



HIV and AIDS Policy for the Textile Industry of Zimbabwe



***HIV and AIDS Policy
for the
Textile Industry
of
Zimbabwe***

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Prepared by
National Employment Council for the Textile Industry

Facilitated by the
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Acronyms

AIDS	AIDS Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
EMCOZ	Employers' Confederation of Zimbabwe
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
MoHCW	Ministry of Health and Child Welfare
MoLSS	Ministry of Labour and Social Services
NAC	National AIDS Council
NEC	National Employment Council
NGO	Non-Governmental Organization
OI	Opportunistic Infection
PEP	Post Exposure Prophylaxis
PLWHA	People/Person Living with HIV and AIDS
PMTCT	Prevention of Mother-To-Child Transmission
PPTCT	Prevention of Parent-To-Child Transmission
SADC	Southern African Development Community
SI	Statutory Instrument
Sida	Swedish International Development Agency
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
ZCTU	Zimbabwe Congress of Trade Unions
ZITMA	Zimbabwe Textile Manufacturers Association
ZTWU	Zimbabwe Textile Workers Union

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Membership of the Project Advisory Committee

The *Project on Scaling up HIV and AIDS Responses Among the Employers and Workers Organisations in Zimbabwe* is a partnership involving the following organisations:

Project implementers:

Employers Confederation of Zimbabwe (EMCOZ)

Zimbabwe Congress of Trade Unions (ZCTU)

Project management:

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Below is a full list of the PAC:

- ✎ Employers' Confederation of Zimbabwe (EMCOZ)
- ✎ International Labour Organization (ILO)
- ✎ Joint United Nations Programme on HIV/AIDS (UNAIDS)
- ✎ Ministry of Health and Child Welfare
- ✎ Ministry of Labour and Social Services
- ✎ National AIDS Council (NAC)
- ✎ Swedish International Development Agency (Sida)
- ✎ Zimbabwe AIDS Network (ZAN)
- ✎ Zimbabwe Congress of Trade Unions (ZCTU)
- ✎ Zimbabwe National Network for People Living with HIV and AIDS (ZNPP+)

Foreword

In spite of the fact that there has been a remarkable decline in HIV prevalence in Zimbabwe in the past five years, the country is still among the most affected in the sub-region; whilst the region still remains at the epicentre of HIV and AIDS. The HIV prevalence currently stands at 15.6 per cent (Zimbabwe Demographic Health Survey, 2007).

At enterprise level, the impact of HIV and AIDS is both direct and indirect, and includes decline in productivity, increases absenteeism, increase in business costs, reduction of skills and labour supply and diversion of income and savings towards treatment, care and funeral costs. The impact of HIV and AIDS on business, makes it clear that this is not merely an medical, but also a workplace issue.

The occupational diseases, such as tuberculosis (TB), arising from dust from the spinning mills, dye house chemicals, fluff from weaving mills, coal dust from boilers, as well as the effects of lifting heavy objects, in the textile industry have compounded the impact of HIV and AIDS, with those infected by HIV more susceptible to TB.

This HIV and AIDS policy for the textile sector was developed with the total involvement of the industry in consultation with relevant stakeholders. It highlights the priorities and strategies for the sector and intends to guide the implementation of effective, comprehensive initiatives in the textile industry, in response to the HIV and AIDS.

The Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS, the ILO code of practice on HIV and AIDS, and Statutory Instrument 202 of 1998 provided valuable guidance in the development of this policy.

The policy is not an end in itself, but a means to an end, hence it is anticipated that it will be widely implemented resulting in positive achievements in the textile manufacturing sector.

Honourable P Mpariwa (MP) 
Minister of Labour and Social Services

October 2009

1. Preamble

The national HIV prevalence is 15.6 % (Zimbabwe Demographic Survey, 2007). Even though a downward trend has been noted in the past few years, HIV prevalence in Zimbabwe is still high in comparison to other countries in the region, with significantly higher infection rates among women.

Strategies for mitigation have been made more difficult to achieve by poverty, cultural practices, and gender inequality, among other factors.

The decline in prevalence has been attributed to behaviour change emanating from the concerted efforts and interventions of stakeholders. Although there is high awareness of HIV and AIDS achieved through interventions by different players, the need for continued behaviour change is still great. A multi-sectoral approach is essential for the effective mitigation of HIV and AIDS. It is in response to this that the textile industry, through its structures at all levels, intends to ensure that mitigation of HIV and AIDS is prioritized at the workplace and beyond.

2. Aim and scope of the policy on HIV and AIDS

The aim of this policy is to guide and direct the process of dealing with HIV and AIDS in the workplace at all levels of the textile industry. The policy provides the framework within which the textile sector employers, employees and their representatives should formulate HIV and AIDS policies at enterprise level, and design, implement, monitor and evaluate practical and proactive HIV and AIDS policies and programmes in the workplace.

This policy applies to all employers and employees, as well as prospective employers and employees in the textile sector, and all aspects of work – formal and informal.

3. Legal and policy framework

The conventions, regulations, guidelines and policies giving impetus to this policy were the:

- (i) Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- (ii) Employment Injury Benefits Convention, 1964 (No. 121)
- (iii) Collective Bargaining Convention, 1981 (No. 154)
- (iv) Occupational Safety and Health Convention, 1981 (No. 155)
- (v) Occupational Health Services Convention, 1985 (No. 161)
- (vi) ILO Code of Practice on HIV and AIDS and the World of Work

Also guiding the policy are the following:

- (i) **Zimbabwe National HIV and AIDS Strategic Plan (2006 – 2010)**

The Plan outlines the “three ones” which are:

- (a) one agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners;
- (b) one national AIDS coordinating authority with a broad-based multisectoral mandate; and
- (c) one agreed country level monitoring and evaluation system.

- (ii) **The Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS (2006 - 2010),**

- (iii) **Labour Act, Chapter 28:01**

This Act declares and defines the fundamental rights of employees, provides for the prevention of unfair labour practices and regulates conditions of employment, negotiations, and scope and enforcement of collective bargaining agreements. Section 5, of the Act provides for non-discrimination on the basis of HIV status.

(iv) Statutory Instrument 202 of 1998, Labour Relations (HIV and AIDS) Regulations, 1998

The Instrument covers the prevention and management of HIV and AIDS in the workplace and is meant to ensure that HIV infected employees are not discriminated against. It establishes the rights and responsibilities of both employers and employees.

(v) Statutory Instrument 64 of 2008

An inspection form used by labour inspection officers to assess the level of HIV and AIDS interventions at both the sector and enterprise level

(vi) Statutory Instrument 68 of 1990, National Social Security (Accident Prevention and Workers' Compensation Scheme) Notice, 1990

The instrument covers accident prevention, compensation for accidents in factory workplaces and diseases contracted during the course of duty.

(vii) Pneumoconiosis Act, Chapter 15:08 Revised Edition, 1996

The Act provides for the control and administration of persons employed in dusty occupations.

(viii) The Factories and Works Act, Chapter 14:08 Revised Edition, 1996

The Act provides for registration and control of factories, regulation of conditions of work in factories, supervision of the use of machinery and prevention of accidents, among other issues.

4. Key Principles

This policy is guided by the 12 principles outlined below. These principles should be observed when enterprises are designing workplace policies and programmes.

4.1 Recognition of HIV and AIDS as a workplace issue

HIV and AIDS is a critical workplace issue and calls for commitment from employers and employees to do everything possible to combat the epidemic. Textile sector employers, employees, and their representatives should formulate enterprise policies based on the sector policy. Employees living with HIV and AIDS should be given an opportunity to make an input to workplace policies and programmes if they so wish.

4.2 Non discrimination

Workplace programmes, policies and structures should ensure observance of human rights and dignity. There should be no stigmatization of or discrimination against individuals on the basis of HIV status, real or perceived. All employees and prospective employees, employers, clients or customers should be protected against discrimination and stigmatization.

4.3 Gender equality

The gender dimensions of HIV and AIDS should be recognized and the different needs of women and men should be addressed in the design of workplace programmes. An assurance of gender sensitivity and awareness is required, especially to enable women to know their rights and obligations. Women and men need to uphold values that are respectful of their own and each others' sexuality.

4.4 Healthy work environment

Occupational health and safety should be assured at the workplace. A healthy working environment ensures security to all employees, regardless of HIV

status. Practices and procedures should address the vulnerability of employees and protect them from potential HIV infection, as well as providing guidelines on what to do in the event of exposure.

4.5 Social dialogue

Transparency and an all-inclusive approach are critical in all interactions among social partners and form the basis for establishing confidence and trust in all collaboration. The tripartite partners involved in the response to HIV and AIDS must provide a conducive and supportive environment for maximum dialogue and include those living with HIV. This openness encourages voluntary disclosure of their status by people living with HIV (PLWHA), thus enabling timely care and support strategies.

4.6 No screening for purposes of exclusion from employment or work processes

Employees should not be tested for their HIV status for purposes of recruitment, continued or termination of employment, training, promotion or other work processes. Routine fitness-for-duty medical examinations should apply to all employees or job applicants, irrespective of HIV status. No screening - measures whether direct (HIV testing) or indirect (assessment of risk taking behaviour) or asking questions about tests already taken or about medication, as described in section 3.2 of the ILO Code of Practice - shall occur.

4.7 Confidentiality

All personal health information should be treated in complete confidence. There shall be no compulsory disclosure of HIV status. Any disclosure should be voluntary, with the written consent of the concerned party and after counselling on the potential consequences. Employers, their representatives and health care personnel with access to personal health information should be provided with training and guidance to ensure their understanding of the importance of confidentiality.

4.8 Continuation of employment relationship

Infection with HIV is not a cause for termination of employment. As long as the employee is fit for work, they should be allowed to continue working. However, if the working environment is likely to worsen the condition of the employee, the employer may, in consultation with and preferably initiated by the employee and her or his representatives, transfer the employee to a suitable job and location with no loss in status and benefits and precluding the use of this clause to transfer HIV positive employees to less favourable jobs or locations. Where the employee cannot continue working due to ill health, the normal cessation of the employment arrangement should apply.

4.9 Prevention

Prevention is central to all efforts to combat HIV and AIDS. A holistic, comprehensive, proactive, innovative and practical approach to prevention based on behaviour change is imperative and this must recognize the different levels of vulnerability to the disease and its differential impact upon women and men. This involves the design, implementation and coordination of various interventions to change attitudes, beliefs and risky sexual behaviours of employees, their partners and communities.

4.10 Treatment, care and support

Care and support of affected individuals and families is essential in lessening the socio-economic and psychological burden of HIV and AIDS. It helps remove the fear of being unable to cope with an HIV positive person and encourages openness and disclosure, which in turn facilitate early assistance. Workplace programmes should assist by providing material support, such as food and spiritual and psychological support to the affected, their partners and families. The sector should facilitate the provision of antiretroviral therapy (ART) for employees living with HIV and AIDS and their spouses.

4.11 Budgeting and sustainability

There should be concerted efforts to mobilize resources at both the sectoral and enterprise level for HIV and AIDS programming. Enterprises should provide financial, human and material resources as well as time for HIV and AIDS activities.

4.12 Monitoring and evaluation

Workplace policies on HIV and AIDS must be up to date and in synchrony with the changing environment and ongoing research. There must be continuous monitoring and periodic evaluation and review of policies and programmes.

5. Policy objectives and strategies

5.1 Recognition of HIV and AIDS as a Work Place Issue.

Recognizing the serious negative impact that HIV and AIDS has on business, enterprises should:

- (i) Develop HIV and AIDS policies and programmes
- (ii) Provide HIV and AIDS awareness and educational programmes
- (iii) Provide adequate resources to enable the implementation of HIV and AIDS policies and programmes
- (iv) Put in place an HIV and AIDS committee comprising employees, employers and other relevant stakeholders, including PLWHA should they be willing, who will spearhead implementation of policy, programmes and the monitoring and evaluation of these programmes
- (v) Mainstream HIV and AIDS into other company policies and activities
- (vi) Ensure communication about programme implementation and reports using the recommended structures from local companies to national level in order to assess HIV and AIDS impact reduction.

5.2 Non-discrimination

PLWHA can be subjected to stigma and discrimination at the workplace, leading to delayed recruitment, non-promotion and retrenchment. Enterprises should:

- (i) Educate management and employees on the provisions of Statutory Instruments 202/98 and 64/08
- (ii) Provide all employees with copies of SI202/98
- (iii) Put in place policies and procedures for protecting employees against discrimination at the workplace
- (iv) Provide a fair platform for promotional prospects, advancement and career development for employees, regardless of their HIV status
- (v) Define grievance and disciplinary procedures for handling cases of discrimination on the basis of HIV status.
- (vi) Ensure that individuals living with HIV and AIDS are treated in the same manner as any employee

5.3 Gender equality

Recognizing the particular vulnerability of women to HIV infection due to their multiple roles and biological make-up, and the ineffectiveness of HIV and AIDS programmes to respond to this due to poor involvement and participation of women and men, it is acknowledged that there is an imbalance in access to HIV and AIDS information and services between women and men. Enterprises should:

- (i) Mainstream gender issues in HIV and AIDS programming
- (ii) Create equal opportunities for women and men, irrespective of HIV status
- (iii) Encourage employees and their partners to go for HIV counselling and testing
- (iv) Educate women and men about their roles in HIV and AIDS prevention, care and support programmes
- (v) Train females and males as peer educators and home based caregivers.

5.4 Healthy and safe work environment

Recognizing the need to protect employees from work related illnesses and injuries in the textile industry:

- (i) Enterprises in collaboration with the relevant government departments should provide education and training of employees and employers on communicable diseases and accidents at the workplace, including the provisions of SI19/02 as read with SI68/90
- (ii) Government and enterprises should carry out periodic audits to assess and ensure a healthy and safe work environment
- (iii) Enterprises should identify and provide training of potential first aid givers, including on matters of access to post exposure prophylaxis (PEP) services
- (iv) Enterprises should provide adequate protective clothing and equipment, good ventilation and sanitary facilities, and dust extractors
- (v) Enterprises should provide first aid equipment, placed at specifically designated places
- (vi) Enterprises should have health and safety personnel and committees

- (vii) Enterprises should provide periodic medical examinations and reviews for employees exposed to health risks, including those related to HIV and AIDS and Tuberculosis (TB)
- (viii) Enterprises should provide information, education and communication (IEC) materials.

5.5 Social dialogue

It is recognized that effective communication among stakeholders through dialogue creates an enabling environment for combating HIV and AIDS at workplaces. Being aware that collective responsibility with defined roles and functions of each stakeholder ensures accountability and mutual understanding, thereby enabling a work environment that is conducive to the reduction of HIV transmission, government should:

- (i) Promote openness and dialogue among social partners
- (ii) Clarify the roles and responsibilities of all stakeholders in the fight against HIV and AIDS in the textile industry and foster equal commitment from all parties
- (iii) Ensure meaningful involvement of relevant stakeholders including PLWHA
- (iv) Avail opportunities for sharing of information and reports, paying due attention to issues of confidentiality.

5.6 Screening for purposes of exclusion

Employees can be stigmatised on the basis of their actual or perceived HIV status and discriminated against in terms of employment, promotion and training, or may find themselves forced into early retrenchment or retirement. To avoid this:

- (i) Employers should provide information and education to management and employee representatives on employee rights and existing labour laws, including SI202 of 1998
- (ii) Managements should clearly define disciplinary procedures and penalties for violation of the company codes
- (iii) Enterprises should harmonise other company policies with the HIV and AIDS policy.

5.7 Confidentiality

Lack of confidentiality may predispose HIV infected employees to stigma and discrimination. Therefore, enterprises should:

- (i) Provide education to management and employees about their rights and obligations with respect to management of confidential health information
- (ii) Provide education to management and employees on SI202/98 and other relevant legislation
- (iii) Come up with policies and procedures regarding discipline and violation of confidentiality
- (iv) Ensure confidentiality and privacy when offering counselling services
- (v) Ensure confidential safekeeping of records of all employees
- (vi) Ensure that employees are not obliged to reveal data concerning their own HIV status or that of their fellow workers
- (vii) Encourage voluntary disclosure of HIV status and meaningfully involve those who disclose their HIV status
- (viii) Encourage shared confidentiality for the benefit of accessing care and support services at organizational and family levels.

5.8 Continuation of employment

The actual or perceived HIV status of an employee can lead to discrimination and stigmatization in work processes. In view of this:

- (i) Government should provide education on HIV and AIDS to employees and employers
- (ii) Government should ensure adherence to the provisions of SI202/98
- (iii) Enterprises should transfer employees to appropriate positions to suit their changed medical status when necessary, where such jobs are available and preferably at the initiation of the infected employee, in a manner which ensures discrimination does not occur.
- (iv) Enterprises should mainstream HIV and AIDS into human resources policies and practices.

5.9 Prevention

Lack of or inadequate information about HIV and AIDS can lead to exposure to HIV infection and the spread of HIV. Enterprises should:

- (i) Provide awareness and education programmes, and IEC materials
- (ii) Encourage behaviour change
- (iii) Provide female and male condoms to all employees and educate employees on their correct and consistent use
- (iv) Encourage early treatment of sexually transmitted infections (STIs)
- (v) Include workers and their family members in behaviour change, prevention and other HIV and AIDS awareness and education initiatives
- (vi) Ensure easy access to treatment of opportunistic infections (Ois)
- (vii) Avail personal protective devices to all persons employed in occupations with an element of risk of HIV transmission and adopt the standard of practice to be used to minimize the risk of blood-borne pathogens known as “universal precautions”
- (viii) Provide access to PEP to any worker who may require this to prevent HIV infection
- (ix) Provide prevention of parent-to-child transmission (PPTCT) education to expectant and breastfeeding women and their partners
- (x) Provide health and safety discussions
- (xi) Train and mobilise peer educators.

5.10 Care and support

Vulnerability of those infected by HIV to stigma and discrimination might lead to them not claiming access to the care and support they require. Therefore:

- (i) Government and enterprises should ensure that employees with HIV and AIDS related illnesses have access to medical treatment, including antiretrovirals (ARVs)
- (ii) Enterprises should provide follow up counselling services for those infected by HIV
- (iii) Information should be provided in the workplace on community resources, including those providing ARVs, and treatment of STIs and related conditions

- (iv) Enterprises should provide nutritional support for employees living with HIV and AIDS and to chronically ill employees
- (v) Government and enterprises should give support to income generating projects so as to sustain family members
- (vi) Training on home based care should be provided to employees and family members.

5.11 Budgeting and sustainability

In order to allow adequate funding for an effective HIV and AIDS response:

- (i) Enterprises should budget for HIV and AIDS programmes
- (ii) The National Employment Council (NEC) should mobilize resources for HIV and AIDS programmes
- (iii) Enterprises should ensure that all workplace HIV and AIDS programmes are adequately resourced and sustainable
- (iv) Enterprises should mainstream HIV and AIDS in all activities, policies and programmes to ensure sustainability.

5.12 Monitoring and evaluation

To ensure monitoring and evaluation and review of HIV and AIDS policies and programmes:

- (i) The NEC should set up an HIV and AIDS committee at sectoral level to spearhead the monitoring and evaluation of policies and programmes at enterprise level
- (ii) The NEC should ensure there is a system and tools for continuous monitoring and evaluation and review of policy and programmes both at the sectoral level and in the workplace
- (iii) It is necessary to assess the impact of HIV and AIDS on company profitability by maintaining information and records relating to HIV and AIDS related costs at the workplace. Efforts should be made to ensure confidentiality of all information held regarding the HIV status of individuals
- (iv) Enterprises should periodically conduct joint policy and programme reviews and reformulation with stakeholders.

6. Roles and responsibilities in implementation of policy

The stakeholders in the sector include Government, employers, employees and their representatives, health care providers, community organizations, non-governmental organizations, religious groups, and suppliers of goods and services both formal and informal.

6.1 The role of Government

Government, in consultation with other stakeholders, should facilitate and participate in periodic, national policy review processes. Further to this, it should:

- (i) Provide guidelines and technical support to assist in the care and management of HIV and AIDS in the workplace
- (ii) Provide primary infrastructure, including referral treatment facilities
- (iii) Promote research on the impact of HIV and AIDS in the world of work
- (iv) Enact and revise the necessary legislation to enhance the effectiveness of HIV and AIDS programming in the world of work
- (v) Strengthen structures and procedures for the enforcement of laws protecting the workplace and other rights of PLWHA
- (vi) Provide guidelines to employers and health personnel on medical examinations for fitness for work.

6.2 The role of the NEC

The parties in the textile industry shall set up an HIV and AIDS Committee at NEC level. The membership of the committee shall include the tripartite partners and shall be responsible for:

- (i) Formulating, coordinating and implementing sector-wide programmes and providing back up services to individual establishments
- (ii) Appointing a coordinator through NEC structures who will work with individual enterprises and the stakeholders for technical and financial support
- (iii) Periodically monitoring and evaluating, and enhancing the sector-wide policy and programmes

- (iv) Linking the sector with other national and sub regional initiatives.

6.3 The role of employers and their representative organizations

Employers, in consultation with employees and their representatives, should:

- (i) Formulate HIV and AIDS policies at enterprise level
- (ii) Develop and implement HIV and AIDS programmes at the workplace
- (iii) Commit resources for the implementation of workplace HIV and AIDS policies and programmes
- (iv) Develop and implement HR policies that are in line with this policy
- (v) Support and encourage access to voluntary counselling and testing (VCT).

6.4 The role of employees and their representative organizations

The employees, in consultation with their representative committees and trade unions, should:

- (i) Actively participate and make an input into sector and workplace policy formulation, programme planning, implementation and monitoring and evaluation
- (ii) Facilitate liaison with employers and government
- (iii) Use existing unions and other enterprise structures to develop IEC materials and provide employees with information on HIV and AIDS, workers' rights and benefits in the workplace
- (iv) Work together with employers to develop strategies to effect behaviour change at the workplace and assess and respond to the economic impact of HIV and AIDS on the enterprise
- (v) Support and encourage employers in creating and implementing human resource policies that are in line with national, sectoral and workplace policies on HIV and AIDS
- (vi) Champion the employees' cause by taking up issues at the workplace through grievance and disciplinary procedures or reporting all discrimination to the appropriate legal authorities

- (vii) Develop and carry out training programmes for their members to better understand and articulate the needs of all employees, regardless of HIV status
- (viii) Advocate for and cooperate with employers to maintain a safe and healthy working environment
- (ix) Observe rules of confidentiality when carrying out trade union duties
- (x) Ensure that factors that increase the risk of infection for certain groups of employees, especially those directly related to their working conditions, are addressed, in consultation with employers
- (xi) Encourage and support access to confidential voluntary counselling and testing
- (xii) Network with national, regional and international organizations in championing the response to HIV and AIDS in the workplace.

6.5 The role of health care providers

Public and private health care providers complement the efforts of the tripartite partners in combating the HIV and AIDS epidemic and should:

- (i) Participate in the wider social dialogue on HIV and AIDS
- (ii) Make an input into sector HIV and AIDS policies and programmes
- (iii) Provide health insurance and benefits on a non-discriminatory basis
- (iv) Provide prophylactic treatment, ART and palliative health care services.

6.6 The role of communities and NGOs

Communities and other stakeholders, such as NGOs, self-help organizations, religious organizations and civic organizations, reinforce the work of the tripartite partners. They should:

- (i) Participate in the wider social dialogue on HIV and AIDS in the workplace and the community
- (ii) Carry out advocacy work on HIV prevention, treatment, care and support
- (iii) Provide support and care for PLWHA
- (iv) Provide technical assistance and expertise.

6.7 The role of suppliers of goods and services to the sector

Suppliers of goods and services (including those trading informally) to the textile industry are equally affected by the HIV and AIDS and should contribute to the efforts of the tripartite partners by:

- (i) Becoming familiar with the sector policy on HIV and AIDS
- (ii) Incorporating HIV and AIDS issues into their policies and strategies
- (iii) Supplying goods and services in a manner that will promote the sector to achieve the objectives of this policy on HIV and AIDS in the workplace.

7. Monitoring and evaluation indicators

A number of indicators can be used to monitor the implementation of this policy. These indicators could be adopted, together with indicators to be developed with the action plans designed to complement this policy

7.1 Process indicators

Some indicators of process are:

- (i) The number of enterprises with workplace policies and programmes on HIV and AIDS
- (ii) The number of enterprises that include HIV and AIDS in their strategic plans
- (iii) The proportion of enterprises' budgets allocated to and used for HIV and AIDS programmes
- (iv) The number of enterprises with employee assistance programmes to meet the needs of employees living with HIV and AIDS
- (v) The number of employees trained in various HIV and AIDS programmes
- (vi) The number of enterprises offering VCT
- (vii) The number of employees utilising VCT facilities
- (viii) The number of drop in centres established and number of employees visiting them
- (ix) The number of community outreach programmes implemented
- (x) The number of workplace support groups for PLWHA
- (xi) Resources mobilized for HIV and AIDS programmes at NEC level
- (xii) The number of hours spent on HIV and AIDS programmes at the workplace.

7.2 Impact indicators

Some indicators of impact are:

- (i) Reduction in incidence of sexually transmitted infections
- (ii) Increased levels of knowledge of HIV and AIDS issues
- (iii) Reduced number of deaths from HIV and AIDS related causes

- (iv) Reduced number of person hours lost through HIV and AIDS related absenteeism
- (v) Reduced impact of HIV and AIDS on productivity and profitability.

8. Glossary of terms

The definitions below are derived from the Zimbabwe National Strategic Framework for the Private Sector Response to HIV and AIDS, national policy documents and publications from the ILO, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO).

Acquired Immune Deficiency Syndrome (AIDS): A cluster of serious illnesses including opportunistic infections and cancers that arise when the immune system is severely weakened.

Antiretroviral (ARV) Drugs: Used to treat HIV by suppressing the virus in the body.

Antiretroviral Therapy (ART): A term used to describe the holistic treatment of HIV by taking ARV drugs, as well as understanding the disease and its treatment, preparing to adhere to ARV regimens, ensuring proper nutrition, psychosocial support and palliative care, and caring for the carers of people living with HIV.

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

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

Health: The WHO describes health as “a state of complete physical, mental and social well-being and not merely the absence of infirmity”.

Opportunistic Infection (OI): An infection that takes the “opportunity” of the weakened immune system caused by HIV to make a person sick.

Prevention of Parent-to-Child Transmission (PPTCT): The prevention of transmission of HIV from a mother to her child during pregnancy, delivery or breastfeeding. This term recognizes the involvement of the father in the transmission of the virus.

Personal Protective Equipment (PPE): Equipment designed to protect workers from serious workplace injuries or illnesses resulting from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards.

Post Exposure Prophylaxis (PEP): A one-month course of antiretroviral drugs taken as a precautionary measure after accidental exposure to HIV to prevent HIV infection.

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

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

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

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

Worker's representatives: Defined in accordance with the ILO Worker's Representatives Convention (No. 135 of 1971) as “persons recognized as such by national law or practice whether they are: (a) trade union representatives ... (b) elected representatives ...”

