the realisation of human rights, fundamental freedoms and gender equality for all, including workers, their families and their dependants.

3.2 HIV and AIDS is a Workplace Issue

The Public Service recognises HIV and AIDS as a workplace issue. This calls for total commitment by the Ministry of Public Service and other line ministries, staff associations, members and development partners to do everything possible to combat the pandemic in line with national, regional and international guidelines.

The legal and policy framework, particularly the Public Service Regulations and Conditions of Service, should provide a conducive environment for effective workplace HIV and AIDS programme implementation. Workplace HIV and AIDS programmes should be adequately resourced to carry out the mandate on HIV and AIDS as provided for in this strategy.

3.2.1 Planning, Implementation, Monitoring and Evaluation of Programmes and Review of Strategy

The Implementation Strategy on HIV and AIDS should be a live document , taking into account the continuously changing developments in the knowledge and management of HIV and AIDS. Therefore, there shall be annual planning, monitoring and evaluation of HIV and AIDS programmes and periodic review of this Implementation Strategy by all stakeholders.

3.2.2 Efficient and Effective Service Delivery

The Public Service's efficiency and effectiveness in service delivery to its clients should be maintained to ensure a minimal impact of HIV and AIDS.

3.2.3 Prevention

Prevention of all modes of transmission is central to all efforts in combating the HIV and AIDS pandemic. The Public Service partners recognise the need for adopting a holistic, comprehensive, proactive and practical approach to HIV prevention involving all members, their families and other stakeholders. This involves the design, implementation and coordination of various interventions to change attitudes, beliefs and risky sexual behaviour of members.

3.2.4 Education and Communication

Comprehensive education and information should be provided to all members in line with national guidelines in order to improve their understanding of HIV and AIDS, TB and other related illnesses, and their impact on individuals, families and the nation.

3.3 Safe and Healthy Work Environment

A healthy and safe working environment should be provided through programmes for both HIV infected and affected members. Occupational health and safety should be assured in the workplace. The working environment should ensure security to both infected and affected members and clients. Workplace practices and procedures should address the vulnerability of employees and protect them from potential HIV infection during their course of duty.

3.4 Respect for Confidentiality of the Members' HIV Status

There should be no compulsory testing and disclosure of HIV status of workers, including job applicants, and their families. However, the Implementation Strategy seeks to promote shared confidentiality as a coping mechanism. Disclosure of status should be on a voluntary basis, with written consent by the concerned member and after counselling on the potential consequences.

3.5 Openness

The Public Service seeks to promote an environment that is conducive to openness and positive living as a coping mechanism. It acknowledges that tackling the HIV and AIDS challenge demands a multi-faceted approach, courage and openness in discussing and formulating workplace HIV and AIDS programmes.

3.6 Non-Discrimination of Members

Workplace programmes should ensure observance of human rights and dignity irrespective of HIV status. There should be no discrimination of employees on the basis of real or perceived HIV status. Heads of ministries and departments should protect all members against victimisation and harassment by supervisors, fellow members and clients.

3.7 Non-Stigmatisation of Members

Heads of Ministries and Departments should protect all members against unfair treatment or labelling on the basis of perceived or real HIV status.

3.8 HIV Testing

Members should not be directly or indirectly screened for HIV status, for purposes of recruitment, termination of employment, access to training, transfers and promotion. However, medical examinations should be confined to the physical fitness of the member or prospective member to perform the job in question and should not include HIV testing.

3.9 Non-termination of Employment due to HIV Status

Members living with HIV should continue in employment as long as they are fit for work. Medical boards should be the basis for continued employment or termination. There should be reasonable accommodation of employees living with HIV by assigning appropriate duties based on the medical report should the need arise.

3.10 Gender Equality

The gender dimension of HIV and AIDS should be recognized. Different needs of men and women and empowerment of all workers should be addressed in the design of workplace programmes whether they belong or not to a vulnerable group. Gender equality should be promoted in all workplace prevention, care and support programmes.

3.11 Care and Support

Care and psychosocial support of the infected and the affected members and their families is essential in lessening the economic, social and psychological stress.

3.12 Meaningful Involvement of People Living with HIV and AIDS

People living with HIV and AIDS should be involved in the planning, implementation, monitoring and evaluation of HIV and AIDS programmes so as to give AIDS a human face.

4. IMPLEMENTATION OBJECTIVES

The following are the objectives of the Strategy :

- To foster commitment by Heads of Ministries, Heads of Departments, Staff Associations and members to combat the pandemic in the workplace.
- To effectively plan, implement, monitor, evaluate and assess impact of HIV and AIDS programmes and regularly review the HIV and AIDS Implementation Strategy.
- To ensure the integrity of the Public Service and continued quality service of services to its clients.
- To provide a conducive legal framework for effective strategy implementation.
- To prevent new HIV infections and STIs among members and families.
- To educate all members in order to improve their understanding of HIV and AIDS issues.
- To provide a safe and healthy work environment to both HIV-infected and affected members.
- To maintain confidentiality of members' HIV status.
- To protect members against stigma and discrimination by management, colleagues and clients on the basis of HIV status.
- To ensure that there shall be no HIV testing for purposes of employment.
- To provide adequate care and support to HIV-infected and affected members and their families.

5. IMPLEMENTATION OF STRATEGY

5.1 Roles and Responsibilities

The key stakeholders in the Public Service are the Government ministries, Public Service Commission representing the employer, infected and affected members and their staff association representatives. Other stakeholders include the families of members, health care providers, community organizations, non-governmental organisations (NGOs), religious groups and suppliers of goods and services to the Public Service.

(i) The role of the Ministry of Public Service is to:

- establish structures to plan, implement, monitor and evaluate workplace HIV and AIDS programmes;
- lead the planning, implementation, monitoring and evaluation process;
- provide guidelines and standards for HIV mainstreaming;
- conduct regular reviews of conditions of service and regulations;
- facilitate mobilisation of resources for HIV and AIDS programmes;
- network with other stakeholders and development partners;
- research on HIV and AIDS situation in the Public Service;
- consult with the various stakeholders and come up with process, outcome and impact indicators for the HIV workplace programme and
- coordinate programmes in all line ministries.

(ii) The role of the heads of ministries is to:

- lead the planning processes in their ministry;
- mainstream HIV and AIDS plans and programmes into line ministry plans;
- provide a budget for HIV and AIDS programmes;
- ensure commitment, support and accountability for HIV and AIDS programmes through the monitoring and evaluation system and
- where possible, personally participate in HIV and AIDS training and other programmes.

(iii) The role of HIV focal persons is to:

- assume the delegated roles of the heads of ministries in their ministry;
- be actively involved in implementation of programmes;
- where possible, personally participate in HIV and AIDS training and other programmes and
- ensure commitment, support and accountability for HIV and AIDS programmes through the monitoring and evaluation system.

(iv) The role of staff associations is to:

- sell the strategy to their members;
- provide members with information on their rights and benefits in the workplace;
- participate in initiating and developing HIV and AIDS programmes;
- participate in monitoring and evaluation of HIV and AIDS programmes and review of strategy;
- mainstream HIV and AIDS in their own organisational programmes;
- provide a budget for their own plans;
- observe rules of confidentiality when carrying out trade union duties;
- ensure that factors that increase the risk of infection for certain groups of members are addressed in consultation with employer representatives;
- advocate for and co-operate with employer representatives to maintain a safe and healthy working environment;
- encourage and support access to confidential voluntary counselling and testing for their members and
- network with regional and international organizations in championing the fight against HIV and AIDS in the workplace.

(v) The role of members is to:

- understand, communicate and act on the strategy;
- actively participate in HIV and AIDS programmes;
- be supportive to infected and affected fellow members; and
- avoiding risky behaviour.

5.2 Structures

The HIV and AIDS Implementation strategy will be implemented through the Ministry of Public Service together with line ministries' Focal Persons, Steering and Technical committee members, who will be responsible for cascading the HIV and AIDS programmes to provinces and districts.

The provincial, district, department and station heads will be accountable for HIV and AIDS programmes, although they may delegate the functions to focal persons. The ministry, provincial, district, departmental and station structures will liaise with Ministry of Health and Child Welfare and National AIDS Council structures, wherever possible.

6. MONITORING AND EVALUATION FRAMEWORK

The Ministry of Public Service has developed indicators for monitoring and evaluating the HIV and AIDS workplace programmes in consultation with ILO, APEX Council and government line ministries. The indicators include the following:

6.1 Process Indicators

- The number of line ministries with workplace policies and programmes on HIV and AIDS;
- The number of line ministries that include HIV in their strategic plans;
- The proportion of ministries budgets allocated to and used for HIV and AIDS programmes;
- Resources mobilized for HIV and AIDS programmes at the workplace;
- The number of line ministries promoting voluntary counselling and testing;
- The number of employees taking voluntary counselling and testing;
- The number of line ministries with employee assistance programmes to meet the needs of affected employees;
- Number of workplace-based support groups for people living with HIV and AIDS;
- The number of hours spent on HIV and AIDS programmes at the workplace;
- Number of members reached through prevention programmes;
- Number of condom outlets;
- Number of male and female condoms procured and distributed;
- The number of employees trained in various HIV and AIDS programmes for example, VCT, peer education, life skills, behaviour change communication, home based care, psychosocial support and drug distribution and treatment;
- Number of members who received post-exposure prophylaxis (PEP) and
- Number of members enrolled in home based care programmes

6.2 Outcome indicators

- Number of Public Service members participating in workplace HIV and AIDS programmes;
- Number of reported incidences of stigmatization and discrimination and
- Number of employees coming out to share their HIV status.

6.3 Impact indicators

- Reduction in the incidence of sexually transmitted infections;
- Increased levels of knowledge and awareness of HIV issues;
- Reduced number of members taking medical retirement;
- Reduced number of deaths from HIV related causes;
- Reduced number of person hours lost through HIV related absenteeism and
- Reduced impact of HIV on productivity and profitability.

7. PLAN OF ACTION

Objectives	Activities	Responsible Actors
<p>1. To foster commitment by Heads of Ministries, Departments, Staff Associations and members to combat the pandemic in the workplace.</p>	<ul style="list-style-type: none"> ● create appropriate structures with representation from all stakeholders to formulate, implement and monitor HIV and AIDS programmes and action plans in a participatory and consultative manner; ● develop clearly defined annual plans and budgets and allocate time, human and financial resources to HIV and AIDS programmes; ● formulate and implement a resource mobilisation strategy (financial, material, technical and human resource) to augment the budget from treasury, including access to the National AIDS Trust Fund and donor funding; ● provide HIV and AIDS programmes with an annual allocation from treasury; ● integrate HIV and AIDS programme outputs in key result areas (KRA) of directors and supervisors; ● review Public Service Regulations and conditions of service to be in harmony with this strategy; ● network with development and service partners to gather and share information for good practices; ● ensure that heads of ministries, departments and 	<ul style="list-style-type: none"> ● Public Service Commission ● Ministry of Public Service ● Public Service Commission ● Ministry of Finance ● All line ministries ● National AIDS Council ● All line ministries ● Ministry of Finance ● Heads of Ministries ● Focal Persons ● Public Service Commission ● Ministry of Public Service. ● Ministry of Public Service. ● Public Service Commission

Objectives	Activities	Responsible Actors
	<p>stations introduce the strategy to all members and maintain a visible interest in workplace HIV and AIDS programmes; and</p> <ul style="list-style-type: none"> ● ensure that the National Joint Negotiating Council (NJNC), or its successor, includes HIV and AIDS issues into the collective bargaining agreement processes. 	<ul style="list-style-type: none"> ● Ministry of Public Service ● Ministry of Public Service ● APEX
<p>2. To effectively plan, implement, monitor, evaluate and assess impact of HIV and AIDS programmes in the Public Service</p>	<ul style="list-style-type: none"> ● design a system and tools for annual planning, implementing, monitoring and evaluation of HIV and AIDS programmes to enhance the effectiveness of the strategies; ● assess the impact of HIV and AIDS on service delivery in each line ministry by maintaining accurate records of the following: <ul style="list-style-type: none"> - sick and compassionate leave availed to members, - number of working hours lost, - cost of absenteeism, - cost of recruitment, - cost of induction training, - cost of death benefits; ● calculate the cost of HIV and AIDS programmes and their opportunity cost; ● factor the impact of HIV and AIDS into ministry and departmental strategic plans and annual budgets; ● come up with strategies on how to cope with reduced staffing, for example, multiple 	<ul style="list-style-type: none"> ● All line ministries ● All line ministries ● All line ministries ● All line ministries ● Public Service Commission ● Head of Ministries

Objectives	Activities	Responsible Actors
	skilling and succession plans and <ul style="list-style-type: none"> ● integrate HIV and AIDS programmes into the ministry's performance appraisal system. 	<ul style="list-style-type: none"> ● Focal Persons ● Public Service Commission ● Head of Ministries ● Focal Persons
3. To regularly review the HIV and AIDS Implementation Strategy	<ul style="list-style-type: none"> ● conduct periodic participatory strategy reviews. 	<ul style="list-style-type: none"> ● Ministry of Public Service
4. To provide a conducive legal framework for effective strategy implementation	<ul style="list-style-type: none"> ● regularly review of Public Service Regulations and conditions of service to address issues such as deployment, transfers, posting of members outside the country and recruitment procedures and ● regularly review grievance procedures in the Public Service Regulations to include cases of HIV and AIDS discrimination and stigmatisation. 	<ul style="list-style-type: none"> ● Public Service Commission ● Ministry of Public Service ● Public Service ● Public Service Commission
5. To promote the prevention of new HIV and STI infections among members and families.	<ul style="list-style-type: none"> ● promote abstinence among unmarried members; ● promote faithfulness to partners in sexual relationships; ● encourage members to share information and knowledge on HIV and AIDS with their spouses; ● provide male and female condoms at workplaces; ● promote safe sex by encouraging correct and 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries

Objectives	Activities	Responsible Actors
	<p>consistent condom use;</p> <ul style="list-style-type: none"> ● ensure that transfer of members should be planned well in advance to prevent prolonged separation of family members; ● encourage members to know their HIV status through voluntary counselling and testing; ● promote male circumcision; ● promote prevention of parent to child transmissions; ● ensure access to protective clothing and post-exposure prophylaxis for employees whose occupations put them at risk of exposure to blood and other body fluids and ● promote early diagnosis and management of STI s and OIs. 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● Ministry of Health ● All line Ministries ● Ministry of Health ● All line Ministries
<p>6. To educate all members in order to improve their understanding of HIV and AIDS issues</p>	<ul style="list-style-type: none"> ● provide comprehensive, accurate, up to date education and training on HIV and AIDS issues to all members, including supervisors in line with national guidelines; ● Use participatory methods to develop relevant HIV and AIDS Information, Education And Communication (IEC) materials and messages and provide accurate and up to date educational materials in various national and local languages; ● use various print and electronic media to communicate HIV and AIDS messages, for example 	<ul style="list-style-type: none"> ● National AIDS Council ● All line Ministries ● National AIDS Council ● Ministry of Health ● All line Ministries ● Public Service Commission ● All line Ministries

Objectives	Activities	Responsible Actors
	<p>internal magazines, pamphlets, pay slips, drama, industrial theatre, newspapers, radio and television;</p> <ul style="list-style-type: none"> ● mainstream HIV and AIDS education into all training programmes; ● develop and implement peer education programmes; ● provide lay counselling training to peer educators in all workplaces; ● provide education to members on the need to maintain confidentiality; ● include HIV and AIDS issues when preparing public speeches; ● provide education on gender awareness, gender dimensions of HIV and AIDS and gender based violence; ● provide training in post-exposure prophylaxis and train and utilise HIV and AIDS committees for the purpose of cascading information on HIV and AIDS. 	<ul style="list-style-type: none"> ● Ministry of Public Service ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● Ministry of Women Affairs Gender and Community Development. ● All line Ministries ● Ministry of Health ● All line Ministries
<p>7. To provide a healthy and safe working environment to both HIV-infected and uninfected members.</p>	<ul style="list-style-type: none"> ● provide first aid training to key members; ● provide regular health and safety training; ● provide first aid kits at strategic points, for example, offices and floors; 	<ul style="list-style-type: none"> ● Ministry of Health ● All line Ministries ● All line Ministries ● All line Ministries

Objectives	Activities	Responsible Actors
	<p>maintain a clean working environment;</p> <ul style="list-style-type: none"> ● provide appropriate tools for the job; ● provide adequate protective clothing, particularly to members whose work involves coming into contact with potentially infective agents in course of their work; ● provide adequate, well ventilated and well lit working environment; ● provide functional ablution facilities with enough sanitary facilities; ● reduce prolonged working hours which compromise quality of service and may lead to accidents; ● limit periods on tour of duty away from the base station and families; ● provide facilities for post-exposure prophylactic procedures for members infected on duty, including compensation procedures ● encourage members to take up sport and physical exercises for members to remain healthy. ● Provide a healthy and safe working environment for members both at their work station and as they out on field assignments. 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● Public Service Commission ● All line Ministries ● All line Ministries ● All line Ministries

Objectives	Activities	Responsible Actors
<p>8. To maintain confidentiality of members' HIV status</p>	<ul style="list-style-type: none"> ● limit non-voluntary disclosure of HIV status to medical personnel; ● ensure that reports from medical boards are only seen by authorised personnel ; ● ensure that members who voluntarily want to disclose their status are counselled first and provide written consent; ● promote VCT and shared confidentiality, especially with spouses, as a basis for rendering assistance early and ● have in place easily accessible dispute resolution procedures which ensure redress for workers if their confidentiality is violated. ● Provide a healthy and safe working environment for members both at their work station and as they out on field assignments. 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries
<p>9. To protect members against stigmatisation and discrimination by management, colleagues and clients on the basis of perceived or actual HIV status</p>	<ul style="list-style-type: none"> ● issue guidelines in human resources policies to ensure equal opportunities on recruitment, training, promotion and advancement; ● ensure that perceived HIV status should not be cause for the termination of employment. Temporary absence from work because of AIDS related illness should be treated in the same way as absenteeism for other health reasons; ● ensure that persons with AIDS 	<ul style="list-style-type: none"> ● Public Service Commission ● Public Service Commission ● All line Ministries ● Public Service

Objectives	Activities	Responsible Actors
	<p>related illness should not be denied the possibility of continuing to carry out their work, with reasonable accommodation if necessary, for as long as they are medically fit to do so. Measures to redeploy such persons to work , reasonably adapted to their abilities, to find other work through training or to facilitate their return to work should be encouraged;</p> <ul style="list-style-type: none"> ● stipulate disciplinary and grievance procedures and penalties and ● take disciplinary action against members who stigmatize and discriminate at the workplace. 	<p>Commission</p> <ul style="list-style-type: none"> ● All line Ministries <ul style="list-style-type: none"> ● Public Service Commission ● All line Ministries
<p>10. To ensure that there shall be no HIV testing for purposes of employment</p>	<ul style="list-style-type: none"> ● ensure that there shall be no direct or indirect pre-employment HIV screening; ● conduct normal medical examinations for fitness for work in question; ● provide guidelines on medical examinations; ● ensure that HIV status shall not be used as a determining factor for continued employment; ● ensure that termination of employment relationship should be in terms of Public Service regulations linked to HIV and AIDS at the workplace and 	<ul style="list-style-type: none"> ● Public Service Commission ● All line Ministries <ul style="list-style-type: none"> ● Public Service Commission ● All line Ministries <ul style="list-style-type: none"> ● Public Service Commission ● All line Ministries <ul style="list-style-type: none"> ● Public Service Commission ● All line Ministries

Objectives	Activities	Responsible Actors
	<p>ensure that all staff involved in recruitment are aware of the regulations.</p> <ul style="list-style-type: none"> ● Promote open door policy at work places to maintain good relationships between the top management and the workers. 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries
<p>11. To facilitate access to treatment and provide adequate care and support to HIV-infected and affected members and their families</p>	<ul style="list-style-type: none"> ● strengthen partnerships between relevant medical aid societies and public health institutions; ● establish linkages and referral systems with service providers for treatment of STIs, OIs and provision of ARVs; ● facilitate life skills training to infected and affected members; ● set up HIV and AIDS support groups at the workplace; ● facilitate professional counselling services to members who have disclosed their HIV positive status; ● promote home based care (HBC) by: <ul style="list-style-type: none"> - facilitating ongoing counselling to members and their families, - facilitating education on HIV and AIDS and how to care for self and patient, - educating members and their families on nutritional foods, - providing home based care kits such as gloves, 	<ul style="list-style-type: none"> ● Ministry of Public Service ● Ministry of Health ● Ministry of Health ● Ministry of Public Service ● All line Ministries ● All line Ministries ● All line Ministries ● All line Ministries

Objectives	Activities	Responsible Actors
	<p>buckets, cotton wool, bandages and disinfectants,</p> <ul style="list-style-type: none"> - making follow-up when member goes on medical retirement, - providing transport to assist ill members to access medical facilities; <ul style="list-style-type: none"> ● programmes of care and support should include measures of reasonable accommodation in the workplace for persons living with HIV or HIV-related illnesses; ● facilitate counselling to members before going on medical retirement and ● facilitate speedy processing and release of benefits of medically retired or deceased members 	<ul style="list-style-type: none"> ● All line Ministries ● All line Ministries ● All line Ministries

8. GLOSSARY OF TERMS

The definitions below are derived from existing publications by the International Labour Organization (ILO), the World Health Organization (WHO), The United Nations Joint Programme on HIV/AIDS (UNAIDS) and national policy documents.

Affected person: One whose life is changed in any way by HIV or AIDS.

Confidentiality: Keeping private, patient or client information obtained in the course of employment or duty.

Counselling: An interpersonal interaction between a counsellor and a client with a problem that enables the client to talk about and deal with the problem presented in an atmosphere of trust, acceptance and confidentiality.

Discrimination: Distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion or social origin, or perceived or real HIV status.

Employee: A person who works for and receives wages from an employer.

Employer: A person or body employing people under a written contract of employment in accordance with the laws of the land.

Epidemic: Outbreak of a particular disease on a large scale within a geographical area.

Formal sector: In the context of the Clothing Industry includes all registered operators within the sector, from single-person companies to large enterprises

Gender sensitivity: Having sympathetic awareness of the social and cultural construction of female and male identity roles.

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

Human Immunodeficiency Virus (HIV) : A virus that kills or damages cells of the body's immune system, and which can ultimately cause AIDS.

Informal worker: A person employed on a casual or temporary basis

Principle: A general law or doctrine that is used as a guide to behavior or practice.

Reasonable accommodation: means any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS to have access to, or participate or advance in, employment;

Screening: Measures to assess the HIV status of individuals, whether direct (HIV testing) or indirect (such as assessment of risk taking behaviour or asking questions about medication).

Support group: A group of people with a shared problem or issue which comes together to provide each other with psychological, social, emotional, spiritual, material or other support.

Stakeholder: Any player within the industry, being Government, employers and trade unions.

Social partners: Employer and employees.

Social dialogue: Interaction between and among Government, employers and trade unions.

Stigma: means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV;

Termination of employment: Defined in accordance with the ILO Termination of Employment Convention (No. 158 of 1982) as the dismissal of an employee, “at the initiative of the Employer”.

9. ANNEXURE

- The National HIV and AIDS Policy of 1999
- The ZNASP 11 of 2011- 2015
- The SADC Code of Conduct on HIV and AIDS and Employment,1997
- The ILO Recommendation 200 concerning HIV and AIDS and the World of Work, 2010

1. National HIV and AIDS Policy (1999)

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

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

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

2. The Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2011-2015)

Following on the National AIDS Policy, Zimbabwe has developed the second phase of the Zimbabwe National HIV and AIDS Strategic Plan (ZNASP II 2011-2015). The strategic plan provides the national framework for all HIV and AIDS interventions in Zimbabwe, implemented by stakeholders, government, civil society, the private sector and development partners. It however does not aim to replace or duplicate specific sector strategies. The ZNASP establishes the framework and context within which sectors and strategic plans should be formulated, monitored and coordinated.

The theme of the Strategy is “Delivering on our commitment to”:

- Zero new HIV infections

- Zero discrimination
- Zero AIDS-related deaths

The priorities of ZNASP II are:

Prevention of new adult and children HIV infections:

- Zimbabwe aims to reduce the annual infections by 50% by 2015. Zimbabwe has consistently recorded a decline in HIV incidence from 1.14% in 2006 to 0.85% in 2009.

Reduction of Mortality amongst PLHIV:

- Available evidence indicates that Zimbabwe reduced annual deaths from 123,000 in 2006 to 71,299 in 2010. This was due to the provision of ART, management of TB/HIV co-infection and improved nutrition, among others. Sustained provision of ART will not only help reduce death rates but also contribute to HIV prevention efforts

The table shows the 3 thematic areas the ZNASP II will focus on:

Thematic Area	Service Delivery Areas
Prevention	<ol style="list-style-type: none"> 1. HIV Testing and Counselling 2. Correct and use of Condoms 3. Prevention amongst discordant couples 4. Social and behavior change communication 5. Prevention of sexually transmitted infections 6. Prevention of Mother to Child Transmission of HIV 7. Male circumcision 8. Blood safety 9. Post Exposure Prophylaxis
Treatment, Care and Support	<ol style="list-style-type: none"> 1. Antiretroviral therapy 2. TB/HIV co-infection 3. Community and home-based care 4. Orphans and vulnerable children
Coordination and Management	<ol style="list-style-type: none"> 1. Policy, legislation and regulatory systems 2. Coordination and management systems 3. Monitoring and evaluation systems 4. Health systems strengthening 5. Community systems strengthening

Impact Level Results:

- HIV incidence reduce by 50% from 0.85% (48, 168) for adults (2009) to 0.43% (24,084) for adults by 2015
- HIV incidence reduced among children from 30% in 2010 to less than 5% by 2015

- HIV and AIDS related mortality reduced by 38% from 71299 (2010) for adults and 13,393 for children (2009) to 44,205 for adults and 8,304 for children by 2015
- The efficiency and effectiveness of the national multi-sectoral response improved: *The NCPI rating is improved from 6.2 in 2010 to 9.0 in 2015*

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

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

1. Education, awareness and prevention programmes: Information, education and prevention programmes should be developed jointly by employers and employees and should be accessible to all at the workplace. Education on HIV and AIDS should, where possible, incorporate employee families. Essential components of prevention programmes are information provision, education, prevention and management of STDs, condom promotion and distribution and counseling on high-risk behaviour. Workplace AIDS programmes should cooperate with and have access to resources of National AIDS Programmes.

2. Job Access: There should be no direct or indirect pre-employment test for HIV. Employees should be given the normal medical tests of current fitness for work and these tests should not include testing for HIV. Indirect screening methods such as questions in verbal or written form inquiring about previous HIV tests and/or questions related to the assessment of risk behaviour should not be permitted.

3. Workplace testing and confidentiality: There should be no compulsory workplace testing for HIV. Voluntary testing for HIV at the request of the employee should be done by a suitably qualified person in a health facility with informed consent of the employee in accordance with normal medical ethical rules and with pre- and post-test counselling. Persons with HIV or AIDS should have the legal right to confidentiality about their HIV status in any aspect of their employment. An employee is under no obligation to inform an employer of her/his HIV and AIDS status. Information regarding the HIV status of an employee should not be disclosed without the employee's written consent. Confidentiality regarding all medical information of an employee or prospective employee should be maintained, unless disclosure is legally required. This applies also to health professionals under contract to the employer, pension fund trustees and any other personnel who obtain such information in ways permitted by the law, ethics, the code or from the employee concerned.

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

5. HIV testing and training: In general, there should be no compulsory HIV testing for

training. HIV testing for training should be governed by the principle of non-discrimination between individuals with HIV infection and those without and between HIV and AIDS and other comparable health/medical conditions.

6. Managing illness and job security: No employee should be dismissed merely on the basis of HIV status, nor should HIV status influence retrenchment procedures. Employee's with HIV related illness should have access to medical treatment and should be entitled, without discrimination, to agreed existing sick leave provisions. HIV infected employees should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they cannot continue with normal employment, efforts should be made to offer them alternative employment without prejudice to their benefits. When the employee becomes too ill to perform their agreed functions the standard benefits and conditions and standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination.

7. Occupational Benefits: Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefit schemes should make efforts to protect the rights and benefits of the dependents of deceased and retired employees. Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship. Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their HIV status. Counselling and advisory services should be made available to inform all employees on their rights and benefits from medical aid, life insurance, pension and social security funds. This should include information on intended changes to the structure, benefits and premiums to these funds.

8. Risk management, first aid and compensation: Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risk, including clear and accurate information and training on the hazards and procedures for safe work. Employees who contract HIV infection during the course of their employment should follow standard compensation procedures and receive standard compensation benefits. Under conditions where people move for work, government and organisations should lift restrictions to enable them to move with their families and dependents. People who are in an occupation that requires routine travel in the course of their duties should be provided with the means to minimise the risk of infection including information, condoms and adequate accommodation.

9. Protection against victimisation: Persons affected by or believed to be affected by HIV or AIDS should be protected from stigmatisation and discrimination by co-workers, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection. Where employers and employees agree that there has

been adequate information and education and provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with an employee with HIV and AIDS.

10. Grievance handling: Standard grievance handling procedures in organisations, in labour and civil law that apply to all workers should apply to HIV related grievances. Personnel dealing with HIV related grievances should protect the confidentiality of the employee's medical information.

11. Information: Government should collect, compile and analyse data on HIV and AIDS, sexually transmitted diseases and tuberculosis and make it available in the public domain. SADC member states should cooperate in making available national data for monitoring and planning an effective response to the regional health, human resource, economic and social impact of the AIDS epidemic.

12. Monitoring and review: Responsibility for monitoring and review of the code and its implementation should lie with the parties to the tripartite at national and regional level and with the SADC Employment and Labour Sector.

4. ILO Recommendation 200 and Code of Practice on HIV and AIDS and the World of Work

The '*Recommendation Concerning HIV and AIDS and the World of Work*' (R200) is the first international labour standard on HIV and AIDS and the world of work. The Recommendation reflects the need to strengthen workplace prevention efforts and to facilitate access to treatment for persons living with or affected by HIV and AIDS. It calls for the design and implementation of national tripartite workplace policies and programmes on HIV and AIDS to be integrated into overall national policies and strategies on HIV and AIDS and on development and social protection.

The Recommendation 200 builds on the ILO Code of Practice on HIV and AIDS and the World of Work 2001) which outline ten key principles that serves as guidelines for workplace responses. Both document emphasise the following principles:

Recognition of HIV and AIDS as a workplace issue: HIV and AIDS is a workplace issue because it affects the workplace and because the workplace can play a vital role in limiting the transmission and effects of the epidemic.

Prevention: Prevention is key to addressing HIV and AIDS. Private sector organisations are in a unique position to promote prevention efforts through information, education and support for behaviour change within the workplace.

Non-Discrimination: There should be no discrimination or stigma against workers on the basis of real or perceived HIV status. An individual's human rights should be respected no matter

what their HIV status. PLHIVs should be protected against stigma and discrimination in the workplace.

Gender equality: More equal gender relations and the empowerment of women are vital for preventing transmission for HIV and mitigating its impact. Issues of gender inequality and its impact on HIV and AIDS should be taken into consideration.

Healthy work environment: The workplace should minimise occupational risk, and be adapted to the health and capabilities of workers. Practices and Procedures should address vulnerability of employees and protect them from potential HIV infection.

Social dialogue: A successful HIV and AIDS policy and programme needs, open dialogue, cooperation and trust between employers, workers and government. This will translate to greater dialogue between individuals, families and communities.

No screening for purposes of employment: Testing for HIV at the workplace should be carried out as specified in the ILO code of practice. It should be voluntary and confidential and should never be used to screen job applicants or workers.

Confidentiality: Access to personal data, including worker's HIV status, should be bound by rules of confidentiality set out in existing ILO instruments. Disclosure of HIV status should always be voluntary.

Continuing the employment relationship: Workers with HIV related illness should be able to work in appropriate conditions for as long as they are medically fit. Every employee should be treated the same irrespective of their HIV status. However, where the work is too demanding, the employee and the employer can decide on a transfer to a more suitable position.

Care and Support: Workers are entitled to affordable health services and to benefits from statutory and occupational schemes. It is beneficial to provide employees with healthy food, treatment, material and psychosocial support. It is important to include the family members, spouses and children.