ZIMBABWE

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

2007-2010

Foreword

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

While, recent reports indicate positive trends in the reduction of HIV prevalence in Zimbabwe - from 20.4% in 2005 to 18.1% in 2006 - the overall number of people living with HIV remains high. Currently, in Zimbabwe, it is estimated that 1.7 million people are living with HIV.

By affecting people in the prime of their productive lives, the HIV epidemic impacts directly on the private sector. Increased morbidity and mortality related to HIV has contributed to a reduction in labour supply, demoralised staff and decreased overall disposable incomes, thereby creating negative effects on markets, savings, investment and consumer spending. In addition, working conditions within some sectors have continued to contribute to the increased HIV vulnerability among workers and surrounding communities.

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

To achieve our national commitments toward Universal Access to HIV Prevention, Care, Support and Treatment, we need the collaboration and support of the private sector in the development and implementation of innovative strategies to mitigate the impact of HIV and AIDS. Developed by the private sector, this strategic framework provides a platform through which organisations can establish and support partnerships which promote a more concerted and intensified response to HIV and AIDS. The strategy serves as a guide for employers, workers and their representatives in the design and implementation of HIV programmes at sub-sector or enterprise level, as well as to monitor and evaluate HIV responses within the workplace. Given the urgency with which we must address HIV and AIDS, we call upon all stakeholders to support this strategic framework and to help make it a success.

Together we can make a difference.

Minister of Public Service,Labour and Social Welfare
Date

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Antiretroviral (drug)
CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CZI	Confederation of Zimbabwe Industries
DAC	District AIDS Council
EMCOZ	Employers Confederation of Zimbabwe
FACT	Family AIDS Caring Trust
FBO	Faith-based organisation
GAPWUZ	General Agriculture and Plantation Workers Union of Zimbabwe
HAZ	Hospitality Association of Zimbabwe
HIV	Human Immuno-deficiency Virus
IEC	Information, Education and Communication
ILO-SRO	International Labour Organisation- Southern Africa Regional Office
iNGO	International Non-Governmental Organisations
MDG	Millennium Development Goals
MOHCW	Ministry of Health and Child Welfare
MPSLSW	Ministry of Public Service, Labour and Social Welfare
MSMEs	Ministry of Small and Medium Enterprises Development
NAC	National AIDS Council
NARF	National Activity Reporting Forum
NGO	Non-governmental Organisations
NPF	National Partnership Forum
OI	Opportunistic Infection
PLWHA	People Living with HIV and AIDS
PSG	Project Support Group
PSI	Population Services International
SADC	Southern Africa Development Community
SAfAIDS	Southern Africa HIV/AIDS Information Dissemination Service
SEDCO	Small Enterprises Development Corporation
SI 202	Statutory Instrument 202 of 1998
STI	Sexually Transmitted Infections
SMEs	Small and Medium Enterprises
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
ZAN	Zimbabwe AIDS Network
ZAPSO	Zimbabwe AIDS Prevention and Support Organisation
ZBCA	Zimbabwe Business Council on AIDS
ZCTU	Zimbabwe Congress of Trade Unions
ZFTU	Zimbabwe Federation of Trade Unions
ZIDAWU	Zimbabwe Domestic and Allied Workers Union of Zimbabwe
ZNCC	Zimbabwe National Chamber of Commerce
ZFU	Zimbabwe Farmers Union

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

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Executive Summary

Introduction

Sub-Saharan Africa remains the region most affected by HIV and AIDS. At the end of 2005, the Joint United Nations Programme on HIV and AIDS (UNAIDS, 2006) estimated that 24.5 million adults and children in southern Africa were living with HIV. According to the HIV/AIDS Epidemiological surveillance report for the WHO African region (WHO, 2005), over half of the southern African countries report HIV prevalence rates of 20% and above.

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

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

The Private Sector's Response to HIV and AIDS
Throughout the southern African region, trade unions and private sector organisations are helping to deliver HIV prevention and health care programmes in the workplace. Increasingly, the private sector are finding it viable and valuable to provide HIV and AIDS prevention and treatment programmes to protect their human and financial resources as well as to support the communities in which they work.

In Zimbabwe, several private sector organisations and sub-sectors have recognised the impact HIV and AIDS. They have responded by developing HIV workplace policies and programmes. Several sectors have developed strategies to address HIV and AIDS. These include the Ministry of Agriculture, the Public Service Commission, the Ministry of Higher Education as well as the Ministry of Transport and Communications. However, many organisations and sub-sectors within the private sector still do not recognise HIV and AIDS as a workplace issue.

Until recently, the private sector has not approached HIV and AIDS with a shared vision or collaborative action. The lack of co-ordination and collaboration has limited the effectiveness of existing initiatives and presented a gap in the overall national response to HIV and AIDS. As a partner in the national response to HIV and AIDS, the private sector needs to recognise HIV as a priority and play a greater role in contributing to the achievement of universal access to HIV prevention, care, support and treatment.

Developing the Framework
To explore and identify strategies that would strengthen the participation of the private sector in the fight against HIV and AIDS, the International Labour Organisation's Sub-Regional Office for Southern Africa (ILO/SRO) hosted a workshop in March 2006. The

workshop brought together key stakeholders, including key social partners (government and representatives of employers and workers), the Zimbabwe Business Council on AIDS (ZBCA), UNAIDS, UNDP, National AIDS Council (NAC), Ministry of Health and Child Welfare (MOHCW), donor agencies, and HIV/AIDS implementing organisations. The purpose of the workshop was to explore how these responses can be scaled up. The specific objectives of the workshop were to:

- Share experiences on workplace responses to HIV and AIDS.
- Create co-ordination mechanisms, so as to strengthen the capacity of the enterprises to implement comprehensive programmes on HIV and AIDS in the World of Work.
- Develop a framework for the workplace responses in Zimbabwe within the context of the national framework on HIV and AIDS.

The workshop identified several challenges including the need to:

- Strengthen co-ordination between key stakeholders
- Implement comprehensive standardised programmes
- Mobilise more resources
- Strengthen leadership and commitment.
- Create monitoring and evaluation tools for the private sector

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

The taskforce commissioned a situation analysis to explore how private sector organisations are responding to the HIV epidemic. Formal face-to-face interviews were conducted with private sector organisations in five regions of Zimbabwe (Mutare, Harare, Masvingo, Bulawayo and Gweru). Participating organisations represented a range of sectors, type and size of organisations and location of work (see Annex A for a list of participating organisations). Interviews were conducted with representatives of employers and workers.

The findings of the analysis are presented in Annex B. Key recommendations emerging from the situation analysis were as follows:

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

Using the recommendations from a comprehensive situation analysis, the National Strategic Framework for the Private Sector's response to HIV and AIDS was developed. The document was harmonised with key policy documents (described in Annex C), including:

  a) National AIDS Policy,
  b) Zimbabwean National HIV/AIDS Strategic Plan (ZNASP) 2006-2010
  c) ILO Principles of Practice on HIV and AIDS and the World of Work
  d) SADC Code of Conduct on AIDS and Employment (1997).
  e) Zimbabwe Statutory Instrument 202 (SI 202) of 1998

An extensive process of consultation, revision and refinement of the document was implemented with private sector organisations representing a variety of sub-sectors. The final document was finalised and validated by private sector organisations and social partners.

Implementation of the Strategic Framework

The National Strategic Framework for the Private Sector's Response to HIV and AIDS aims to guide and co-ordinate strategic HIV and AIDS programmes within the private sector, SME and informal economy. The strategic framework describes the goal, objectives, expected outputs and key activities within five priority areas. These include:
  1. Co-ordination, information sharing and networking among private sector organisations with respect to HIV and AIDS
  2. Commitment among private sector organisations to address HIV and AIDS as a critical workplace issue
  3. Prevention of new HIV infections among employers and workers
  4. Equitable access to care, support and treatment services
  5. Development of evidenced-based HIV/AIDS workplace interventions

The National Strategic Framework for the Private Sector's Response to HIV and AIDS will be implemented from 1 January 2007 to 31 December 2010.

The strategic framework outlines the specific roles and responsibilities of key stakeholders in the implementation. The success of this strategy is based on the full participation of tripartite partners at sector, sub-sector and enterprise levels.

On an annual basis, work plans and budgets will be developed to guide the implementation of the strategy. An M&E plan will be developed to assess the delivery and effectiveness of the strategy.

The Zimbabwe National Strategic Framework for the Private Sector's Response to HIV and AIDS (2007-2010)

1. Goal

The overall goal of the Zimbabwean private sector in relation to HIV and AIDS is to contribute to a **reduction in the number of HIV infections** as well **as support national initiatives to achieve commitments toward the goal of universal access to HIV prevention, care, support and treatment by 2010.** Through this strategy, the private sector aims to:

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

2. Strategic Context

The National Strategic Framework for the Private Sector's response to HIV and AIDS has been developed in the context of five key policy documents including the National HIV and AIDS Policy, the Zimbabwe Statutory Instrument 202 (SI 202) of 1998, the Zimbabwean National HIV/AIDS Strategic Plan (ZNASP) 2006-2010 as well as the ILO Principles of Practice on HIV and AIDS and the World of Work and the SADC Code of Conduct on AIDS in the workplace (1997) (see Annex C). These documents have served to establish the strategic context and principles by which the private sector' response to HIV and AIDS will be guided.   A set of 12 key principles were used to guide the development of the strategic framework for the privates sector's response to HIV and AIDS. These include:

- **HIV and AIDS is a critical workplace issue**- The HIV epidemic is a national emergency which requires commitment and adequate mobilisation of human and financial resources from all sectors. The HIV epidemic directly impacts the workplace and the surrounding communities. Private sector organisations have a significant role to play in HIV prevention, care treatment and support. All private sector organisations should develop and implement comprehensive workplace policies and programmes.
- **Broad-based multi-sectoral partnerships form the foundation of the national response-** A multi-sectoral approach to HIV and AIDS, including government ministries/departments, the private sector, non-governmental organisations (NGOs), faith-based organisations (FBOs), community-based organisations (CBOs), support groups for people living with HIV (PLHIV), the media and international collaborating partners, is encouraged. All sectors and organisations should participate actively and develop multi-sectoral partnerships, where organisations use their comparative advantage to scale up the national response to HIV and AIDS
- **Openness and social dialogue are essential:** A successful HIV and AIDS policy and programme needs, open dialogue, co-operation and trust between employers, workers and government. Tripartite partners and other stakeholders in the community such as local authorities, NGOs, FBOs, CBOs create a supportive environment for mitigating the impact of HIV and AIDS. Openness and social dialogue at all levels will translate to greater dialogue and action on HIV for individuals, families and communities.

- **Employers and workers should be protected against all forms of stigma and discrimination:** There should be no discrimination or stigma against workers on the basis of real or perceived HIV status. An individual's human rights should be respected irrespective of their HIV status. PLHIV should be protected against stigma and discrimination in the workplace. Testing for HIV at the workplace should be voluntary and confidential. HIV status should never be used to screen job applicants, terminate positions or to assign promotions/opportunities.
- **Confidentiality regarding an individual's HIV status should be respected:** Access to personal data, including worker's HIV status, should be bound by rules of confidentiality. Disclosure of an individual's HIV status should be done on a voluntary basis or with written consent from the individual. Employers and health care personnel should be trained to manage all health information in accordance with the law.
- **Gender equity should be mainstreamed into the workplace:** More equal gender relations and the empowerment of women are vital to HIV prevention. The areas of concern for gender include workplace sexual harassment, prevention, equal access to care and treatment, and gender-based violence. Issues of gender should be mainstreamed in all HIV and AIDS programmes and policies.
- **All workers and employers have the right to a healthy work environment:** Efforts should be made to minimise occupational risk within the workplace. Work conditions and procedures should be designed to ensure appropriate precautions to prevent the transmission of HIV. Universal precautions for prevention should be applied within the workplace. Private sector organisations need to make special efforts to address needs of vulnerable groups (i.e. mobile populations) and ensure their access to a healthy work environment.
- **Prevention:** Prevention is central to the national response to HIV and AIDS. Private sector organisations should promote interventions that reduce HIV transmission. Every employer should provide education on HIV prevention as well as information on testing and counselling services, treatment and care facilities. As a key prevention strategy, condoms should be issued, free of charge by the employer to persons employed in occupations which have an element of risk of HIV transmission.
- **Equitable access to care, treatment and support services:** All workers are entitled to affordable health services and to benefits from statutory and occupational schemes. It is also beneficial to provide employees with healthy food, treatment, material and psychosocial support. These services should be extended to family members, spouses and children.
- **Full adherence to the principles of greater and meaningful involvement of persons living with HIV (MIPA):** Workers living with HIV should be able to work in appropriate conditions for as long as they are medically fit. Every employee should be treated the same irrespective of their HIV status. However, where the work is too demanding, the employee and the employer can decide on a transfer to a more suitable position. PLHIV should be given the opportunity to participate in the development and implementation of HIV policies and programmes within the workplace.
- **Evidence based strategies and interventions**: There should be continuous monitoring, evaluation and review of HIV/AIDS policies, programmes and practices at enterprise, sub-sector and sector levels. Research from Zimbabwe and elsewhere should be collected and incorporated to ensure that programmes are developed using the best operational and scientific information.
- **Adherence to international and regional commitments**: As a nation, Zimbabwe is

a signatory to a number of international and regional conventions, such as the Millennium Development Goals (MDGs), Maseru Declaration and ILO Code of Practice on HIV/AIDS in the World of Work. As a partner in the national response to HIV and AIDS, the private sector has a role to play in supporting the country to achieve its commitments. Private sector activities need to be documented, analysed and incorporated into national Monitoring and Evaluation system and reporting structures.

3. Priority Areas

Guided by the above principles, the private sector will focus on five priority areas. These include:
1. Co-ordination, information sharing and networking among private sector organisations with respect to HIV and AIDS
2. Commitment among private sector organisations to address HIV and AIDS as a critical workplace issue
3. Prevention of new HIV infections among employers, workers and surrounding communities
4. Equitable access to care, support and treatment services for employers, workers and their families
5. Development of evidenced-based HIV/AIDS workplace interventions

4. Specific Objectives and Activities

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

Priority Area 1- Improved co-ordination, information sharing and networking among private sector organisations with respect to HIV and AIDS

Objective 1.1 By the end of July 2007, a Private Sector HIV and AIDS Partnership Forum (PSAPF) will be established with annual work-plan and budget.

Indicators:
- A fully operational coordination mechanism for the private sector is established.
- Annual work plan and budget for private sector partnership forum are developed
- Funding is identified and acquired to support the activities of the Forum
- Channels of communication established between PSAPF, Country Coordinating Mechanism(CCM), National AIDS Council (NAC) and the National Partnership Forum(NPF)
- Number of private sector organisations and representatives participating in the forum

Activities: To strengthen collaboration, networking and information sharing among private sector organisations, a Private Sector HIV and AIDS Partnership Forum (PSAPF) will be established. The purpose of PSAPF would be to:

- Create a national platform for further discussion and debate on practical issues in response to the epidemic as a business and workplace issue,

- Increase access to national and international sources of information and education on HIV epidemic through links with the NAC and National Partnership Forum,
- Document, monitor and evaluate the private sector response to HIV and AIDS.
- Share experiences and good practices within the world of work

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

The National AIDS Council (NAC) will be a key member of the Private Sector Forum. In addition, representatives of the PSAPF will be elected to participate in the National Partnership Forum[1] and other national bodies (such as the CCM) which are involved in the coordination and implementation of national HIV and AIDS activities. The suggested terms of reference for the PSAPF are presented in Annex D.

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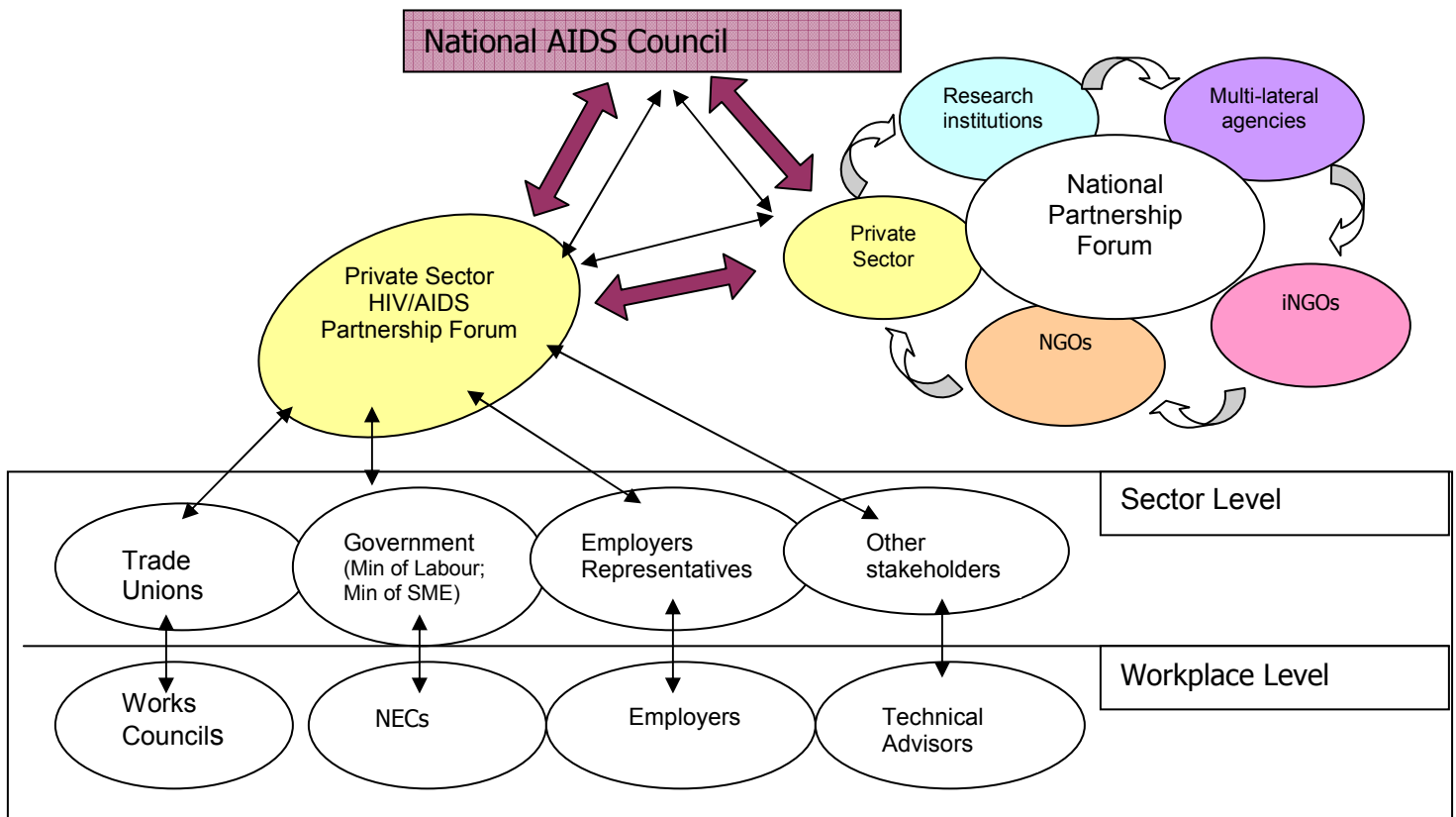
[1] The National HIV/AIDS Partnership Forum is currently chaired by NAC. Its members are NGOs, iNGOs, FBOs, CBOs, private sector, UN and bilateral agencies.

Objective 1.2 By the end of July 2007, a focal organisation/committee will be identified to coordinate the forum initiatives.

Indicators:
- An organisation/committee is identified to coordinate the forum and its initiatives.
- A fully operational coordination mechanism for the private sector is established.
- Annual work plan and budget for private sector partnership forum are developed
- Adequate funding is identified, acquired and efficiently managed

Activities:
From within the Private Sector HIV and AIDS Partnership Forum (PSAPF), an organisation or committee will be identified. The organisation or committee will be responsible for the overall coordination of the PSAPF as well as the implementation of the national strategic framework for the private sector's response to HIV and AIDS. The organisation or committee will be responsible for developing an annual work plan and budget based on the strategic framework. It will also be responsible to efficiency manage the funds received for the forum. The committee will also be responsible for coordinating the collection and submission of monitoring and evaluation data to the National AIDS Council.

Objective 1.3 By the end of December 2007, a communication working group will be developed to create a broad-based HIV and AIDS communication framework, which promotes information sharing and networking among private sector organisations

Indicators:
- A communication working group is developed
- A broad-based communication framework is developed and implemented outlining advocacy, social mobilisation, programme communication, and marketing strategies.
- Quality of communications developed
- Number of communication initiatives implemented
- Number of sub-sectors reached
- Number of enterprises reached

Activities:
Once established, the PSAPF will establish a communication working group from its membership and stakeholders. The purpose of the group will be to develop a communication strategy that will outline advocacy, social mobilisation, programme communication, and marketing strategies in the private sector. . The communication working group will explore various communication channels, among others interpersonal communication, an electronic discussion forum, newspaper column and radio programmes that can expand and ensure effective communication among private sector organisations at the community, enterprise and sectoral levels. It will look for opportunities to share HIV and workplace information among the members of the PSAPF as well as develop appropriate synergies among private sector organisations. In addition, the communication working group will create communication links between the private and public sector with respect to HIV and AIDS and the world of work.

Priority Area 2- Increased commitment among private sector organisations to

address HIV and AIDS as a critical workplace issue

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

> **Baseline:** to be determined
> **Private Sector Target:** Increase of 10% per year the number of workplaces implementing an HIVAIDS workplace policy and programme

Indicators:
- Number of workplaces with comprehensive workplace policies and programmes
- Number of employees reached through HIV/AIDS workplace programmes
- Tool kit developed and distributed
- Advocacy campaigns developed and implemented

Activities:
All private sector organisations should establish a comprehensive HIV and AIDS policy and programme within their workplace. The development of the policy and programme should involve representatives from the employer, management and workers. A comprehensive HIV/AIDS policy and programme should take into consideration issues related to HIV prevention, care, treatment and support. It should cover the employee as well as their family.

The HIV and AIDS policy should include provisions related job security and promotion of PLHIV as well as terms and conditions of work, in accordance with the national law. The policy should emphasise that no employer or employee should be discriminated against on the basis of their HIV status. In addition, the policy should contain measures to facilitate reasonable accommodation for PLHIV.

The HIV and AIDS programme should address issues related to HIV prevention, care, support and treatment as well as include provisions on occupational safety and mitigation strategies which support families affected by HIV.

To support the private sector organisations, there is a need to develop basic guidelines outlining strategies for developing a comprehensive workplace policy and programme. Numerous guidelines and toolkits exist, yet there is a need for a standard toolkit adapted to the Zimbabwean context. Tripartite partners should establish a committee to review existing training materials and adapt a national package. A clear definition of a comprehensive workplace policy and programme should be included in the guidelines/training package.

Private sector organisations may require technical support in implementing HIV/AIDS workplace policies and programmes. They should seek partnerships with relevant local and international NGOs. A mapping exercise should be implemented to identify partner organisations (NGOs, iNGOs, donor organisations) that have the capacity to provide high quality, relevant technical support.

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

Baseline: to be determined
Private Sector Target: Increase of 10% per year the number of private sector organisations who allocate a proportion of budgeted resources to address HIV and AIDS

Indicators:
- Amount of resources budgeted through private sector organisations
- Numbers of private sector organisations implementing workplace programmes

Activities:
Employers should allocate resources to sustain a workplace policy and programme. These resources can be in the form of funds and/or human resources.

A baseline survey of private sector organisations and their allocation of resources to HIV and AIDS should be implemented. Regular awareness raising meetings (i.e. breakfast meetings) will be held to highlight evidence on the impact of HIV and AIDS on the private sector and aggressively advocate for private sector organisations to allocate resources to the development of HIV and AIDS policies and programmes. Cost-effective strategies will be highlighted for addressing HIV and AIDS in the workplace (for example through fact sheets). The resource commitments of private sector organisations will be routinely monitored for the purpose of national resource tracking and programme sustainability.

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

The SI 202 (Labour Relations Act of 1998) is a valuable legislated policy, which still has not been fully distributed and integrated into workplaces. The majority of workers are not aware of the policy. It has remained in the hands of human resource managers

Baseline: to be determined
Private Sector Target: All employers and workers have access to and understand contents of SI202
Indicator:
- Number of copies of SI 202 distributed per year per private sector organisation
- Number of workers aware of SI 202

Tripartite partners should implement an aggressive advocacy campaign to distribute and promote awareness on the policy and legislation, which addresses issues of stigma and discrimination, will be addressed. The Ministry of Labour should monitor the distribution of SI 202 to employers and employees and intensify its enforcement.

Priority area 3- Reduction in new HIV infections among employers and workers

Objective 3.1 By 2010, reduce by 5% reported occurrence of multiple sexual relationships by employers and workers in the private sector

Baseline: to be determined
National Target: reduce by 5% the number of people reporting multiple sexual relationships
Private Sector Target: reduce by 5% the number of people reporting multiple sexual relationships by employers and workers in the private sector

Indicators:
- Percentage of married persons reporting sex with one or more partner in the past 12 months
- Percentage of adults aged 20 to 49 years who disapprove of members of married or co-habiting couples having multiple partners
- Percentage of males aged 20 to 49 years who believe that it is natural for men to have many partners.
- Number of organisations that have reviewed human resources policies with respect to reducing spousal separation
- Number of IEC materials produced
- Media campaign supported
- Number of private sector leaders speaking out against multiple partnerships

Activities:
Through the National AIDS Council and its partners and the national leadership, a media campaign on prevention and faithfulness in marriage and outside of marriage is proposed. Private sector leadership (local and national level as well as strategic opinion leaders should be involved. Private sector organisations should be encouraged to support the media campaign by distributing campaign materials among their members, employees/ employers and families. In addition, through the partnership forum, various private sector organisations who are interested in developing their own materials relevant to their own context can be linked to technical partners, specialising in the communication of gender-focused and HIV prevention materials. Finally, given that migration for work and mobility on-the- job are root causes for multiple sexual relationships, private sector organisations should review human resource policies and practices to ensure that the period of separation of a worker from their family is at a minimum. Information, education and communication (IEC) materials can be developed and distributed to employers /employees and their families which highlight evidence-based strategies to minimise spousal separation in the workplace.

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

> **Baseline:** to be determined
> **Private Sector Target:** Increase by 10% the number of workplace provide in-house peer education programmes and counselling services

Indicators:
- Number of workplaces with functional peer education programmes
- Number of peer educators trained

Specific indicators for high risk groups
- Number of truck drivers reached by HIV prevention programmes
- Number of cross-border traders reached by HIV prevention programmes
- Number of fisherman reached by HIV prevention programmes
- Number of small scale miners reached by HIV prevention programmes

There is a need to ensure managers and workers have access to high quality information and counselling on strategic behaviour change issues. For medium to large organisations, peer educators are a strategic conduit of bringing HIV and AIDS information, prevention and counselling into the workplace. All private sector

organisations developing HIV and AIDS workplace policy and programme should be encouraged to have a peer education programme. A list of private sector organisations with peer education programmes will be compiled and updated regularly.

Among private sector organisations, there are some sub-sectors which are considered at high risk for HIV infection. These include truck drivers, cross-border traders, and fisherman, small scale miners. Private sector organisations working in these sub-sectors will be prioritised and supported to develop HIV prevention programmes using a peer education approach.

Private sector organisations should be encouraged to network with other partners to exchange information, learn new strategies, develop counselling techniques and organise district level advocacy campaigns. In particular the information and counselling would focus on strategic behaviour change issues.

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

> **Baseline:** to be established
> **National target:** 150 million condoms distributed
> **Private Sector target**: 20% of national target for condoms distributed per year

Indicators:
- Number of condoms distributed (male and female)
- Number of condoms sold (male and female)
- Number of male condoms out of stock (per month)
- Number of female condoms out of stock (per month)
- Percentage of persons reporting condom use at last sex with co-habiting and non co-habiting partner.
- Number and type of IEC materials produced
- Number and type of IEC materials distributed
- Number of staff newly trained in HIV/AIDS behaviour change strategies

It is essential that in addition to promoting faithfulness, that the private sector also ensure that its stakeholders, workers, managers and organisations, have access to condoms and are aware of the importance of consistent, and correct condom use. It is essential that both the male and female condom is promoted and made available. Reflecting on the National Condom Programming Strategy, a specific condom programming strategy should be developed for the private sector. Private sector organisations should be encouraged to purchase or negotiate acquisition of condoms, which can be made available free of charge or for sale within the organisation. Through workplace programmes, the private section will aim to distribute 20% of national commitment for condom distribution. With support from technical partner and stakeholders, private sector organisations should display and distribute posters and IEC materials on condoms. Private sector organisations that are implementing HIV/AIDS programmes, should be trained by technical partners to promote various prevention strategies among workers (including consistent, correct condom use).

Objective 3.4 Increase by 10 percentage points, the number of all managers and

workers, among the organisations implementing comprehensive workplace policies programmes, who know their status,

> **Baseline:** 15% of people ever tested (ZNASP 2006)
> **National Target:** 75% of people ever tested
> **Private Sector Target**: 10% percentage points of managers and workers among the organisations implementing comprehensive workplace policies programmes, who know their status.

Indicators:

- Number of people pre-test counselled
- Number of people post-test counselled
- Number people reporting being tested for HIV among the organisations implementing comprehensive workplace policies programmes.
- Number of people reporting ever repeating their HIV test in the past 3 months
- Number of people visiting testing and counselling centres among the organisations implementing comprehensive workplace policies programmes
- Number of people referred to T&C services
- Number of people referred to PMTCT services
- Number of awareness sessions held per organisation on T&C and PMTCT
- Number of workplace programmes with newly trained peer educators (or focal points) on basic counselling, T&C and PMTCT issues

Activities:

The number of people attending HIV testing and counselling centre is still too low given the scale of the epidemic. The private sector has the potential to support, refer and encourage individuals to utilise the T&C services through their workplace programmes. By creating a referral link between workplace initiatives and existing T&C and promoting services, private sector organisations can support national plans to scale up T&C.

As part of a comprehensive workplace policy and programme, private sector organisations should ensure that peer educators or HIV/AIDS focal points within the organisation should be trained to provide general awareness sessions as well as basic counselling (pre and post-test) and referral of individuals to T&C services. Private sector organisations should routinely monitor the number of referrals made to T&C services.

In addition, all private sector organisations should be able to refer workers to existing PMTCT (Prevention of Mother to Child Transmission) programmes. Private sector organisations should ensure that peer educators or HIV/AIDS focal points within the organisation should be trained to provide general awareness sessions as well as basic counselling and referral of individuals to PMTCT services. Organisations with Peer educators or HIV/AIDS focal persons are trained in basic counselling.

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

Stigma and discrimination related to HIV and AIDS were identified as key barriers to the uptake of HIV prevention services.

Private Sector Target: programmes developed and implemented in 50% of private sector organisations *among the organisations implementing comprehensive workplace policies programmes.*

Indicators:
- Number of people who trained in the principles of MIPA
- Number of workplaces who adopt MIPA principles within their workplace policy and programme
- Number of people who have disclosed their status
- Number of cases reporting stigma within the workplace

Through the PSAPF and its members, comprehensive anti-stigma information, education and communication programme for workplaces will be developed. It will promote the meaningful involvement of people living with HIV (MIPA). A discussion forum will be held for leaders within the private sector to discuss issues of stigma and discrimination. A training programme (1 day) will be held for Human Resource Managers to address stigma and discrimination in the workplace (covering issues related to confidentiality, shared confidentiality and rights of workers). Discussion Fora will be held with various employers' organisations, unions and other private sector organisations to discuss MIPA as well as to analyse issues related to confidentiality/shared confidentiality and rights of workers. Finally, it is proposed that fact- sheet on MIPA will be developed and circulated to all private sector organisations

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

Baseline: to be determined

Private Sector Target: Increase of 10% per year the number of private sector organisations which mainstream gender into its workplace policies and programmes

Indicators:
- Number of workplaces with gender sensitive workplace policies and programmes
- Number of gender specific IEC materials produced and/or distributed
- Number of workplaces with appropriate code of conduct on sexual harassment

Unequal gender relationships and gender-based violence place women at greater risk for HIV infection. There is a need to advocate and mainstream gender issues into all activities within the HIV/AIDS and the World of Work. Gender issues should be as a key component of comprehensive workplace policies and programmes. There is a need to create awareness among private sector leaders a national, provincial and district levels as well as support the mainstreaming gender issues into enterprise and sector programmes.

Within the workplace, HIV/AIDS policies and programmes should help women understand their rights, while education for men should include awareness raising, risk assessment and strategies to promote men's responsibilities in HIV/AIDS prevention. IEC materials should be produced and distributed reflecting the gender issues related to HIV and AIDS. In conjunction with the HIV/AIDS policy, private sector organisations should develop a code of conduct to protect worker (male and female) against sexual harassment.

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

Indicators:
- Number of workers started on Post Exposure Prophylaxis
- Number of workers completed Post Exposure Prophylaxis
- Number of workplaces applying relevant safe work practices
- Where applicable, number of sterilisation facilities functional
- Number of surgical gloves in stock
- Number of organisations with appropriate first-aid services

Activities:
All private sector organisations should be encouraged to apply safe work practices to reduce occupationally acquired infections and a mechanism for post-exposure prophylaxis (as it relates to their organisation). This should be implemented within the context of a comprehensive HIV workplace policy and programme and/or wellness programmes.

Safe work practices attempt to minimise the transmission of HIV and other blood borne diseases by applying standard precautions, including personal hygiene, good-hand washing facilities and an infection control programme. As part of a comprehensive HIV/AIDS policy and programme, employers should establish a system for managing occupational exposure that addresses (where applicable):
- Safe handling of disposable sharps and infection equipment
- Cleaning, disinfection and sterilisation of equipment
- Cleaning blood spills
- Laundry
- Waste management

In addition organisations should comply with relevant national regulations in first-aid service.

Post Exposure Prophylaxis refers to the immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection. Preventive therapy or " primary prophylaxis" is given to at-risk individuals to prevention a first infection; "secondary prophylaxis" is given to prevent recurrent infections.

In high risk occupations (i.e. health care services), medication for PEP, including antiretroviral drugs, hepatitis B vaccine, hepatitis B immunoglobulin should be available on site for timely administration. In lower risk occupations, access to an appropriately trained health care worker for consultation or administration should be available during all working hours.

Priority area 4- Employers, workers and their families in the private sector have increased access to care, support and treatment services

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

Baseline: to be determined

Indicators:

- Number employees receiving ARV treatment through private sector and health insurance
- Number of organisations providing ARVs
- Number of organisations contributing to co-payment
- Number of organisations with providing in-house counselling and/or referral services to counselling, psychosocial and/or support groups
- Number of employees receiving treatment for STIs (all conditions)

Through ZNASP, Zimbabwe aims to increased access and utilisation of care and treatment services by a minimum of 75%, including eligible children for whom the target is to reach 100% by 2010. The private sector has a role to play in contributing to the overall achievement of the national target. Private sector organisation will aim to enrol 30 000 on ART 2010 through private sector and/or health insurance schemes. An advocacy campaign will be developed to encourage private sector organisations to establish care and treatment services as part of their HIV/AIDS workplace policy and programme, or alternatively to provide workers with health care insurance that covers care and treatment services. The care and treatment services should also cover management of STIs and Opportunistic infections (OIs).

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

Indicators:

- Number of organisations who have developed mitigation strategies
- Number of new OVC who are receiving school-related assistance (per month/per organisation)
- Total number of OVC who are receiving school-related assistance(per month/per organisation)
- Number of new OVC receiving medical support(per month/per organisation)
- Total number of OVC receiving medical support(per month/per organisation)
- Number of OVC who have started ART with support of the organisation
- Total number of OVC who have started ART with support of the organisation
- Number of OVC provided with food/nutritional assistance (per month/per organisation)
- Total number of OVC provided with food/nutritional assistance (per month/per organisation)
- Number of new child-headed households provided with shelter/housing
- Number of OVC and family members benefiting from income generating activities supported (per month/per organisation)
- Total number of OVC and family members benefiting from income generating activities supported (per month/per organisation)
- Number of new OVC households receiving support for access to protected water source
- Total of new OVC households receiving support for access to protected water source
- Number of PLHIV and/or family of PLHIV who received support (psychosocial

support, food/nutrition, shelter/housing, counselling, medical assistance, material support, agricultural inputs..etc.

Activities:
As part of their comprehensive workplace policy and programme, private sector organisations are encouraged to establish mitigation strategies which provide support to families, children. Large organisation will be encouraged to establish or strengthen comprehensive family assistance programmes. Small to medium enterprises should be encouraged to establish partnerships with local health authorities, NGOs, FBOs and other community groups. Employers and workers and their organisations should examine together how to contribute to supporting OVCs and/or the families of workers living with HIV and AIDS with respect to psychosocial support, food/nutrition, shelter/housing, counselling, medical assistance, material support, assistance with school fees and agricultural inputs..etc.

Objective 4.3 By 2010, increase by 10% the number of private sector organisations who have established support groups for PLHIV within their organisation

Indicators:
- Number of organisations with support groups
- Number of new support groups for PLHIV established
- Number of new members joining support groups
- Number of persons newly trained in psychosocial support

Activities:
As a component of a comprehensive workplace policy and programme, private sector organisations should facilitate the developed of support groups within the workplace and surrounding communities for PLHIV. The support groups would be trained by NGOs, FBOs or CBOs to provide psychosocial support. The creation of the support groups should contribute to a reduction in stigma and discrimination.

Priority area 5- Evidenced-based HIV and AIDS workplace interventions developed and improved monitoring and evaluation of private sector's contribution to the overall national response HIV and AIDS.

Objective 5.1 Facilitate at least 2 research projects per year on the impact of HIV and AIDS within the private sector

Indicators:
- 2 research projects commissioned and completed
- Results of research disseminated

Activities: The paucity of literature and evidence on the economic impact of HIV and AIDS within various sectors in Zimbabwe makes it difficult to advocate for greater commitment and as a business risk among private sector organisations to address HIV and AIDS as a workplace issue. There is a need for evidence-based interventions. In conjunction with the National AIDS Council and key stakeholders, the PSAPF will facilitate at least two research projects per year to add to the existing literature on the impact of HIV and AIDS. In particular it would be valuable to conduct cost-benefit

analyses of workplace policy and programme as well as implement research that explores the social, cultural and environmental factors (drivers) which place workers or employers at greater risk for HIV infection. Once completed, the research should be repackaged into user-friendly advocacy documents and circulated to leaders and policy makers within private sector organisations in an effort to support their planning and implementation of effective HIV and AIDS policies and programmes within a private sector organisation or particular sector.

Objective 5.2 By the end of December 2007, an M&E plan for collecting information on HIV/ADS workplace policies and programmes will be operationalised.

Indicators:
- M&E taskforce established
- M&E plan operationalised
- Annual reviews conducted

Activities:
Appropriate methods of monitoring and evaluation need to be selected, determined on the basis of the interventions. The PSAPF will establish an M&E Task Team to design an M&E strategy, which includes an M&E system and tools for monitoring, evaluating and reviewing HIV and AIDS policies and programmes within private sector organisations, in line with national M&E policies. The results would be used to guide the PSAPF in future planning and implementation of HIV and AIDS interventions.

8. Conclusion
This document presented a national strategic framework for the private sector response to HIV and AIDS. Based on recommendations emerging from a literature review and national consultative process, the document outlined an overall goal, key outcome areas, specific objectives, activities and monitoring and evaluation indicators to help strengthen the private sector response. In particular the strategy focuses on strengthening coordination among private sector organisation, improving information sharing, and enhancing resource mobilisation in an effort to reduce the impact of HIV and AIDS on workplaces and surrounding communities.

References

(2006) Zimbabwe National Behavioural Change Strategy, For Prevention of Sexual Transmission of HIV 2006-2010, Draft (10/03/06).

(2006) Zimbabwe Agricultural Sector Strategy on HIV/AIDS: 2006-2010, Ministry of Agriculture: Harare.

(2006) Zimbabwe National HIV and AIDS Strategic Plan (2006-2010). National AIDS Council: Harare.

Barnett, T., Blaikie, P. (1992). AIDS in Africa: its present and future impact. Chichester, UK: John Wiley & Sons Ltd.

Gregson, S., Garnett, GP, Nyamukapa, CA, Hallet, TB, Lewis, JJ., Mason, PR., Chandiwana, SK., Anderson, RM., (2006-Feb 3). HIV decline associated with behaivour change in eastern Zimbabwe. Science 311(5761), pp. 620-1.

ILO, Impretec, and Ministry of Small and Medium Enterprises, (2006), The impact of HIV/AIDS on the SMEs Sector in Zimbabwe, draft report.

ILO. (2001). HIV/AIDS and the World of Work. ILO Code of practice, Geneva: ILO.

Mahomva, A., Greby, S., Dube, S., Mugurungi, O., Hargrove, J., Rosen, D., Dhene, K-L, Gregson, S., St Louis, M., and Hader, S., (2006), HIV prevalence and trends from data in Zimbabwe 1997-2004, Sexually Transmitted Infections 82 (supplement 1), i42-i47.

Matshe, I., Pimhidzai, O., and Shamu S. (2006). The Impact of HIV and AIDS on the Zimbabwe Economy. ZEPARU (Zimbabwe Economic Policy Analysis and Research Unit). Working document.

Mutangadura, G. (2001)., Women and AIDS in southern Africa: The case of Zimbabwe and its policy implications. Jenda: A Journal of Culture and African Women Studies: 1,2.

MOHCW, (2004). Zimbabwe Millennium Development Goals: Progress Report, pp. 45-48.

NOSA, (2003), Standard for HIV/AIDS Management System Specification Document, (AMS 16001:2003).

Rugalema, G (1999). HIV/AIDS and the commercial agricultural sector of Kenya: Impact, vulnerability, susceptibility and coping strategies. Sourced at: http://www.fao.org/sd/EXdirect/EXre0026.htm on August 22, 2006.

UNAIDS (2002). Report on the Global HIV/AIDS Epidemic, Geneva: UNAIDS.

UNAIDS (2003). Report on the Global HIV/AIDS Epidemic, Geneva: UNAIDS.

UNAIDS (2005). Report on the Global HIV/AIDS Epidemic, Geneva: UNAIDS.

UNAIDS (2006). Report on the Global HIV/AIDS Epidemic, Geneva: UNAIDS.

UNAIDS (2006) Draft resolution: Political Declaration on AIDS: 2006 High Level Meeting on AIDS.

Annex A: List of Organisations Involved in the Consultative Process

OK-Zimbabwe	National Employment Council –Catering
Zimbabwe Business Coalition on HIV/AIDS	Occzim
Crystal Candy	Croco Motors
Avenues	Pelhams
ZimAlloys	Manica Fire Services
Dunlops	Mutare Board and Paper Mills
Medical Aid Society of Central Africa	Mutare Panel Beaters
R&N Press	City of Mutare
Mining Industry Pension Fund	Berina Textiles
Delta	SAZ (Standards Association of Zimbabwe)
Matabeleland AIDS Council	Barclays
National Employment Council-Commercial	PSI (Population Services International)
Tregas/Kango	Cottco
Midsec	NAC (National AIDS Council)
SEDCO (Small Enterprise Development Corporation)	Unilever
Zvodgo Investments -Chevron hotel	NECTOI (National Employment Council-Transport)
ZCFU (Zimbabwe Commercial Farmer's Union)	ZNCC (Zimbabwe National Chamber of Commerce)
Clan	Ministry of Small and Medium Enterprises
Tanda	ZAPSO (Zimbabwe AIDS Prevention and Support Organisation)
Schwepps	ZIDAWU (Zimbabwe Domestic and Allied Workers Union)
G&T Transport	GAPWUZ (General Agriculture and Plantation Workers Union of Zimbabwe)
Public Service Commission	UNAIDS
ILO (International Labour Organisation)	

Annex B: Situational Analysis

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

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

Findings of the situation analysis

- While HIV and AIDS were identified as a threat to the workplace, only 4 of 44 organisations had conducted research on the impact of HIV and AIDS within a specific sector or their organisation.
- Of the 44 organisations interviewed, 19 (43%) had HIV and AIDS workplace policies, while 25 (57%) of the organisations did not have workplace policies. However, 26 (62%) of the organisations interviewed had workplace programmes, indicating that more organisations had workplace programmes than those with policies.
- The content of the policies and programmes varied significantly between the organisations interviewed where some had addressed prevention, care and treatment, while others only addressed awareness and prevention.
- Of the 25 organisations without policies, they suggested that they were interested in developing such workplace policies, yet had concerns about the cost and sustainability of the programme. The majority of respondents sited the high cost of ARVs as prohibitive, but that they would consider care, nutritional counselling and treatment as essential components of HIV and AIDS workplace programme.
- Of the organisations with HIV and AIDS workplace policies and/ or programmes, several had received technical support from an external organisation in the development of their policy and programme. Some organisations had received technical assistance from partners such as SmartWork, MAC, FACT-Mutare, ZAPSO, PSI, ILO, PSG, GTZ, DED, and SAfAIDS. Organisations without HIV/AIDS policies and programmes suggested that they would like technical support and guidance from quality NGOs, iNGOs or other private sector organisations who could share experiences and expertise in developing workplace policies or programmes. Yet, it was emphasised that it would be important to have a standard criteria against which technical partners could be evaluated to ensure that private sector organisations were receiving appropriate services.
- Stigma and discrimination was reported to be the most significant barrier to HIV prevention, care and treatment among private sector organisations.
- Respondents emphasised that government and some business leaders demonstrated leadership and commitment to the fight against HIV and AIDS. However, this leadership and commitment was inconsistently translated at provincial,

district and community levels. Equally, within a sector or organisation, leadership and commitment toward to mitigation of HIV and AIDS was not consistent.

- While the Statutory Instrument 202 (1998) is considered a valuable piece of legislation that guides private sector organisations in addressing HIV/AIDS discrimination within the workplace, only 26 (62%) reported using it within their organisations. Respondents felt that the majority of private sector organisations and their workers were unaware of legal protection offered to them in SI 202 and as a result were also unaware of how to report or seek recourse for HIV discrimination in the workplace

- It was felt that the private sector should be contributing to reducing the impact of HIV and AIDS. Respondents felt that private sector organisations could be encouraged do more to support HIV and AIDS policies and programmes, if only for the sake of businesses. They also emphasised that private sector organisations could be encouraged to contribute funds to national initiatives if there was improved coordination and increased transparency.

- All organisations interviewed felt that it was important to monitor and evaluate what private sector organisations were doing with respect to HIV and AIDS. Clear tools and guidelines are needed to promote monitoring and evaluation. Respondents expressed a need for technical support to effectively monitor and evaluate HIV and AIDS workplace policies and programmes

Key recommendations emerging from the analysis included:

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

Annex C: Summary of Key Policy Documents

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

1.National HIV and AIDS Policy (1999)

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

- That HIV/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/AIDS/STIs;
- That human rights and dignity of all people irrespective of their HIV status should be respected and that avoidance of discrimination against People living with HIV (PLHIV) should be promoted. However it is noted that 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 in order to minimise the personal and social impact of HIV/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/AIDS;
- That a supportive environment at every level of society will enhance the response to HIV/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/AIDS should be addressed through a multi-sectoral approach. All sectors and organisations, including those in the private sector should in integrate HIV into their programming, mobilise resources to support the national response to HIV and support the monitoring and evaluation of all programmes/projects on HIV and AIDS.

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

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

The ZNASP brings Zimbabwe one-step closer to making the principle of "Three Ones" a reality. The principle of the "Three Ones" originated from a series of regional meeting in

Nairobi. The principle stipulates that a country should have only:

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

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

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

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

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

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

4. Southern Africa Development Community (SADC) Code of Conduct on HIV/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. It outline 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 / AIDS should where possible incorporate employee families.

Essential components of prevention programmes are information provision, education, prevention and management of STDs, condom promotion and distribution and counselling on high risk behaviour. Workplace AIDS programmes should co-operate with and have access to resources of National AIDS Programmes.

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

3. Workplace testing and confidentiality: There should be no compulsory workplace testing for HIV. Voluntary testing for HIV on the request of the employee should be done by a suitably qualified person in a health facility with informed consent of the employee in accordance with normal medical ethical rules and with pre- and post-test counselling.

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 o inform an employer of her/his HIV / 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 / 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 wit 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 hem 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 / 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 / AIDS, sexually transmitted diseases and tuberculosis and make it available in the pubic domain. SADC member states should co-operate in making available national data for monitoring and planning an affective response to the regional health, human resource, economic and social impact of the AIDS epidemic.

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

5. Zimbabwe Statutory Instrument 202 (1998)

Both documents state provisions, which aim to ensure non-discrimination between individuals with HIV infection and those without. The SI 202 highlights among other issues that:
- Every employer should provide education on HIV and AIDS (its transmission, prevention and counselling facilities) for their employees. HIV and AIDS workplace policies and programmes are encouraged
- No employer shall require any person to undergo HIV testing as a precondition for an offer of employment

- No employer can terminate an individual's employment on the grounds of their HIV status
- The HIV status of an employee shall not affect his eligibility for occupational or other benefit schemes provided to employees
- Any employee infected with HIV or AIDS shall be subject to the same conditions relating to sick leave as those applicable to other employees
- Where a person is employed in an occupation or is required to provide services that place them at risk of transmitting or acquiring HIV, the employer shall provide appropriate training.
- Work conditions and procedures shall be designed to ensure appropriate precautions to prevent the transmission of HIV.
- Personal protective devices shall be issued, free of charge by the employer to persons employed in occupations referred to in occupations, which have an element of risk of HIV transmission.
- An employer shall provide every employee with a copy of the Statutory Instrument 202
- Any person who contravenes the regulations laid out in the Statutory Instrument 202 is guilty of an offence and liable for a fine.
- It is important to note that given the Statutory Instrument is under the Labour Relations Act, it currently only covers workers in the private sector and parastatals, but provide guidance for tripartite partners.

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

1. Background

The Private Sector HIV/AIDS Partnership forum is intended to be a means of coordinating private sector organisations and their social partners on issues related to HIV and AIDS in the World of Work. The purpose of the forum is to enable collaboration among private sector organisations using a common strategy responding to HIV prevention, care, support and treatment.

2. Rationale

The private sector's response to HIV and AIDS has been limited by inadequate resources, poor co-ordination and capacity to respond to the pandemic. To strengthen its overall response to HIV and AIDS, it was recommended that a mechanism be established to improve coordination, and networking among private sector organisations and key stakeholders

There is a need for greater information sharing and co-ordination of efforts to support the national multi-sectoral response to HIV and AIDS among the private sector.

By drafting of a national strategic framework on the private sector response to HIV and AIDS, it is an opportune time to agree on a mechanism for coordination among private sector organisations responding to HIV and AIDS and enhance support and coordination of the national multi-sectoral response to HIV and AIDS.

A coordination mechanism is needed which represents the various stakeholders representing labour, employers, civil society and the interests of specific sectors. The coordination mechanism needs to build on existing networks in an effort to enhance the overall response to HIV and AIDS.

3. Functions

To create a national platform for further discussion and debate on practical issues in response to the epidemic as a business and workplace issue

Increase access to national and international resources, information and education related to HIV and AIDS.

The forum will create a mechanism for documenting, monitoring and evaluating the private sector response to HIV and AIDS.

The forum will create the opportunity for key stakeholders to share experiences and good practices within the world of work

The group will elect 2 or 3 members of the Private Sector HIV/AIDS Partnership Forum to represent the interests of the private sector on the National Partnership Forum.

The Forum will establish a communication strategy that enhances the visibility and participation of the private sector (at national, sub-sector and enterprise levels) in the national response to HIV and AIDS.

4. Membership
All private sector organisations and their social partners working in the field of HIV and AIDS in the World of Work can be members of the forum. The coordination structure should be representative of the various stakeholders representing labour, employers,

civil society and the interests of specific sectors. Members of the forum should commit themselves to communicating HIV and AIDS information and emerging issues with their partners and key stakeholders at sector and enterprise levels.

5. Coordinating Committee or Organisation

A coordinating committee or organisation will be identified by members of the Forum. The coordinating committee or organisation will be responsible for developing, disseminating and implementing an annual work plan and budget. Together with members of the forum, the committee or organisation will be responsible for identifying funding opportunities. The committee or organisation will be responsible for managing the funds for the forum. In addition, the coordinating committee or organisation will produce an annual report of activities as well as facilitate the collection of M&E data.

6. Frequency of Meeting

The PSAPF will hold quarterly meetings for its membership.

Annex E: Glossary of Terms

The definitions below have been derived from definitions in existing publications by ILO, WHO, UNAIDS and SAfAIDS.

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

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

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

Asymptomatic: not showing any symptoms of an illness or disease

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

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

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

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

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

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

Immune system: the body's defence against fighting infections

Opportunistic Infections or **OIs:** infections that take the 'opportunity' of the weakened

immune system caused by HIV to make people sick.

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

Personal Protective Equipment (PPE): Equipment designed to protect workers from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Besides face shields, safety glasses, hard hats and safety shoes, PPE includes a variety of devices and garments such as goggles, coveralls, gloves, vests, earplugs and respirators.

Post-Exposure Prophylaxis (PEP): The immediate provision of medication following an exposure to potentially infected blood or other body fluids in order to minimize the risk of acquiring infection. Preventive therapy or " primary prophylaxis" is given to at-risk individuals to prevention a first infection; "secondary prophylaxis" is given to prevent recurrent infections.

Reasonable accommodation: Any modification or adjustment to a job, working hours or the workplace, which is reasonably practicable and will enable a person living with HIV/AIDS (or some chronic illness or disability) to have access to or participate or advance in employment.

Resistance: a term used to describe the ability of the HI virus to change its structure so that ARV drugs become less effective. The fewer antiretroviral drugs a person is taking, the greater the chance the HI virus will have the opportunity to change. Resistance is the reason why ARVs are usually prescribed as a combination of three drugs.

Second-line regimen: a second line of ARV medications given to individuals who have developed resistance to first-line ARV regimens, or experienced treatment failure.

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

Social Dialogue: This may be a tripartite process in which the government is an official part to the dialogue, or a bipartite process between employers and workers or their organisations, with or without indirect government involvement.

Sexually Transmitted Infection (STI): Infections that are transmitted through sexual contact such as syphilis, cancroids, Chlamydia, and gonorrhoea.

Termination of employment: Defined in accordance with the ILO termination of employment convention (1982-No.158), refers to the dismissal of an employee at the initiative of the employer.

Treatment failure: a term used to describe the failure of ARVs to continue preventing opportunistic infections and/or increase CD4 levels. Treatment failure requires a change in ARV regimen.

Viral load: a term used to describe the amount of HIV in a person's body. The more

HIV, the higher a person's viral load will be.

Worker's Representatives: Defined in accordance with ILO Worker's Representatives Convention (1971-No.135), as persons recognised as such by national law or practice whether they are: (a) trade union representatives (representatives designated or elected by trade unions or members of the unions, (b) elected representatives (individuals freely elected by workers in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognised as the exclusive prerogative of trade unions in the country concerned.

Wellness programmes: Workplace wellness programs are recognized by more and more companies for their value in improving health and well-being of their employees. They are part of a company's health and safety program. These wellness programs are designed to improve employee morale, loyalty, and productivity. They could consist of as little as a gym full of exercise equipment that is available to their employees on company property during the workday. But they may also cover smoking cessation programs, nutrition; weight; or stress management training, health risk assessments, and health screenings.

Workplace: All places where workers need to be or to go by reason of their work and which are under the direct or indirect control of the employer

Annex F: Results and Activity Matrix

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

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

Priority Area 1- Improved co-ordination, information sharing and networking among private sector organisations with respect to HIV and AIDS

Key Challenges	Objective	Activities	Responsible actors
The lack of coordination, information sharing and networking among private sector organisations has limited the impact of existing responses to HIV and AIDS in the World of Work	1.1 By the end of July 2007, a Private Sector HIV and AIDS Partnership Forum (PSAPF) and secretariat will be established with an annual work-plan and budget	-Establish PSAPF - Hold Quarterly meetings -Produce Annual report -Elect representatives to participate on national partners forum	Private Sector, NAC
	1.2 By the end of July 2007, a focal organisation/committee will be identified to coordinate the forum initiatives	-Identify an organisation or committee to coordinate the forum -Develop annual work-plan and budget -Identify and manage funding	PSAPF

	Objective	Activities	Responsible actors
	1.3 By the end of December 2007, develop a communication strategy that promotes information sharing and networking among private sector organisations	-PSAPF elects communication working committee (CWC) -Communication strategy is developed and circulated -Research conducted to establish communication baseline -Campaign established to create awareness of PSAPF -Variety of communication channels developed to reach private sector members at sub-sectors and enterprise level	PSAPF

Priority area 2- Increased commitment among private sector organisations to address HIV and AIDS as a workplace issue

Key Challenges	Objective	Activities	Responsible actors
Few private sector organisations have comprehensive workplace policies and programmes. More organisations currently have workplace programmes. Yet, too often the programme refers to ad hoc awareness sessions.	2.1 Increase annually by 10%, the number of workplaces with comprehensive HIV and AIDS workplace policies and programmes	-Establish committee to review, adapt national toolkit) -Define comprehensive workplace policy and programme - Develop and circulate guideline on developing workplace policy and programme -Set of criteria for technical partners should be developed and circulated -Conduct mapping exercise	PSAPF

Despite having resources, many private sector organisations have not committed themselves, financially to HIV and AIDS	2.2 Increase by 10% annually the number of private sector organisations who allocate a proportion of budgeted resources to address HIV and AIDS in the workplace and the community they serve.	-Implement baseline survey on HIV/AIDS resource allocation among private sector organizations -Hold regular meetings in diverse regions with private sector organisations - Promote cost-effective strategies -Monitor resource commitments of private sector organisations.	PSAPF
The SI 202 (Labour Relations Act of 1998) is a valuable legislated policy, which still has not been fully distributed and integrated into workplaces. The majority of workers are not aware of the policy. It has remained in the hands of human resource managers.	2.3 By end of 2010, there will be universal access and awareness of SI 202	- An advocacy campaign is developed to promote awareness on the policy -Ministry of Labour routinely monitor the distribution of SI 202	Private Sector MPSLSW

Priority Area 3- Reduction in new HIV infections among employers and workers

Key Challenges	Objective	Activities	Responsible actors
The risk of infection is high among individuals who have multiple (concurrent) sexual partners. There is a need to promote a reduction in the number of sexual partners and increase faithfulness	3.1 By 2010, reduce by 5% reported occurrence of multiple sexual relationships by employers and workers in the private sector	-Participate in the development and distribution of national behaviour change campaign materials. -Develop and distribute IEC materials	Private sector organisations, NAC, UNAIDS, technical partners
Information is essential for effective communication of behaviour change messages. There is a need to develop channels of communication which reach from the technical health professions to the worker in the privates sector	3.2 By 2010, increase at least by 10 percent points, the number of workplaces providing peer education and counselling services on strategic behaviour change issues	-Develop list of private sector organisations with peer education programmes - Private sector organisations establish and train peer educators, who represent all levels of stakeholders (management, workers) -Networking among private sector organisations -Prioritisation of high risk group and provide support for peer education groups and peer education.	Private sector NAC, DAC NGOs, iNGO and technical partners
Existing condom programmes should be sustained as they have proved successful in prevention. There is a need to ensure	3.3 Support national condom distribution through workplace programmes and promote consistent use among employers and workers.	-Identify, purchase and distribute condoms (Male and Female) -IEC materials displayed and distributed -Private sector organisations trained to promote various prevention strategies	Private Sector

individuals have access to condoms and knowledge of how to use them			
Uptake of testing and counselling has been low	3.4 By 2010, Increase by 10 percentage points, the number of all managers and workers, among the organisations implementing comprehensive workplace policies programmes, who know their status,	-Encourage organisations with workplace policies and programmes to monitor use of T&C and PMTCT -Support community mobilisation and promotion of T&C and PMTCT -Monitor the number of referrals made to T&C services and PMTCT -Peer educators trained in basic counselling	NAC, PSAPF, Private sector
Stigma and discrimination usually result from ignorance and lack of information and education among workers	3.5 By 2010, establish comprehensive anti-stigma information, education and communication programmes which promotes the meaningful involvement of people living with HIV.	-A discussion forum held for leaders within the private sector to discuss issues of stigma and discrimination -Training programme (1 day) held for Human Resource Managers to address stigma and discrimination in the workplace (covering issues related to confidentiality, shared confidentiality and rights of workers) -Discussion Fora held with various unions and private sector organisation to discussion MIPA as well as to analyse issues related to confidentiality/shared confidentiality and rights of workers) -Fact- sheet on MIPA will be developed and circulated to all private sector organisations	Private sector organisations, technical partners

Key Challenges	Objective	Activities	Responsible actors
Unequal gender relationships and gender-based violence place women at greater risk for HIV infection	3.6 Reduce prevalence of gender-based violence and gender inequality within the private sector by mainstreaming gender into HIV/AIDS workplace policies and programmes	-Create awareness among private sector leaders at national, provincial and district levels -Support the mainstreaming gender issues into enterprise and sector level programmes.	Private Sector NGOs and technical partners
	3.7 Reduce occupational risk to HIV infection by applying universal precautions, including provision of Post-Exposure Prophylaxis (PEP)	- Create awareness among private sector leaders at national, provincial and districts levels on the need for universal precautions. -Develop a list and protocol for private sector organisations interested in providing PEP	PSAPF

Priority Area 4- Employers and workers in the Private Sector have increased access to care and treatment services

Key Challenges	Objective	Activities	Responsible actors
Only small portion of the people who need care and treatment are receiving it. There is an urgent need to scale-up care and treatment initiatives	4.1 By 2010, 30 000 individuals are enrolled in care and treatment service through private sector initiatives or health care insurance	-Implement baseline survey on HIV/AIDS the number of organisations currently providing treatment -Hold bi-monthly advocacy meetings in diverse regions with private sector organisations	NAC, PSAPF, Private sector
	4.2 By 2010, increase annually by 10% the number of private sector workplaces have developed mitigation strategies (including OVC support and basic support for family members)) as part of their comprehensive workplace policy and programme	-Encourage private sector organisations to establish mitigation strategies as part of their workplace policy and programmes	PSAPF, Private Sector, NGOs, FBOs, CBOs
	4.3 By 2010, increase by 10% the number of private sector organisations who have established support groups for	-Private sector organisations develop support groups -NGOs, CBOs, FBOs support private sector	Private Sector

	PLHIV within their organisation	organisations in developing support groups	

Priority Area 5- Improved monitoring, evaluation and documentation of private sector's contribution to the overall national response HIV and AIDS.

Key Challenges	Objective	Activities	Responsible actors
The lack of literature and evidence on the impact of HIV and AIDS within various sectors in Zimbabwe makes it difficult to establish baselines or to have a clear picture of the impact of HIV and AIDS on the private sector	5.1 Facilitate at least 2 research projects per year on the impact of HIV and AIDS within the private sector	-Fund-raise and facilitate 2 research projects -Produce user-friendly research reports circulate widely to private sector organisations	PSAPF
Monitoring and Evaluation data on the private sector's response to HIV and AIDS has been insufficient	5.2 By the end of December 2007, an M&E system for collecting M&E information will be established and operationalised.	-Develop indicators and incorporate in M&E system, including new indicators on stigma reduction in the workplace and open communication about HIV/AIDS - Establish M&E task force -Finalise M&E Plan	PSAPF, Private Sector

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