



**ZIMBABWE**

**PUBLIC SERVICE COMMISSION**

**HIV AND AIDS POLICY (ZIMBABWE PUBLIC  
SERVICE IMPLEMENTATION STRATEGY)**

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## FOREWORD

HIV and AIDS has within a period of about two decades become an unmanageable crisis with an estimated 24.6 % of the adult population in Zimbabwe in the 15 to 49 year age group infected by HIV.

Although there are no statistics that are specific to the Public Service the national statistics are a good indicator. The HIV and AIDS pandemic has not spared the Public Service.

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

- Increased absenteeism due to illness, deaths and attending to the sick or funerals
- Increased stress at the workplace leading to lower productivity •  
Reduced number of qualified and experienced personnel due to the high rate of attrition
- Reduced efficiency and effectiveness at the workplace
- Increased costs of health services, funeral and pension benefits
- Increased costs of recruitment and training of new personnel

In line with the National HIV/AIDS Policy the Public Service Commission acknowledges that HIV and AIDS requires a multi-sectoral approach where everyone is involved both in their personal and official capacities. The Public Service Commission also acknowledges that HIV and AIDS is a workplace problem, which should be tackled from the workplace.

Up to now there was no policy guidelines for the Public Service since the Labour Relations (HIV/AIDS) Regulations of 1998 (Statutory Instrument 202 of 1998) did not cover the Public Service. This does not mean that there was nothing happening in the fight against the HIV and AIDS pandemic in the Public Service. All Government Ministries have got HIV and AIDS Focal. persons who have undergone some training in mainstreaming HIV and AIDS in development programmes, sectoral planning and impact assessment.

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

The task ahead is to have more coordinated HIV and AIDS activities in the Public Service to reduce the levels of infection in the Public Service and the nation at large. The policy is also expected to lead to more co-ordination in all the areas of prevention, care and support on HIV and AIDS in the Public Service.

It is therefore my hope that the principles of this policy will be applied in our efforts to combat HIV and AIDS in the Public Service.



**MARIYAWANDA NZUWAH**  
**CHAIRMAN, PUBLIC SERVICE COMMISSION**

# HIV AND AIDS POLICY (ZIMBABWE PUBLIC SERVICE IMPLEMENTATION STRATEGY)

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*Facilitated by*

Public Service Commission, Apex Council, National AIDS Council, the United Nations Joint Programme on HIV/AIDS, the United Nations Development Programme and International Labour Organization.

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## **ABBREVIATIONS**

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-retroviral
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
JNC	Joint Negotiating Council
KRA	Key Result Area
NAC	National AIDS Council
NGO	Non-Governmental Organisation
OI	Opportunistic Infection
PLWHA	People Living With HIV and AIDS
PEP	Post-exposure Prophylaxis
PSC	Public Service Commission
SADC	Southern African Development Community
SI	Statutory Instrument
STD	Sexually Transmitted Disease
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCT	Voluntary Counselling and Testing

## **1. PREAMBLE**

The Public Service is the largest formal employment sector in Zimbabwe. It is central to the functioning of all other sectors by providing an enabling environment through its services. However, the Public Service has not been immune to the adverse impact of the HIV and AIDS epidemic. It is imperative that the integrity of the Public Service and its ability to deliver services to the various sectors is assured through effective workplace HIV and AIDS programmes.

In 1998, Zimbabwe enacted Statutory Instrument 202 of 1998, Labour Relations (HIV and AIDS) Regulations in order to manage HIV and AIDS in the private and parastatal sector workplaces. The Public Service only came under the harmonised labour law with the passing of the Labour Relations (Amendment) Act 2002. As a result, all the line ministries had hitherto used the National Policy on HIV and AIDS for Zimbabwe 1999 as a guide in running their workplace programmes. The national policy provides general guidelines as it covers all sectors and is not specific enough when it comes to workplace issues. It was imperative that the PSC formulate a workplace policy on HIV and AIDS which takes cognisance of the unique conditions of the Public Service.

The magnitude of the economic and social burden of the HIV and AIDS problem is very high at the individual, sector and national levels. This is exhibited through death of employees and spouses from HIV and AIDS related illnesses, loss of productivity through absenteeism due to illness and attending funerals, increased medical costs, increased staff benefit costs and increased labour costs due to the need to hire and train replacement staff.

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

## **2. AIM AND SCOPE OF POLICY ON HIV AND AIDS**

The aim of this policy is to guide and direct the process of dealing with HIV and AIDS issues in the workplace at all levels in the Public Service of Zimbabwe. The policy provides the framework in which the Public Service Commission, as employer, staff association representatives and members should design, implement, monitor and evaluate practical and effective HIV and AIDS programmes at the workplace in each line ministry. The policy conveys a culture of caring and compassion necessary to encourage openness, consistency and equity in dealing with the HIV and AIDS epidemic in the Public Service.

This policy applies to all members, their families and applicants for work in the Public Service.

### 3. LEGAL AND POLICY FRAMEWORK

The policy is a result of wide consultations among all stakeholders, that is, the Public Service Commission, representatives of all line ministries, the National AIDS Council. (NAC), the staff associations as represented by the Apex Council, representatives of individual staff associations and development partners such as the United Nations Development Programme (UNDP), the United Nations Joint Programme on HIV/AIDS (UNAIDS) and the International Labour Organisation, among others. The policy draws from the National Policy on HIV/AIDS for the Republic of Zimbabwe, the Statutory Instrument 202 of 1998 (Labour Relations (HIV and AIDS) Regulations, 1998), the Labour Relations (Amendment) Act 2002, the Code of Conduct on HIV/AIDS and Employment in the SADC, the ILO Code of Practice on HIV/AIDS and the World of Work and the National Gender Policy for the Republic of Zimbabwe 2004.

Zimbabwe has ratified the following ILO conventions among some of the labour related issues:

- (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)

These conventions, and others, have been taken into account in the ILO Code on HIV/AIDS and the World of Work.

This policy should be read in conjunction with the National HIV/AIDS Policy and the Strategic framework.

- (i) The Public Service Act, 1996 [Chapter 16:04] and Regulations

The Public Service Act governs the establishment and operations of the Public Service. The Public Service Regulations, 2000, published in Statutory Instrument 1 of 2000 and the Public Service (Amendment) Regulations, 2001 (No.1) in Statutory Instrument 58A of 2001 stipulate how members of the Public Service may be recruited, promoted, terminated or retired. The benefits due to a member on retirement or discharge on medical grounds are stipulated in Section 9 of the Public Service (Pensions) Regulations, 1992 (Statutory Instrument 124 of 1992) and the Public Service (Pensions) (Amendment) Regulations, 2001 (No.4) (Statutory Instrument 21A of 2001).

The Public Service Regulations give principles governing the appointment, performance appraisal and career mobility of members of the Public Service. Although there is no reference to HIV and AIDS, the regulations state that recruitment, advancement, promotion or grading of members shall be on the basis of merit.

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

The instrument covers the prevention and management of HIV/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.

- (iii) 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 as well as diseases contracted during the course of duty, which would include HIV and AIDS.

- (iv) Pneumoconiosis Act [Chapter 15:08], Revised Edition, 1996

The act provides for the control and administration of persons employed in dusty occupations, including those infected by HIV.

#### **4. KEY PRINCIPLES**

The policy is guided by a number of key principles and these are described in the ensuing sections. These principles should guide line ministries in designing and implementing workplace HIV and AIDS programmes and action plans.

##### **4.1 HIV and AIDS is a Workplace Issue**

The Public Service recognises that HIV and AIDS is a workplace issue. This calls for total commitment by the Public Service Commission, line ministries, staff associations, members and development partners to do everything possible to combat the epidemic. The policy and legal framework, particularly the Public Service Regulations and conditions of service, should provide a conducive environment for effective workplace HIV and AIDS policy implementation. Workplace HIV and AIDS programmes should be adequately resourced to carry out the mandate on HIV and AIDS as provided for in this policy.

## **4.2 Planning, Monitoring and Evaluation of Programmes and Review of Policy**

Workplace policies on HIV and AIDS should be *living*, taking account of continuously changing circumstances. Therefore, there shall be annual planning and regular monitoring and evaluation of HIV and AIDS programmes and periodic review of this policy by all stakeholders.

## **4.3 Integrity of the Public Service and Efficient and Effective Service Delivery**

The integrity of the Public Service and continued efficient and effective service delivery to its clients should be ensured.

## **4.4 Prevention of New HIV Infections**

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

## **4.5 Education and Effective Communication**

Education should be provided to all members in order to improve their understanding of HIV and AIDS and the likely impact on their lives, families, the Public Service and the nation. Relevant, appropriate and adequate information should be effectively communicated to all members.

## **4.6 Healthy and Safe Working Environment**

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

## **4.7 Respect for Confidentiality of the Members' HIV Status**

There should be no compulsory disclosure of HIV status. Disclosure of status should be on a voluntary basis, with written consent by the concerned member and after counselling on the potential consequences.

#### **4.15 Greater Involvement of People Living with HIV and AIDS**

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

### **5. POLICY OBJECTIVES AND STRATEGIES**

The responsibility for the implementation of this policy rests with the Public Service Commission, Heads of ministries, Heads of Offices representing the Commission and staff associations and members. A holistic, comprehensive and co-ordinated approach to fight HIV and AIDS in the workplace will be achieved through the involvement of all stakeholders, particularly the leadership of Public Service management and staff association representatives. The policy will be implemented through the following objectives and strategies:

#### **5.1 To engender commitment by management, staff associations and members to do everything possible to combat the epidemic in the workplace**

The Public Service Commission, line Ministries, their departments, branches and/or stations, in consultation with staff associations, hereinafter referred to as the Public Service parties, should:

- (i) create appropriate structures with representation from all stakeholders to formulate, implement and monitor HIV and AIDS programmes and action plans in a participatory and consultative manner;
- (ii) develop clearly defined annual plans and budgets and allocate time, human and financial resources to HIV and AIDS programmes;
- (iii) formulate a resource mobilisation strategy to augment the budget from treasury, including access to the National AIDS Trust Fund and donor funding;
- (iv) provide HIV and AIDS programmes with an annual allocation from treasury;
- (v) integrate HIV and AIDS programme outputs in key result areas (KRA) of managers and supervisors;
- (vi) review Public Service Regulations and conditions of service to be in harmony with this policy;
- (vii) network with development and service partners to provide financial, material, technical and human resources;
- (viii) ensure that heads of ministries, departments and stations introduce the policy to all members and maintain a visible interest in workplace HIV and AIDS programmes; and
- (ix) ensure that the Joint Negotiating Council (JNC), or its successor, includes HIV and AIDS issues into the collective bargaining agreement processes.

## **5.2 To effectively plan, monitor, evaluate and assess impact of HIV and AIDS programmes and regularly review HIV and AIDS policy**

The Public Service parties should:

- (i) design a system and tools for annual planning and monitoring and evaluation of HIV and AIDS programmes and regular review of the policy;
- (ii) conduct participatory performance audits to monitor implementation of policy and programmes;
- (iii) assess the impact of HIV and AIDS on service delivery in each line ministry by maintaining accurate records of the following:
  - sick and compassionate leave availed to members,
  - number of working hours lost,
  - cost of absenteeism,
  - cost of recruitment,
  - cost of induction training,
  - medical aid loading due to deteriorating health of members and cost of death benefits;
- ( ) calculate the cost of HIV and AIDS programmes and their opportunity cost;
- (i) factor the impact of HIV/AIDS into ministry and departmental strategic plans and annual budgets; and
- (ii) conduct periodic participatory policy reviews.

## **5.3 To ensure the integrity of the Public Service and continued delivery of efficient service to its clients**

The Public Service parties should:

- (i) plan and implement effective workplace HIV and AIDS programmes;
- (ii) come up with strategies on how to cope with reduced staffing, for example, multiple skilling and succession plans; and
- (iii) integrate HIV and AIDS programmes into the performance appraisal system.

## **5.4 To provide a conducive legal framework for effective policy implementation**

The Public Service parties should:

- (i) advocate for the amendment or replacement of SI 202 of 1998 to accommodate other issues provided for by this policy and the national, sub-regional and international codes on HIV and AIDS;
- (ii) review Public Service Regulations and conditions of service to address issues such as deployment, transfers, posting of members outside the country and recruitment procedures; and
- (iii) review grievance procedures in the Public Service Regulations to include cases of HIV and AIDS discrimination and stigmatisation.

## **5.7 To provide a healthy and safe working environment to both HIV-infected and affected members**

The Public Service parties should:

- (i) provide first aid training for all members;
- (ii) provide regular health and safety training;
- (iii) provide first aid kits at strategic points, for example, offices/floors;
- (iv) maintain clean working environment;
- (v) provide appropriate tools for the job;
- (vi) provide adequate protective clothing, particularly to members whose work involves coming into contact with potentially infective agents;
- (vii) provide adequate, well ventilated and well lit working environment;
- (viii) provide functional ablution facilities with enough sanitary facilities;
- (ix) reduce prolonged working hours which compromise quality of service and may lead to accidents;
- (x) limit periods on tour of duty away from the base station;
- (xi) provide guidelines and facilities for post-exposure prophylactic procedures for members infected on duty, including compensation procedures;
- (xii) provide decent accommodation for all members; and
- (xiii) encourage members to take up sport and provide recreational facilities for members to remain healthy.

## **5.8 To maintain confidentiality of members' HIV status**

The Public Service parties should:

- (i) adopt the principles laid out in SI 202 of 1998, notwithstanding its shortcomings;
- (ii) limit non-voluntary disclosure of HIV status to medical personnel;
- (iii) ensure that reports from medical boards are only seen by authorised personnel and not be opened in registry;
- (iv) ensure that members who voluntarily want to disclose their status are counselled first and provide written consent;
- (v) provide education to members on the need to maintain confidentiality;
- (vi) provide professional counselling services in all line ministries;
- (vii) promote VCT and shared confidentiality, especially with spouses, as a basis for rendering assistance early; and
- (viii) institute disciplinary measures for breach of confidentiality.

## **5.9 To create a workplace environment which is conducive to openness**

The Public Service parties should:

- i. conduct workshops on stigmatisation;
- ii. set up HIV and AIDS support groups at the workplace;
- iii. provide professional counselling services to facilitate the divulging of HIV positive status to spouses
- iv. provide assistance to members who divulge their HIV status, where possible, for example ARV and opportunistic infections treatment; and by referring them to health Centres

- ix use drama and industrial theatre to communicate HIV and AIDS issues and break communication barriers.

#### **5.10 To protect members against discrimination by management, colleagues and clients on the basis of HIV status**

The Public Service parties should:

- (i) rationalise human resources policies to ensure equal opportunities on recruitment, training, promotion and advancement;
- (ii) use participatory methodologies in training to break down communication barriers, for example, seniority grades;
- (iii) ensure members are aware of their rights and obligations in the workplace;
- (iv) take disciplinary action against members who discriminate at the workplace; and
- (v) issue guidelines to interviewing and recruitment boards to ensure uniformity and that HIV does not become an issue.

#### **5.11 To protect members against stigmatisation by management, colleagues and clients on the basis of HIV status**

The Public Service parties should:

- (i) provide education and awareness on stigmatisation to members;
- (ii) provide professional counselling services;
- (iii) stipulate disciplinary and grievance procedures and penalties;
- (iv) provide education and awareness on disciplinary and grievance procedures; and

#### **5.12 To ensure that there shall be no HIV testing for purposes of exclusion from employment processes**

The Public Service parties should:

- (i) ensure that there shall be no direct or indirect pre-employment HIV screening;
- (ii) conduct normal medical examinations for fitness for work in question;
- (iii) provide guidelines on medical examinations to PSC-contracted doctors;
- (iv) ensure that HIV status shall not be used as a determining factor for continued employment;
- (v) ensure that there shall be no HIV testing for promotion, transfer and training purposes; and
- (vi) ensure that all staff involved in recruitment are aware of regulations.

### **5.13 To ensure that there shall be no termination of employment due to HIV status and to maintain a long employment relationship with infected members**

The Public Service parties should:

- (i) ensure no discrimination, subtle or open, in handling or interacting with all members;
- (ii) ensure no retrenchment or abolition based on HIV status;
- (iii) where working environment is likely to worsen the condition of the member, arrange for transfer to lighter duties or a more suitable job and location, but with no loss in status and benefits;
- (iv) where a member has exhausted all other arrangements such as sick leave and transfer to light duty, terminate the employment relationship in terms of PSC regulations on medical grounds; and
- (v) provide counselling on the benefits of going on medical retirement.

### **5.14 To achieve gender equality by mainstreaming gender into all HIV and AIDS programmes, procedures and practices**

The Public Service parties should:

- (i) ensure a fair distribution of condoms and ARVs;
- (ii) ensure equal status and opportunity for education and advancement;
- (iii) be gender sensitive in the administration of transfers;
- (iv) provide education on gender awareness and gender dimensions of HIV and AIDS to management, staff association representatives and members;
- (v) involve both men and women in HIV and AIDS structures and programmes;
- (vi) encourage members to share information and knowledge on HIV and AIDS with their spouses;
- (vii) encourage members to report cases of sexual harassment; and
- (viii) mainstream gender in all HIV and AIDS programmes.

### **5.15 To provide adequate care and support to HIV-infected and affected members and their families**

The Public Service parties should:

- (i) promote VCT and openness for the early detection of HIV infection;
- (ii) facilitate the provision of monitored health treatment at public health centres;
- (iii) designate specific institutions to monitor and provide health services;
- (iv) strengthen partnerships between relevant medical aid societies and public health institutions;
- (v) provide VCT to members and their spouses through primary health' care centres;
- (vi) establish linkages and referral systems with service providers for treatment of opportunistic infections and provision of ARVs
- (vii) encourage members to seek treatment for opportunistic infections at primary health care centres;

- (viii) facilitate life skills training to infected and affected members;
- (ix) assure job security after VCT;
- (x) provide subsidised meals at the workplace, especially foods that boost immunity;
- (xi) provide home based care (HBC) by:
  - providing ongoing counselling to members and their families, providing education on HIV and AIDS and how to care for self and patient,
  - educating members and their families on nutritional foods, providing home based care kits,
  - setting up support groups for follow-up when member goes on medical retirement,
  - providing transport to assist ill members to access medical facilities;
- (xii) - facilitate speedy processing and release of benefits of deceased or medically retired members.

### **5.16 To give HIV and AIDS a human face by involving people living with HIV and AIDS**

The Public Service parties should:

- (i) involve people living with and affected by HIV and AIDS in sharing testimonies of their life styles, food and where to access assistance; and
- (ii) involve people living with and affected by HIV and AIDS in planning and implementing HIV and AIDS programmes in the workplace.

## **6. IMPLEMENTATION OF POLICY**

### **6.1 Roles and Responsibilities**

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

- (i) The role of the Public Service Commission is to:
- establish structures to plan, implement, monitor and evaluate workplace HIV/AIDS programmes;
  - lead the planning process;
  - provide guidelines and standards for processes and procedures;
  - conduct regular reviews of conditions of service and regulations;
  - facilitate mobilisation of resources for HIV and AIDS programmes;
  - liaise with other stakeholders and development partners;
  - commission research on HIV and AIDS situation in the Public Service;
  - consult with the various stakeholders and come up with process, outcome and impact indicators for monitoring and evaluating the various policy objectives;
  - monitor policy and programme implementation; and
  - coordinate programmes in all line ministries.
- (ii) The role of the heads of ministries is to:
- lead the planning processes in their ministry;
  - mainstream HIV and AIDS plans and programmes into line ministry plans;
  - provide a budget for HIV and AIDS programmes;
  - where possible, personally participate in HIV and AIDS training and other programmes; and
  - ensure commitment, support and accountability for HIV and AIDS programmes through the monitoring and evaluation system.
- (iii) The role of the heads of departments and offices is to:
- assume the delegated roles of the heads of ministries in their departments and offices;
  - be actively involved in implementation of programmes;
  - where possible, personally participate in HIV and AIDS training and other programmes; and
  - ensure commitment, support and accountability for HIV and AIDS programmes through the monitoring and evaluation system.
- (iv) The role of the Apex Council is to:
- co-lead the process with the PSC; and
  - monitor implementation of the policy and programmes.
- (v) The role of staff associations is to:
- sell this policy to their members;
  - provide members with information on their rights and benefits in the workplace;
  - participate in initiating and developing HIV and AIDS programmes;
  - participate in monitoring and evaluation of HIV and AIDS programmes and review of policy;
  - mainstream HIV and AIDS in their own organisational programmes;
  - provide a budget for their own plans;
  - observe rules of confidentiality when carrying out trade union duties;

- ensure that factors that increase the risk of infection for certain groups of members are addressed in consultation with employer representatives;
- advocate for and co-operate with employer representatives to maintain a safe and healthy working environment;
- encourage and support access to confidential voluntary counselling and testing for their members; and
- network with regional and international organizations in championing the fight against HIV and AIDS in the workplace.

(vi) The role of members is to:

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

## **6.2 Structures**

The workplace policy will be implemented through a dedicated HIV and AIDS Coordinating Unit in the Public Service Commission, headed by a coordinator with the status of Principal Director. At line ministry and provincial levels, wherever possible, existing structures will be used in order to avoid creating a new bureaucracy and also make efficient use of resources. The HIV and AIDS unit at each line ministry will be headed by the director of human resources as focal person, who may have support staff where necessary. The focal person will be supported by a ministerial HIV and AIDS committee drawn from all the departments and staff association representatives in the ministry, including people living with HIV and AIDS. This structure will be replicated in each province, district, department and station in order to reach all functional levels. The provincial, district, department and station heads will be accountable for HIV and AIDS programmes, although they may delegate the functions of focal persons.

The ministry, provincial, district, departmental and station structures will liaise with Ministry of Health and Child Welfare and National AIDS Council structures, wherever possible.

## **6.3 Indicators**

The HIV and AIDS Coordinating Unit will develop indicators for monitoring and evaluating the policy and programmes in consultation with National AIDS Council and other stakeholders. The indicators will include the following:

### **6.3.1 Process indicators**

- (i) The number of line ministries including HIV and AIDS in their plans;
- (ii) The proportion of ministry budgets allocated to and used for HIV and AIDS programmes;
- (iii) The number of ministries with active HIV and AIDS programmes;
- (iv) Number of members reached through prevention programmes;
- (v) Number of condom outlets;
- (vi) Number of male and female condoms procured and distributed;
- (vii) Number of members injured at work;

- (viii) Number of members who received post-exposure prophylaxis (PEP);
- (ix) Number of health personnel trained in infection control;
- (x) The number of ministries with employee assistance programmes to meet the needs of infected members;
- (xi) Number of training courses held on various HIV and AIDS issues;
- (xii) Number of members trained in various areas, for example, VCT, peer education, life skills, behaviour change communication, home based care, psychosocial support and drug distribution and treatment;
- (xiii) Number of members participating in voluntary counselling and testing
- (xiv) Number of ministries with programmes to provide opportunistic infection (OI) and ARV treatment;
- (xv) The number of members receiving various types of treatment;
- (xvi) The number of outreach programmes implemented;
- (xvii) Number of workplace-based support groups for people living with HIV and AIDS; and
- (xviii) Number of members enrolled in home based care programmes.

### **6.3.2 Outcome indicators**

- (i) Number of employees seeking treatment for STDs from appropriate sources;
- (ii) Number of line managers participating in workplace HIV and AIDS programmes;
- (iii) Number of reported incidences of stigmatization and discrimination; and
- (iv) Number of employees coming out to share their HIV status

### **6.3.3 Impact indicators**

- (i) Number of cases of sexually transmitted disease infections;
- (ii) Level of knowledge and awareness of HIV and AIDS issues;
- (iii) Number of members taking sick leave;
- (iv) Number of members taking medical retirement;
- (v) Number of deaths through HIV-related illness; and
- (vi) Quality of service delivery by line ministries.

## 7. GLOSSARY

These terms are defined as they are used in this policy document.

*Affected persons:* persons whose lives are changed in any way by HIV and AIDS due to the broader impact of the epidemic.

*AIDS:* the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

*Antiretroviral:* a drug that acts against retroviruses such as HIV.

*Bipartite partners:* in the world of work comprise employers and their organizations and employees and their representatives (trade unions or any other elected representatives in accordance with national laws or regulations).

*Code:* a set of rules.

*Confidentiality:* keeping private information about someone, for example a patient or client, obtained in the course of employment or duty.

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

*Epidemic:* an outbreak of disease on a scale not normally seen in a given population.

*Discrimination:* is used in this policy in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 No. 11 of ILO to include any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, *HIV status, whether real or perceived*, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation.

*Gender sensitivity:* being gender sensitive means having a sympathetic awareness of the social and cultural construction of male and female identity and roles while recognizing the reality of gender differences and complementarities.

*Immune deficiency:* breakdown or inability of certain parts of the immune system to function, thus making a person susceptible to certain diseases which they would not ordinarily develop.

*HIV:* the Human Immunodeficiency Virus is a virus that weakens the body's immune system, ultimately causing AIDS.

*Multi-sectoral:* an approach that actively involves different sectors, for example mining, agriculture, health, among others and includes Government, private enterprise, non-governmental organizations and other stakeholders.

*Opportunistic infections:* Specific infections which are not harmful to people with healthy immune systems but do cause disease in people with damaged immunity.

*Post-test counseling:* counseling after an HIV test to help the client understand and cope with the test, results, including ways to reduce the risk of infection if negative or transmission if HIV positive.

*Pre-test counseling:* counseling 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.

*Prophylaxis:* is taking a drug to delay or prevent an illness developing.

*Retrovirus:* a class of viruses which copy genetic material using RNA as a template to make DNA, an essential step in the life cycle of HIV.

*Screening:* may be through direct HIV testing or indirect by assessing risk-taking behaviour or asking questions about tests already taken or about medication.

*Sex and Gender.* Sex refers to biological differences between male and 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. Age, class, race, ethnicity, religion and the geographical, economic and political environment affect gender roles.

*Sexually Transmitted Disease (STD):* includes conditions such as syphilis, chancroids, chlamydeous and gonorrhoea which are normally transmitted through sexual intercourse.

*Shared confidentiality:* is the sharing of HIV sero-status and related issues with people who are important in the care and support of PLWHA.

*Stakeholder* any individual, group of people or organization that has anything to do with HIV/AIDS in the mining sector, that is, either affected or has an effect.

*Stigma:* is a mark or label of shame or disgrace placed on an individual or group of people.

*Support groups:* a group of people with the same problem coming together to provide each other with psychological, social, emotional, spiritual, material or other support.

*Syndrome:* a group of symptoms and diseases that together are characteristic of a specific condition.

*Termination of employment:* is dismissal of employee at the initiative of the employer.

*Virus:* a microscopic germ, which cannot reproduce itself outside the living cell of the organism, that it infects. Viruses can divert cells from their normal functions and thus damage or destroy them.