

***HIV and AIDS Policy
for
the Micro, Small and Medium
Enterprises (MSMEs) in Zimbabwe***

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Foreword

HIV and AIDS, poverty and gender inequality combined have proven and continue to be the greatest socio-economic development challenge for Zimbabwe. Despite indicators reflecting a consistent decline in HIV and AIDS prevalence in Zimbabwe in recent years, from an estimated 24,6% in 2004 to 15,6% in 2007 (Zimbabwe Demographic Health Survey, 2007), the developmental impact of HIV and AIDS on Zimbabwe remains a considerable challenge.

At micro, small and medium enterprise (SME) level, HIV and AIDS has manifested itself through reductions in skills and labour supply. There are also disruptions in production, declining productivity and increasing business costs as well as diversion of income and savings towards treatment and funeral costs. There are significant disinvestments in business and family assets during long periods of HIV and AIDS related illnesses. Businesses and families with chronically ill persons, single-bread winners and orphans are particularly vulnerable to poverty and food insecurity. Survivors often engage in risky survival strategies that further propel the spread of HIV. Some SME activities, such as cross border trade, further expose entrepreneurs, their employees and families to a higher risk of HIV infection.

The 2006 study on the Impact of HIV/AIDS on the SME Sector in Zimbabwe found that HIV and AIDS heavily strains SME resources. It then highlighted the need for a guiding strategic framework in the mitigation of HIV and AIDS in the SME sector. It was also reported that there is need to expand the response to HIV and AIDS within the sector through multi-stakeholder approaches. The study recommended the development of a guiding strategic framework for prevention and mitigation of HIV and AIDS in the sector.

In an effort to effectively address HIV and AIDS within the SME sector, the Government, with the involvement of the SME sector and in consultation with relevant stakeholders, has drawn up the HIV and AIDS Policy for the Micro, Small and Medium Enterprise Sector of Zimbabwe. The Policy provides guidelines and an institutional framework for mitigating HIV and AIDS in the SME sector.

The task at hand is to sensitize SMEs on the importance of developing their workplace HIV and AIDS policies. Given the close linkages between small and medium enterprises and the communities in which they operate, this policy should further improve the country's response to HIV and AIDS. It is imperative that resources be mobilized to support the implementation of this policy for the benefit of the SME sector and the nation at large.

I would like to thank all those who have made this policy possible, especially the International Labour Organisation (ILO) for their technical support and guidance in the process.



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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Antiretrovirals
CSO	Central Statistics Office
ZDHS	Zimbabwe Demographic Health Survey
HBC	Home Based Care
HDI	Human Development Index
HPI	Human Poverty Index
ILO	International Labour Organisation
M & E	Monitoring and Evaluation
MCP	Multiple Concurrent Partnering
MDGs	Millennium Development Goals
MoHCW	Ministry of Health and Child Welfare
MSME	Micro, Small and Medium Enterprises
NAC	National AIDS Council
NEC	National Employment Council
PLHIV	People Living with HIV
SADC	Southern African Development Community
STIs	Sexually Transmitted Infections
UN	United Nations
UNIFEM	United Nations Development Fund for Women
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan

ZNAMSE Zimbabwe National Association of Small and
Medium Enterprises

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1. Background

Zimbabwe is amongst countries with the highest HIV prevalence in the world. Although the overall HIV prevalence in the adult population decreased from an estimated 24.6% in 2004 to an estimated 20.1% in 2005, declining further to 15.6% in 2007 (Ministry of Health and Child Welfare 2007), the HIV and AIDS pandemic in Zimbabwe continues to pose a severe development challenge. Due to AIDS, life expectancy fell from 50 years in 1995 to 34 years in 2007 (ZDHS, 2005/6).

In Zimbabwe, high levels of poverty, negative cultural practices and gender inequality fuel the spread of HIV. According to the Ministry of Health and Child Welfare, the decline in HIV prevalence is indicative of change in sexual behaviour, which has been accompanied by increased condom use with casual partners and increased faithfulness. The many interventions by both government and the international community and local players have yielded positive results. However, the MSME sector remains very vulnerable to HIV and AIDS despite the recorded positive trends. A number of drivers are responsible for the spread of HIV within the sector. Dealing with these factors is the focus of this policy.

Whilst some research has been carried out on the impact of HIV and AIDS on large companies, limited efforts have been made to document the impact of the pandemic on the micro, small and medium enterprises. The first major effort was carried by the Government of Zimbabwe, Ministry of Small and Medium Enterprises Development (MSMED), in association with the International Labour Organisation (ILO) in 2006. The main findings of the study to assess the impact of HIV and AIDS on the SME Sector in Zimbabwe revealed the following:

1. The MSME sector lost on average 40% of productive time per month due to high absenteeism associated with HIV and AIDS related illnesses and deaths;
2. MSMEs resorted to sharing of jobs among available staff and productivity declined as a result of employees taking heavy workloads;
3. Business costs rose due to funeral assistance, recruitment and training costs;
4. In terms of dealing with HIV and AIDS at the workplace, only 26% of MSMEs had written HIV and AIDS policies and most of those with written policies were not running any HIV and AIDS workplace programmes.

The MSME sector relies on public health-care, a system burdened with shortages of commodities and staffing, resulting in poor quality care and high levels of morbidity and mortality, again fuelling and complicating poverty dimensions in the sector.

During the period 2000 to 2007, cumulatively the economy declined by nearly 40% (CSO, 2008). Men and women have in recent years increasingly become engaged in largely informal entrepreneurial activities countrywide as economic decline continues. The involvement in some of these informal activities has increased the exposure of both men and women to HIV. A health risk arises from the economic activities of MSMEs, which keep entrepreneurs and workers highly mobile, away from spouses for long periods, in highly concentrated workplaces and with limited access to correct information and services.

According to the Zimbabwe Demographic Health Survey (ZDHS) 2005/2006, women constitute 54% of people aged 15 to 49 years living with HIV. A large number of these women include those engaged in the MSME sector. Informal cross-border

traders constitute a large proportion of this group and are very vulnerable to the HIV.

Zimbabwe is signatory to the Millennium Development Goals (MDGs) commitments. Goal 6: “Combat HIV and AIDS, malaria and other diseases”, is one of Zimbabwe’s three priority goals, the others being MDG 1: “Eradicate extreme poverty and hunger” and MDG 3: “Promote gender equality and empower women”. Under the MDG 6, Zimbabwe is expected to have reversed the spread of HIV and AIDS by 2015 (Government of Zimbabwe/UN Report, 2004). These three priority goals underlie the country’s progress in achieving all the other goals. To this extent, the HIV Policy for the MSME Sector is well linked to national efforts designed to achieve the MDGs.

2. Aim and Scope of Policy on HIV and AIDS

This policy guides and directs the process of dealing with HIV and AIDS in the MSME working environment in Zimbabwe. It applies to all employers and workers, including applicants for work in this sector. The policy provides the framework for sector associations to gear themselves to implement, monitor and evaluate practical and proactive HIV and AIDS programmes specific to their operational environment.

3. Policy and Legal Framework

HIV and AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace. This policy must be understood within the context of the following key policies and guidelines:

- 3.1 Zimbabwe National HIV and AIDS Strategic Plan (2006-2010):** The Plan constitutes one agreed HIV and AIDS action framework specified in 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 multi-sectoral mandate, and (c) one agreed country-level monitoring and evaluation system
- 3.2 Labour Act, Chapter 28:01, Revised Edition 1996 and Labour Relations Amendment Act 2002:** These Acts declare and define the fundamental rights of employees, define unfair labour practices, regulate conditions of employment, negotiations, scope and enforcement of collective bargaining agreements and provide for the prevention of unfair labour practices, among others. Section 5, sub-section (1) of the Labour Relations Amendment Act (2002) includes non-discrimination on the basis of HIV status
- 3.3 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 non-discrimination of HIV-infected employees and establishes the rights and responsibilities of both employers and employees.

- 3.4 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 factories and other workplaces as well as diseases contracted whilst in the course of duty, including HIV infection.
- 3.5 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.
- 3.6 Pneumoconiosis Act, Chapter 15:08:** The act provides for the control and administration of persons employed in dusty occupations.
- 3.7 Statutory Instrument 64 of 2008:** The Instrument mandates labour inspectors to inspect on HIV and AIDS programme response within the guidelines of the Statutory Instrument 2002 of 1998.

4. Key Principles

This policy is based on the following key principles.

4.1 **Recognition that HIV and AIDS is a major workplace issue and a reality for MSMEs:**

HIV and AIDS is recognized as a workplace issue and thus tripartite partners (entrepreneurs, employees and government) have an important role to play in the workplace regarding prevention, protection of rights and care and support as partners in the wider struggle to limit the spread and effect of HIV and AIDS epidemic in accordance with the following: ILO Code of Practice on HIV and the World of Work section 4.1, Labour Act, Chapter 28:01, Revised Edition 1996 and Labour Relations Amendment Act 2002, The Factories and Works Act, Chapter 14:08, Revised Edition 1996, National Social Security (Accident, Prevention, and Workers Compensation Scheme) Notice 1999, as well as to the Code of Conduct on HIV and AIDS and Employment in the Southern Africa Development Community (SADC).

4.2 **Transparency and dialogue between stakeholders and collaborating partners**

Transparency plays a central role in all interactions among the social partners and is the basis for establishing confidence and trust in all collaboration. All the collaborating partners, who include government, entrepreneurs and employees, must recognize the importance of engaging in open and sustained dialogue, especially between entrepreneurs and their employees. It

is important to involve other interested parties like local government authorities, community-based organizations, MSME associations, local religious and traditional structures and their leaders, members of civil societies and relevant non-governmental organizations. Where possible workers infected and affected by HIV and AIDS should be involved in accordance with ILO HIV and AIDS Code of Practice.

4.3 Prevention of HIV and AIDS and sexually transmitted infections (STIs)

HIV can be transmitted through sexual relations, exposure to infected products and from parent to child, methods that are all preventable. Prevention is pivotal in all efforts to combat the HIV and AIDS pandemic. The collaborating partners should recognise that adopting a holistic, comprehensive, proactive and practical approach to HIV prevention is critical. To do this, the design, implementation and co-ordination of all initiatives targeted at changing attitudes, beliefs and risky sexual behaviour of those engaged in the MSME sector is paramount.

4.4 Non-discrimination in all work processes on the basis of HIV status

Policies dealing with MSME activities should ensure observance of human rights and dignity regardless of HIV status. Discrimination and stigmatisation of employees living with HIV and AIDS on the basis of real or suspected HIV status must be eliminated. All employees should be protected against unfair treatment or victimization. Equal treatment for all at the workplace should be the guiding principle irrespective of HIV status.

4.5 Screening for purposes of exclusion from employment or work processes

No employee should be screened for HIV at any time during the period of employment or engagement. Routine fitness-for-duty medical examinations should apply to all employees irrespective of HIV status. HIV testing shall only take place on a voluntary basis, with written informed consent and with pre- and post-test counselling being provided, in accordance with section 8 of the ILO HIV and AIDS Code of Practice and Section 5 of Statutory Instrument 202 of 1998.

4.6 Respect for confidentiality of HIV status

In compliance with the ILO HIV and AIDS Code of Practice section 4.7, there is neither justification for asking applicants or workers to disclose their HIV related personal information, nor should workers be obliged to reveal such personal information about fellow workers. Disclosure of status should be done voluntarily, with written consent by those concerned and after counseling on the potential consequences. Personal data relating to a worker's HIV status should be bound by rules of confidentiality consistent with the ILO Code of Practice on the Protection of Personal Data, 1977.

4.7 Non-termination of contract of employment

Those living with HIV and AIDS should continue in employment, so long as they are medically certified fit for work. Normal fitness-for-duty medical examinations should be used as the basis for determining whether employment should be continued or terminated. However, in the event that the working environment worsens the condition of the employee, the employer may, in

consultation with a qualified medical practitioner and the employee and his/her workers' representative, arrange for relocation to a more suitable job and/or location, but with no loss in benefits.

4.8 Safe and healthy working environment

Both HIV-infected and uninfected workers and employers should have a safe and health-promoting working environment in accordance with section 4.4 of the ILO HIV and AIDS Code of Practice and the Occupational Safety and Health Convention 1981 (No 155). The practices and procedures should also deal with exposure of employees and employers and protect them from potential HIV infection in their course of duty.

4.9 Gender equality in the workplace

Conscious efforts to deal with gender issues to ensure equality and non-discrimination in the treatment of men and women should be made. Different needs of men and women should be addressed in the design of workplace programmes. An assurance on gender sensitivity and awareness is required, especially to enable women to know their rights and obligations. Men and women need to uphold the values that respect their own and each other's sexuality. Vulnerability of women to HIV and AIDS due to their biological make-up, socio-economic and cultural factors must be taken into account in policies and interventions put in place.

4.10 Care and support arrangements

Care and support of the HIV infected and affected families are pivotal in the reduction of the economic, social and psychological stress. There should not be any

discrimination in accessing benefits and support from the company or other public support and social security systems as stipulated in the ILO HIV and AIDS Code of Practice section 4.10.

MSME oriented and community support interventions should provide material support such as food and medical care, and other essential non-material support packages for workers, spouses, children and dependants. MSMEs should provide or facilitate access to antiretroviral therapy for the workforce.

4.11 Sustainable and adequately funded programmes

MSME oriented HIV and AIDS interventions should be sustainably resourced at all times. To this end, financial contributions of the government, MSMEs, employers and employees should be institutionalized by forging linkages with relevant national programmes.

4.12 Monitoring, evaluation and impact assessment of HIV and AIDS policies and programmes

MSME oriented policies and legal frameworks on HIV and AIDS should be up to date and synchronized with the rapidly changing circumstances. There should be regular and periodic monitoring and evaluation and review of policies and interventions, drawing from experiences of the MSMEs themselves.

5. Policy Objectives and Strategies

This policy will be implemented through the following objectives and strategies derived from the foregoing key principles:

5.1 To recognise the importance of combining the efforts of entrepreneurs, managers and employees in taking action for HIV and AIDS prevention and mitigation.

There is need to:

- 5.1.1 Design action-oriented programmes aligned to a comprehensive HIV and AIDS intervention for MSMEs;
- 5.1.2 Cover HIV and AIDS issues within their strategic plans. The strategic plans must be supported by annual plans of action on HIV and AIDS;
- 5.1.3 Have focal persons who lead on issues related to HIV and AIDS or group themselves and work in focus groups or clusters which have representation from various activities, by location and sub-sector. Such an arrangement needs to be coordinated carefully and should have effective leadership structures.

5.2 To promote dialogue and transparency among social and development partners in order to create an environment conducive to combating HIV and AIDS in the MSME operational setting

There is need to:

- 5.2.1 Ensure management, employees and their representative associations are active and take ownership of the process and implementation of the policy and programmes;

- 5.2.2 Spread ownership of the process, a useful strategy for sustainability is that MSMEs should involve employees and other stakeholders in programme design, implementation, monitoring and evaluation;
- 5.2.3 Establish HIV and AIDS Working Groups made up of employees and employers at the workplace and NEC levels;
- 5.2.4 Use simplified methods, including audio and visual aides so that all the people understand what needs to be achieved with regards to HIV and AIDS. Such methods will assist to sensitize workers on HIV and AIDS issues at all levels;
- 5.2.5 Improve relations between all players, from management to employees through formal and informal interactions;
- 5.2.6 Mobilise MSME associations' members to make use of existing structures in programme design and implementation.

5.3 To prevent HIV infection and reduce AIDS related deaths

There is need to:

- 5.3.1 Identify the drivers of HIV and AIDS in each sub-sector and context. For example, the drivers in international cross-border trade (ICBT) may be different from those in female dominated informal vending activities, the male dominated woodworking and furniture clusters and more formalised MSME business setting;
- 5.3.2 Reinforce prevention and education through effective awareness campaigns and outreach programmes;
- 5.3.3 Provide a variety of innovative choices for preventive methods based on known good practices;

- 5.3.4 Make deliberate efforts to reach MSMEs with education and awareness material within their working environment, including those often in transit such as ICBTs;
- 5.3.5 Target the people in the sector, consider the sex-networks involved, removing all stigma associated with dealing with these people, including the most vulnerable cases;
- 5.3.6 Align prevention programmes for the MSME sector to other programmes that have been identified, for example, Abstain, Be Faithful and “Condomize” (ABC), condom use and other emerging issues like male circumcision;
- 5.3.7 Address the issues of gender equality as well as poverty in a forceful way. Deal with underlying issues and not symptoms;
- 5.3.8 Establish programmes that target married couples to reduce Multiple Concurrent Partners (MCP);
- 5.3.9 Establish information centres for the sector and design a user-friendly dissemination system. Information should not be withheld by technocrats or officials, it should reach the grassroots;
- 5.3.10 Involve the infected/affected/representatives of the various structures in programme implementation;
- 5.3.11 Educate those in the sector about the conflicts that affect families because of HIV and AIDS in order to reduce gender based violence which fuels HIV infection;
- 5.3.12 Increase access to treatment and continued treatment by making anti-retroviral treatment more accessible, available and affordable;
- 5.3.13 Facilitate establishment of decentralized health centres and or mobile clinics at the designated places at various work/business places;

- 5.3.14 Facilitate greater access to affordable nutritious food, natural health products and dietary supplements to PLHIV and MSMEs;
- 5.3.15 Improve supply of Home Based Care (HBC) kits to families with people living with HIV and AIDS (PLHIV);
- 5.3.16 Avail treatment for opportunistic infections at designated places;
- 5.3.17 Give land to families with PLHIV to grow herbs to boost their immune systems;
- 5.3.18 Negotiate with Medical Aid Societies to provide affordable rates (low premiums) to cater the MSME sector or find new innovative health insurance options;
- 5.3.19 Provide health insurance schemes for members of MSMEs or specially designed schemes;
- 5.3.20 Improve economic empowerment and livelihood strategies for infected and affected people so that they can sustain themselves;
- 5.3.21 Promote voluntary counselling and testing.

5.4 To promote non-discrimination and non-stigmatization

There is need to:

- 5.4.1 Facilitate the provision of training for entrepreneurs and their employees to identify and manage behaviour patterns which discriminate against or alienate employees with or suspected to have HIV and AIDS;

- 5.4.2 Design and implement programmes to provide information and education on HIV and AIDS to all interested parties;
- 5.4.3 Provide continued counseling services to infected employees;
- 5.4.4 Rationalize other policies with the sectoral HIV and AIDS policy;
- 5.4.5 Define grievance and disciplinary procedures for handling cases of discrimination on the basis of HIV status;
- 5.4.6 Launch awareness campaigns;
- 5.4.7 Adopt sound advocacy strategies and disseminate information on HIV and AIDS aggressively, involving PLHIV;
- 5.4.8 Facilitate interactions with PLHIV who are making progress economically and socially despite their HIV status; This can be done through opening up in the electronic or print media, among other ways.

5.5 To prevent screening employees for HIV on recruitment, retrenchments, promotion and training

There is need to:

- 5.5.1 Supply relevant information and education to everyone concerned;
- 5.5.2 Clearly define disciplinary procedures and penalties for screening violations;
- 5.5.3 Harmonize SME oriented policies with national and other HIV and AIDS policies in the country.

5.6 To maintain confidentiality pertaining to HIV and AIDS issues

There is need to:

- 5.6.1 Educate all interested parties, including the most vulnerable about their rights and obligations with respect to management of confidential health information;
- 5.6.2 Provide information and education on existing labour laws such as Statutory Instrument 202 of 1998;
- 5.6.3 Provide information and education on voluntary counseling and testing;
- 5.6.4 Where skills are available, counsel infected and affected persons, regardless of status;
- 5.6.5 Develop clear disciplinary procedures.

5.7 To facilitate the continued employment of HIV-infected persons as long as they are medically certified fit for appropriate employment

There is need to:

- 5.7.1 Adopt human resources policies and practices that are in line with the Labour Act and relevant legislation;
- 5.7.2 Provide education and information to all those involved in MSME activities on their rights and obligations;

5.8 To provide a healthy and safe working environment to both HIV-infected and affected employees

There is need to:

- 5.8.1 Acquire certification for adherence to set health and safety standards;

- 5.8.2 Provide information and training on first aid and use of first aid kits which should be accessed by all persons involved in MSME activities;
- 5.8.3 Adopt motivational strategies to encourage employees to get tested and know their HIV status so that appropriate measures can be taken to ensure that the HIV and AIDS infected employees remain as productive as non-infected employees;
- 5.8.4 Facilitate dialogue between MSME representatives and medical service providers to ensure that MSMEs also benefit from medical aid schemes at affordable rates.

5.9 To achieve gender equality and sensitivity in the workplace

There is need to:

- 5.9.1 Create equal opportunities for both men and women, irrespective of their HIV status;
- 5.9.2 Provide education on gender awareness and gender dimensions of HIV and AIDS to management, employees and their representatives;
- 5.9.3 Mainstream gender in all HIV and AIDS preventive and care programmes in all sub-sectors.

5.10 To provide a caring and supportive environment for infected workers, including their families

There is need to:

- 5.10.1 Encourage uptake of voluntary counseling and testing services and openness on HIV and AIDS, removing stigma;
- 5.10.2 Facilitate formation of informal social clubs and sub-sector and or location-based HIV and AIDS support groups.

5.11 To strengthen resource allocation and sustainability of MSME oriented HIV and AIDS programmes

There is need to:

- 5.11.1 Facilitate the establishment of programmes by collaborating partners and to provide technical assistance in implementation of MSME oriented work place projects and activities. Besides seeking to mitigate the negative impacts of HIV and AIDS, the projects should also focus on increasing the productivity of those engaged;
- 5.11.2 Ensure through MSME associations that HIV and AIDS policies and programmes are reviewed with full involvement of all stakeholders;
- 5.11.3 Provide where feasible HIV and AIDS budgets within the framework of more long-term strategic plans on HIV and AIDS and enterprise development.

5.12 To monitor, evaluate and assess impact of HIV and AIDS policies and programmes

There is need to:

- 5.12.1 Ensure establishment of monitoring and evaluation systems for regular review of the policy and programme implementation;
- 5.12.2 Collaborate with partners to develop clear indicators which will assist in the monitoring of performance over time;
- 5.12.3 Conduct joint reviews of the policy and programme implementation;
- 5.12.4 Generate monitoring data on a regular and predictable basis which will be used to assess the impact of HIV and AIDS on MSMEs;

5.12.5 Keep and maintain accurate business and employee records

5.12.6 Identify direct and indirect costs of HIV and AIDS interventions

6. Roles and Responsibilities for Implementation of Policy

The responsibility for the implementation of this policy rests with the tripartite partners of MSMEs. A comprehensive and coordinated approach to fight HIV and AIDS amongst MSMEs will realize the desired outcomes through the involvement of all relevant development partners.

6.1 MSMEs, their associations and development partners' responsibilities

- 6.1.1 Assist with identification of key drivers for HIV and AIDS within each sub-sector and find ways of dealing with them;
- 6.1.2 Develop nationwide action plans which promote regional chapters, providing awareness, training of entrepreneurs on HIV and AIDS, capacitating provincial executives and other MSME members;
- 6.1.3 Facilitate training and awareness of members of sectoral associations and other affiliates;
- 6.1.4 Facilitate planning for nationwide programmes to increase access to ARVs by MSMEs;
- 6.1.5 Facilitate capacity building and training to mainstream HIV and AIDS in MSMEs;
- 6.1.6 Facilitate awareness and collection of AIDS levy contributions from members to NAC so that a greater understanding and a mutually beneficial relationship is built between the parties involved in the collaboration;

- 6.1.7 Assist in the formulation and implementation of policies and strategies for members, including adoption of best practices;
- 6.1.8 Ensure that employees and all those involved in the sector are provided with safe and stimulating working environment;
- 6.1.9 Support and encourage access to voluntary HIV counseling and testing by all those involved in the sector, from those employed to employers.

6.2 The Government and its agencies in association with collaborating partners responsibilities

- 6.2.1 Strengthen efforts to decentralise health services in order to benefit MSMEs. There should be centres which provide ARV drugs, approved traditional medicines, natural food supplements, and information on HIV and AIDS. There should be improved access to ARVs and other essential drugs to treat opportunistic infections which shall be critical in ensuring a caring and supportive environment for persons engaged in the MSME sector.
- 6.2.2 Provide infrastructure, which includes referral facilities, for the implementation of the policy and programmes. Among other things, government will provide guidelines and technical information to assist employers in the care and management of HIV and AIDS in the MSME operational environment;
- 6.2.3 Facilitate the implementation of an import-export policy which is sensitive to the needs and challenges of the MSME sector, especially International Cross Border Trade (ICBT);

- 6.2.4 Facilitate resource mobilisation for HIV and AIDS interventions through existing structures such as NAC and Ministry of Health and Child Welfare and with the collaboration of cooperating partners, who include non-state actors;
- 6.2.5 Provide HIV and AIDS experts and other technical support as necessary to facilitate dialogue on HIV and AIDS
- 6.2.6 Facilitate information dissemination on HIV and AIDS through existing structures;
- 6.2.7 Collaborate with stakeholders in monitoring fair treatment of HIV infected employees;
- 6.2.8 Provide counselling services to infected employees and their families;
- 6.2.9 Provide incentives for sustainable implementation of strategies aimed at tackling HIV and AIDS in the MSME sector;
- 6.2.10 Encourage MSMEs to contribute towards Medical Aid Schemes for their workers;
- 6.2.11 Establish an MSME institutional mechanism to spearhead monitoring and evaluation of the implementation of HIV and AIDS interventions within the national framework;
- 6.2.12 Formulate and continuously review strategies to assess and respond to the socio-economic impact of HIV and AIDS on MSMEs.

7. Implementation of Policy and Programmes

Relevant stakeholders will ensure the establishment of a vibrant MSME focused HIV and AIDS institutional framework, to ensure smooth and proper implementation, functioning, supervision and monitoring of HIV and AIDS interventions for the MSME sector. In association with existing national HIV and AIDS coordinating structures, the HIV and AIDS institutional framework will be responsible for formulating and coordinating sector-wide interventions. Such institutional arrangements should engender various stakeholders to select process, outcome and impact indicators for monitoring and evaluating the various policy objectives and associated interventions. This should be done in a participatory manner to encourage ownership of and commitment to the monitoring and evaluation process.

8. Monitoring and Evaluation Indicators

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

8.1 Process indicators

The number of enterprises engaged in implementation of MSME oriented HIV and AIDS policies.

- 8.1.1 The number of enterprises which have included HIV and AIDS in their organisational strategic plans;
- 8.1.2 The proportion of enterprise budgets allocated to and used for HIV and AIDS programmes;
- 8.1.3 The number of enterprises with employee assistance programmes designed to meet the needs of infected employees;
- 8.1.4 The number of enterprises with active HIV and AIDS programmes;
- 8.1.5 Number of employees or self employed persons trained;
- 8.1.6 Number of employees or self-employed persons undertaking voluntary counseling and testing;
- 8.1.7 The number of employees or self-employed persons receiving various types of treatment;
- 8.1.8 The number of outreach programmes implemented;
- 8.1.9 Number of HIV and AIDS Support Groups that are functioning;

8.1.10 Number of condoms distributed.

8.2 Outcome indicators

8.2.1 Number of people seeking treatment for STIs;

8.2.2 Number of managers participating in workplace HIV and AIDS programmes;

8.2.3 Number of reported incidences of stigmatization and discrimination;

8.2.4 Number of employees coming out to share their HIV status;

8.2.5 Number of workplace support groups.

8.3 Impact indicators

8.3.1 Number of cases of sexually transmitted infections;

8.3.2 Level of knowledge and awareness of HIV and AIDS issues across various sub-sectors;

8.3.3 The number of deaths through HIV-related illness;

8.3.4 Changes in productivity and profits of enterprises, including the informal sector.

Definitions and terms

ABC: The ABC's of HIV and AIDS prevention namely Abstinence, Be Faithful and use Condoms

Agencies of Government: Capable individuals or organizations that act on behalf of Government in implementing programmes and/or enforcing laws. These may be Government departments, public institutions or private organizations

AIDS: AIDS stands for Acquired Immune Deficiency Syndrome. It is the most advanced stage of infection with the human immunodeficiency virus (HIV). The Acquired Immune Deficiency Syndrome is a cluster of medical conditions, often referred to as opportunistic infections.

Anti -Retroviral therapy: The necessary tests, administration of medication and where necessary, additional medical care for one infected with HIV

Code: A set of rules

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

Counselling: An interpersonal interaction between a trained person and a client presenting a problem in an atmosphere of trust, acceptance and confidentiality

Discrimination: Any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation

Employer: A person or organization contracting or engaging people under a written or unwritten contract of employment, which establishes the rights, and duties of both parties, in accordance with national law and practice

Epidemic: An outbreak of disease on a scale not normally experienced in a given population

Gender sensitivity: Having a sympathetic awareness of the social and cultural construction of male and female identity and roles while recognizing the reality of gender differences, similarities and how they complement each other

HIV: The human immunodeficiency virus, HIV, is a virus that kills or damages cells of the body's immune system ultimately causing AIDS

ICBT: International Cross Border Trade

Morbidity: Illness or disease

Multi-sectoral: An approach that actively involves many sectors, for example SME, agriculture, health, among others and includes Government, private enterprises, non-governmental organizations and other stakeholders

Pandemic Wide spread virulent disease or virus

People living with HIV and AIDS (PLHIV): Persons infected by HIV and/or persons whose lives are indirectly affected by HIV and AIDS

Positive living: The adoption of a healthy lifestyle by PLHIV, to ensure a longer, more fulfilling life without adversely affecting themselves or others

Post-test counselling: Counselling after an HIV test, if positive helps the client understand and cope with the test results, including ways to reduce the risk of re-infection if negative to clarify possible meaning and what action can be taken

Pre-test counselling: Counselling before an HIV test, including a discussion of the test, the reason for doing it and the implication of being tested

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

Screening: A strategy used to detect a disease in individuals who have no signs or symptoms of that disease. For HIV, this may be through direct HIV testing or indirectly by assessing risky behaviour or asking questions about tests already taken or about medication

Sex and Gender: Sex is the state of being male or female, while gender refers to differences in social roles and relations between men and women. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are affected by age, class, race, ethnicity, religion and the geographical, economic and political environment

Shared confidentiality: The sharing of an individual's HIV status and related issues with people who are important in the care and support of PLHIV.

Small and Medium Enterprise:

The definition is constantly under review. Currently, Small and Medium Enterprises are registered and or licensed businesses in terms of the provisions of the Companies Act, Private Business Corporations Act, Cooperatives Acts and/ or applying by-laws of any recognized Local Authority.

- 1 A Medium Enterprise employs less than seventy (75) employees
- 2 A Small Enterprise employs fifty (50) or fewer employees
- 3 A Micro Enterprise employs up to five (5) employees

Stakeholder: In this context, refers to any individual, group of people or organization that has anything to do with HIV and AIDS within the SME sector

Steering Committee: In this policy, a group of persons or institutions appointed to spearhead the implementation of the policy

STI: Diseases or illness transmitted through the sexual contact which includes conditions commonly known as sexually transmitted diseases (STDs) such as syphilis, chancroid, chlamydia and gonorrhea

Stigma: The use of negative labels that result in marginalization, exclusion and exercise of power over individuals

Support groups: A group of people with similar problems coming together to provide each other with psychological, social, emotional, spiritual, material or other support

Termination of employment: Ending a contract of employment at the initiative of the employer or employee

Tripartite partners: In this policy, a three-party arrangement comprising Government, employers and labour

Worker's representative: Trade union and/or workers' committee representative

Workplace: Any place where work is or is to be performed by a worker