



**SMARTWORK**  
The Workplace Response to AIDS

THE ZIMBABWE COMPONENT OF AN  
INTERNATIONAL HIV/AIDS WORKPLACE EDUCATION PROGRAM

FUNDED BY THE BUREAU OF INTERNATIONAL LABOR AFFAIRS,  
UNITED STATES DEPARTMENT OF LABOR AND THE UNITED STATES  
CENTERS FOR DISEASE CONTROL AND PREVENTION

## PROJECT PLAN

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**AED** •  
Center on AIDS and Community Health

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## LIST OF ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
CDC	United States Centers for Disease Control and Prevention
FGD	Focus Group Discussions
HIV	Human Immunodeficiency Virus
ILO	International Labor Organization
KAPB	Knowledge, Attitudes, Practices, and Behavior
MOH/CW	Ministry of Health and Child Welfare
MOL	Ministry of Labor
MOV	Means of Verification
NAC	National AIDS Council
NACP	National AIDS Control Program
NGO	Non-governmental Organizations
PLWHA	Persons Living with HIV and AIDS
STI	Sexually Transmitted Infections
TAB	Tripartite Advisory Board
UNAID	United Nations Joint Programs on HIV/AIDS
UNDP	United Nations Development Program
USAID	United Nations States Agency for International Development
USDOL	United States Department of Labor
VCT	Voluntary Counseling and Testing
WASN	Women and AIDS Support Network
WHO	World Health Organization
ZAPP	Zimbabwe AIDS Prevention Program

## PROBLEM STATEMENT

The United Nations Joint Programs on HIV/AIDS (UNAIDS) estimates that as of the end of 2001 there were approximately 40 million people infected with HIV worldwide. With more than 70 percent of these persons living in sub-Saharan Africa, Acquired Immune Deficiency Syndrome (AIDS) is one of the most serious public health and development challenges to ever affect Sub-Saharan Africa.

Zimbabwe is one of the countries worst hit by the HIV/AIDS epidemic, with one of the highest sero-prevalence rates in the world. It is estimated that one-third (33.7 percent) of adults in Zimbabwe (or about two million people) between the ages of 15 and 49—those who are in the prime of their productive working years—are currently infected with HIV (UNAIDS/WHO, 2001).

According to UNAIDS, 240,000 children under age 15 are estimated to be living with HIV/AIDS in Zimbabwe. The children of HIV-infected parents who are not themselves infected are still at a great disadvantage due to health-related and social consequences of losing one or both parents to AIDS. It is estimated that since 1990, the number of Zimbabwean children under 15 who are living without one or both parents has grown from about 400,000 to more than one million (Hunter and Williamson, 2000); most of the increase is the result of sharp rises in AIDS-related deaths among parents. About three-quarters of all AIDS cases occur among people in the most economically productive age group, 20 – 45 years of age. The deaths of these individuals constitute a serious economic and social tragedy in the lives of surviving family, friends, and employers.

The future course of Zimbabwe's AIDS epidemic depends on a number of important variables, including: the level of HIV/AIDS related knowledge among the general public, social stigmatization, risk behavior modification, access to high quality services for sexually transmitted infections (STIs), and provision of voluntary counseling and testing (VCT) services. The Zimbabwean economy is currently experiencing an economic downturn. Inflation is presently at 198 percent. The general economic decline has been compounded by serious drought. All this has led to serious shortages of basic foods, petrol, and hospital drugs. The concomitant poverty is surely a catalyst for the spread of HIV and AIDS. One commercial sex worker said, "It is better to die of HIV and AIDS after ten years than to die of poverty in one week." The Zimbabwe National AIDS Council (NAC) has an important role to play in addressing the barriers to effective HIV/AIDS programs, and it has provided a Strategic Framework for a National Response to HIV/AIDS to galvanize a national commitment. The objectives of the NAC are to:

- Oversee, facilitate, and coordinate strategic planning and implementation of comprehensive response initiatives to HIV/AIDS.
- Spearhead advocacy and social and resource mobilization towards scaled up and accelerated action against HIV/AIDS.
- Monitor and evaluate the national multisectoral efforts on HIV/AIDS in order to enhance their impact.

The country's 2000 – 2004 Strategic Framework for the national response to HIV/AIDS clearly lays out the case for fostering workplace-focused HIV/AIDS initiatives. Workplace programs are expected to help reduce the socio-economic impact of HIV/AIDS through:

- Promoting and realizing multisectoral action against HIV/AIDS.
- Mainstreaming HIV/AIDS into operations of all sectors.
- Assisting communities with resources for support programs for people with HIV/AIDS and orphans.
- Promoting income generating activities and opportunities for communities and households.
- Developing and implementing sound management structures that promote transparency, accountability, and quality service delivery.

As part of the NAC's efforts to engage the business sector, a proposal for a Business Council on AIDS was shared with private sector organizations, and endorsed by both the private and public sectors (particularly by the Ministry of Industry and International Trade). This led to the launch of the Zimbabwe Business Council on AIDS (ZBCA) in September 2002. The ZBCA is working with businesses, labor groups, Non-governmental Organizations (NGOs), governmental bodies, United Nations agencies, and the media.

Within a climate of severe socio-economic hardship—significantly contributed to by the already large and still rapidly spreading HIV/AIDS crisis—and the already recognized critical need for workplace-based responses, the joint U.S. Department of Labor (USDOL) and U.S. Centers for Disease Control (CDC) funded SMARTWork project has an important role to play in Zimbabwe.

## BACKGROUND

The first AIDS case in Zimbabwe was identified in 1985, though it is worth noting that routine reporting was only instituted in 1987. Since then, the number of reported cases of AIDS has grown rapidly—it stood at 74,782 as of the end of 1998. However, it is widely recognized that the reporting system is incomplete due to a number of constraining factors that include the following:

- The National AIDS cases definition includes a positive HIV test, which is not readily accessible at many health facilities, especially those outside of urban centers.
- Some people die before the diagnosis of AIDS is made. Even when the diagnosis is made, some clinicians do not report the diagnosis to relevant health authorities.
- Some people do not seek care from designated health facilities.

These and other factors result in a gross underreporting of actual HIV/AIDS cases (National HIV/AIDS Strategic Framework, Zimbabwe 2000-2004).

Zimbabwe has the world's third highest adult HIV prevalence rate behind Botswana and Swaziland. About one-third of the adult population is HIV-positive, and studies indicate that between 66 and 73 percent of all adult deaths in 2000 were attributable to AIDS. HIV/AIDS has reduced life expectancy to 39 years, and the U.S. Bureau of the Census projects that by 2003 Zimbabwe will experience negative growth (between 0.1 and 0.3 percent) because of the epidemic's devastating impact. In response, the government formed the NAC to coordinate a multisectoral response to the epidemic including the health sector. Zimbabwe spends approximately 60 percent of its overall health care budget on HIV/AIDS.

The major route of HIV transmission in Zimbabwe is through unprotected heterosexual intercourse (92 percent), followed by vertical transmission (7 percent). More than 70 percent of reported AIDS cases have been consistently reported among adults aged 20 – 49 years. The peak ages for AIDS cases are between 20 and 29 for females and between 30 and 39 years old for males, indicating that females become infected with HIV at a younger age than their male counterparts. It is estimated that young women between the ages of 15 and 19 year are five times as likely to be infected as males in the same age range. SMARTWork Zimbabwe has engaged the Women and AIDS Support Network (WASN) to be a member of the multisectoral Tripartite Advisory Board. The program will work closely with WASN to mainstream gender into the project's interventions.

AIDS has the potential to create severe economic impacts in many African countries because it strikes people in the most productive age (Dr. L. Bollinger et. al. 1999). The economic affects of AIDS are experienced at many levels, including among individuals, families, businesses, and the macro-economy. On the family level, the economic impacts are largely related to: losses of income, expenditures for medical expenses, and reduced school attendance by children who must look after the sick. In the business sector, there are increased expenditures due to health care expenses, burial fees, absenteeism, training, recruitment, and other related costs. The health sector will also be affected as AIDS will increase the number of people seeking health services; health care for AIDS patients is often more expensive than other illnesses, yet maintaining a

healthy population is crucial to maintaining an economically productive workforce. At workplaces, besides losses in productivity, HIV/AIDS leads to stigma and discrimination; this, in turns, results in denial of human rights of infected workers.

The National HIV/AIDS Strategic Framework (1999) advocates for the creation of a multisectoral participatory mechanism that involves all relevant sectors, agencies, and interest groups. An essential goal of the Strategic Framework is to replace the impression that HIV/AIDS is only a health sector issue with the recognition that the disease is a threat to Zimbabwe's development; thus requiring a comprehensive and strategic national response.

The most effective response will be to support programs to reduce the number of new HIV infections in the future while protecting rights of those living with HIV/AIDS. Emphasis on prevention and education is important to enterprises from a business perspective because prevention ultimately costs less to enterprises than does the loss of life due to AIDS. After more than a decade of research and pilot programs, knowledge about HIV and the modes of transmission is high but substantial behavior changes have yet to be achieved. Behavior change takes place when behavior change communication is an integral part of a comprehensive HIV/AIDS prevention, care and support program. SMARTWork Zimbabwe will conduct formative behavior change communication assessments, as part of the needs assessment study. The information to be collected will reveal such things as:

- Workers and managers' risk situations, how decisions are made and what influences them within the settings of risk;
- Why workers practice the behaviors they do, and why they might be motivated to change to the desired behaviors;
- Workers and managers' perceptions of risk and risk behaviors;
- Workers and managers' influences on behavior, such as barriers and benefits;
- Patterns of service use and opinions about services;
- Health care seeking behaviors;

The objectives to be achieved through a behavior change communications strategy for reducing prevalence of HIV infection at the workplace, stigma, and discrimination are:

- Increased safer sexual practices;
- Increased incidence of health seeking behaviors;
- Increased use of universal precautions to improve blood safety;
- Improved compliance with drug treatment regimens;
- Adherence by medical practitioners to treatment guidelines;
- Increased use of new or disinfected syringes;
- Decline in stigma associated with HIV/AIDS;
- Reduction of discrimination directed at persons living with HIV and AIDS (PLWHA) and other identified high risk groups;
- Improved attitudes and behavior among health care, social service, and other service delivery workers who interact with the PLWHA;
- Increased involvement of employers in prevention;
- Increased involvement of workers in self-help and homecare activities;

- Creation of demand of information on HIV/AIDS by workers and managers;
- Interest employers to invest resources such as time, in worker friendly voluntary counseling and testing (VCT) services.

SMARTWork project takes a primarily tripartite (business, labor, and governmental) approach to catalyze comprehensive workplace-based prevention education, care and support programs, and appropriate policies that protect human rights and reduces stigma and discrimination. The CDC and USDOL jointly fund the SMARTWork Project.

### **Relevant Activities of Other HIV/AIDS-Related Projects in Zimbabwe and How This Affects SMARTWork's Plans**

In order to ensure that the SMARTWork project contributes significantly to the nation's HIV/AIDS response, it is important to identify what other key HIV/AIDS-related projects are underway and to strategically design SMARTWork's activities. It is also the case that a number of NGOs have been implementing workplace programs for some time, but there are a number of challenges to their long-term viability:

- (1) Many NGO-facilitated workplace programs are at risk of being terminated or substantially reduced as a result of the current political climate and concomitant reductions of foreign assistance;
- (2) There has been very little coordination across projects;
- (3) There are no systematic or reliable sources of information about workplace-based HIV/AIDS activities that would indicate how in-depth they are or whether they are being continued by individual enterprises.

As will be discussed further below, SMARTWork will develop an inventory of existing workplace-based projects, and who is supporting them, for Zimbabwe. At a broader level, SMARTWork has thus far identified the following primary HIV/AIDS programs operating in Zimbabwe that have relevance to workplace-based responses.

The United States Agency for International Development (USAID) HIV/AIDS crisis mitigation strategy is embedded in its five year (2000-2005) strategic plan. The activities supported under USAID Zimbabwe support to NGOs are:

- Behavior change for voluntary counseling and testing through social marketing and community approaches;
- Policy formulation and advocacy;
- Female condom use studies;
- Reduction of risks of HIV and other STIs to pregnant women;
- Community support for children affected by HIV/AIDS.
- Distribution of family planning and reproductive health supplies through public and private sectors. PROFAM is a co-funded USAID/DFID activity for supplying low priced contraceptives.



The USAID Zimbabwe partners for the implementation of HIV/AIDS and other health-related activities are: Population Service International, Futures Group International, Catholic Relief Services, Pact, and the Population Council.

The Zimbabwe Country Office of CDC is also supporting numerous grantees' operations in Zimbabwe, including among others:

- The Government of Zimbabwe, Ministry of Health and Child Welfare (MOHCW) is funded for expansion of HIV/AIDS/STIs surveillance, care, and prevention activities;
- The University of Zimbabwe, Faculty of Medicine Clinical Epidemiology Unit is funded for improving the quality of HIV/AIDS care in Zimbabwe;
- The Zimbabwe National Quality Assurance Program is supported in strengthening the Quality Assurance of HIV testing;
- The Zimbabwe AIDS Network is funded for expansion of coordination and to support networking and information sharing between non-governmental AIDS Service Organizations;
- The City of Chitungwiza Municipal Health Department is funded for the development of innovative programmatic models for prevention and care services for HIV/AIDS;
- The Zimbabwe Association of Church Related Hospitals is funded for expansion of HIV/AIDS care and prevention activities among church related hospitals and clinics;
- The Imperial College of Science, Technology and Medicine (London) is funded to support epidemiology, mathematical modeling and tools for monitoring the impact of the local response to the HIV/AIDS epidemic.

Within the USAID and CDC activities in Zimbabwe, there are many areas for intersections and networking, especially but not limited to, materials development and adaptation.

The United Nations Development Program (UNDP) supports the Zimbabwe Ministry of Finance and Economic Development in strengthening of the national development processes to integrate HIV/AIDS into all development policies, plans, and strategies. UNDP partners in this initiative include, among others, the: NAC, Cabinet Committee on Health and Social Services, Zimbabwe AIDS Network, Employers Confederation of Zimbabwe, Zimbabwe National Chamber of Commerce, Confederation of Zimbabwe Industries, International Labor Organization (ILO), and Zimbabwe AIDS Prevention & Support Organization.

In addition, the Zimbabwe AIDS Prevention Program (ZAPP) has had one of the most active workplace-focused programs, and has worked with dozens of enterprises. However, many of these ZAPP-supported programs are in the process of being scaled back because of funding difficulties.

Labor unions have also played a role in encouraging workplace programs. Notably, the Zimbabwe Congress of Trade Unions has a training department on HIV/AIDS that was instrumental in the drafting of the national AIDS Policy. As one of the tripartite partners, SMARTWork will work with trade unions in the planning and implementation of the program.

## PROGRAM APPROACH AND STRATEGY

### Overview

USDOL awarded AED a four-year, US\$ 9 million cooperative agreement to implement an International HIV/AIDS Workplace Education Program (IHWEPP). The AED component of the USDOL program is entitled SMARTWork (Strategically Managing AIDS Responses Together), and is now being implemented in six countries (Ukraine, Vietnam, Haiti, Dominican Republic, Nigeria and Zimbabwe).<sup>1</sup> The approach calls for working with government, labor, and employers, in a tripartite structure to implement and/or improve workplace HIV/AIDS prevention and education programs and policies to reduce HIV transmission, stigma and discrimination. The program seeks to encourage government, employers, and unions to implement programs based on social responsibility, workers rights, and economic efficiency.

At about the same time that the USDOL cooperative agreement was awarded, AED was also awarded a cooperative agreement from CDC for US\$ 200,000 per year (covering a five year period) to address HIV/AIDS in the Zimbabwean workplace context under the Leadership In Fighting an Epidemic (LIFE) Initiative. While Zimbabwe was not initially included among the countries funded by the USDOL cooperative agreement, to ensure synergistic efforts, the USDOL agreed to allow approximately US\$ 50,000 annually (over four years) of the AED/USDOL cooperative agreement to be appropriated to supplement the CDC funded efforts in Zimbabwe.

Though the activities and deliverables for each cooperative agreement remain specific, based on the funding agreements, the following are the project goals for SMARTWork as operationalized under the six-country USDOL-funded SMARTWork approach.

**PROJECT GOAL 1 (This is ZIM/CDC Objective 1, sub-objectives 1.1 – 1.3):  
INCREASE UNDERSTANDING OF THE EXISTING WORKPLACE HIV/AIDS  
PREVENTION EFFORTS AND POLICIES IN KEY SECTORS OF THE ECONOMY AND  
PREPARE COUNTRY NEEDS ASSESSMENT.**

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*OBJECTIVE 1.1: Profile existing practices across at least ten enterprises (encompassing policies and programs) in a sample of major enterprises to be targeted by the Project.*

These profiles will demonstrate the current risks associated with ineffectual, discriminatory, or non-existent HIV-related policies and practices together with the opportunities and benefits to labor and management that result from the establishment of good policies and practices. The

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<sup>1</sup> While tailored to the specific needs and circumstances of the countries and their business sectors, the Program has the following fundamental components: (1) preparation of company profiles that are representative of target sectors, serve as models for workplace intervention, and/or highlight the opportunities for organizations to establish HIV/AIDS programs and policies; (2) provision of materials that can guide and assist in the creation of workplace HIV/AIDS policies and programs; (3) working collaboratively with (and training as needed) business, labor, and other partners to establish or improve HIV/AIDS-related workplace programs and policies, principally through presentations and workshops; (4) working collaboratively with business, labor, and other partners so that they (with the project as well as necessary) will offer follow-on assistance to organizations creating workplace programs and policies; and (5) nurturing the creation of sustainable, in-country networks that can assist and encourage workplace-based HIV/AIDS programs.

profiles will provide baseline data for evaluation of the project and inform the design of workshops and presentations for each of the target enterprises. At least one union will also be profiled.

The enterprise profiles will be developed following the guidelines and research instruments prepared by AED. Based on these profiles, appropriate policies, and prevention and support programs will be developed and appropriately publicized. Because of the clear economic impact of HIV/AIDS in Zimbabwe, micro-economic analyses will also be conducted with a sample of firms. SMARTWork project staff in collaboration with hired consultant will carry out these activities working closely with the Zimbabwe Economics Society. The Zimbabwe Economics Society is the secretary to the Zimbabwe Business Council on AIDS.

A web-enabled inventory, or mapping, of existing workplace HIV/AIDS programs—and which organizations are or have supported them—will also be developed by SMARTWork. The mapping will commence first and it will provide information for the website. In a country such as Zimbabwe, where workplace resources are few and difficult to access, the website will be an important component of the sustainability strategy of SMARTWork. Rather than being duplicative, the two exercises will complement each other. Literature review costs will be very low, as stakeholders will be the resource for collecting the literature.

*OBJECTIVE 1.2: Review country-specific studies on HIV/AIDS policies and practices that may affect workplace-related programming.*

A comprehensive literature review of worker and management knowledge and prevention and support practices within Zimbabwe will be conducted. Materials produced for prevention education programs will be collected and analyzed as part of this review.

The review will be complemented by a sample survey questionnaire administered to workers and management within several of the companies profiled. The combination of a thorough and contemporary review of practices and worker and management knowledge will be invaluable to the design of prevention and support programs and inform policy dialogue with government, union, and corporate sector partners throughout the life of the project.

*OBJECTIVE 1.3: Identify knowledge and attitudes of workers and managers regarding HIV/AIDS and workplace – based policies and programming.*

Focus group discussions and in-depth interviews will be employed to identify the level of knowledge of labor and management about HIV/AIDS. The data collected through this activity will be compiled in reports that will help shape the nature of individual workplace prevention education and policy development activities, as well as provide a basis of measurement for the ability of the program to enhance the knowledge of labor and management and reduce stigma and discrimination.

**PROJECT GOAL 2 (This is ZIM/CDC Objective 2, sub-objectives 2.1 – 2.2):  
MOBILIZATION OF NATIONAL LEVEL TRIPARTITE EFFORT TO ESTABLISH AND  
EXPAND HIV/AIDS PROGRAMS AND POLICIES TO REDUCE STIGMA AND  
DISCRIMINATION IN THE WORKPLACE.**

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*OBJECTIVE 2.1: Create a HIV/AIDS workplace Tripartite Advisory Board (TAB) comprised of major employer, labor and government entities that is linked to the national coordinating mechanisms for HIV/AIDS programming.*

While recognizing the difficulty of establishing a TAB in the current country context, the project will establish if possible a representative tripartite body to advise the SMARTWork project.

*OBJECTIVE 2.2: Through the TAB, encourage development of—and adherence to—a national workplace policy within the framework of the HIV/AIDS National Strategic Plan.*

Using the existing Policy (Statutory Instrument [SI] 202) as the starting point, dialogue will be fostered between relevant ministries, the business sector, unions, and NGOs to: encourage adherence with the national policy; document existing problems associated with stigma and discrimination; and to devise policy-relevant recommendations for the reduction of stigma and discrimination.

*OBJECTIVE 2.3: Strengthen the capacity of government, labor, employers, and NGOs at the national level to support workplace HIV/AIDS programs and policies, and foster linkages with other relevant HIV/AIDS programs.*

Enterprise-level HIV/AIDS prevention education and support programs will be promoted from the information gathered in the achievement of Project Goal 1. A core component in the development and delivery of these programs will be the involvement of Ministry of Labor, trade union officials, company management, and workers under the guidance of project staff. The skills and knowledge acquired will be reinforced through ongoing technical assistance to help create effective and sustainable workplace HIV/AIDS programs and policies. Through stakeholder meetings with tripartite partners, the project will help develop in a participatory manner plans for dealing with the impact of AIDS at the workplace. For example, identifying ways to reinforce vocational skills in schools for sectors suffering high losses of critical workers due to AIDS. The issue of preparation for the long-term impact of AIDS is a complex one. However, in Zimbabwe, we have good examples from South Africa, where one of the biggest interventions is the provision of antiretroviral drugs by some leading companies to employees, and general access to treatment of opportunistic infections. In addition, during the 2003 calendar year a minimum of three grants of approximately US\$ 30,000 each will be distributed to reinforce activities implemented under this objective and across the overall program to one Union, NGO, and employer.

*OBJECTIVE 2.4: Design and implement an advocacy and recognition campaign to promote workplace HIV/AIDS policies and programs.*

In order to recognize the success of individual workplaces in implementing model workplaces programs and policies, an awards program will be developed that includes an annual awards ceremony. Workshops participants will also be presented with certificates of participation, recognizing individual commitment.

**PROJECT GOAL 3 (This is ZIM/CDC Objective 3):**

**INCREASE THE NUMBER OF ORGANIZATIONS (INCLUDING BUSINESSES AND LABOR UNIONS) THAT HAVE EFFECTIVE WORKPLACE HIV/AIDS PREVENTION AND SUPPORT PROGRAMS AND POLICIES THAT SERVE TO REDUCE STIGMA AND DISCRIMINATION.**

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*OBJECTIVE 3.1: Adapt and translate project materials to country context.*

The research, presentation, workshop, monitoring and evaluation tools, and any relevant IEC materials developed by AED in Washington will be adapted and translated for use in a Zimbabwean context in order to ensure consistency with other country projects within the global program and their optimum utility for Zimbabwean labor, management, and government.

*OBJECTIVE 3.2: Initiate and engage unions, workers and employers in developing workplace-based prevention education programs and policies through presentations and workshops.*

At least 20 presentations will be made to business groups, company boards and labor groups, and NGOs. In addition, at least eight workshops will be held for over a total of 40 employer/labor organizations to explore the impact of HIV/AIDS on employers, and to help managers and labor representatives develop effective policies and prevention programs for the workplace.

The oral presentations will highlight the critical business, human rights, and social responsibility reasons for effectively responding to HIV/AIDS. The presentations will use data collected in the needs assessments and profiles. The key objective for presentations is to engage labor and business leaders in recognizing the need and value of workplace HIV/AIDS prevention and education programs. After each presentation, the Country Coordinator will follow-up with stakeholders to determine the level of interest in developing a comprehensive HIV/AIDS prevention program and workplace policies for their respective companies.

Workshops, unlike the oral presentations, will last two to three days, and will provide an in-depth learning experience and analytical exercise for business managers and labor representatives. The process will focus on providing some of the underlying principles and approaches for implementing workplace HIV/AIDS prevention programs and policies.

Workshops will be held on approximately a quarterly basis, though exact timing will reflect needs as expressed in presentations or by the tripartite partners. Pre- and post-workshop

feedback assessments will be conducted to evaluate workshops and outcomes. Following the workshop, interested participants will be encouraged to continue meetings to share their lessons of experience and to assist each other in implementing workplace programs and policies. The Project will help facilitate their follow-up meeting, and will provide technical assistance (such as Training-of-Trainers [TOT] and training of peer educators), as appropriate and available. The project will track the progress of companies and unions establishing comprehensive programs and policies.

*OBJECTIVE 3.3: Follow-up technical assistance (TA) provided by SMARTWork staff and partners to establish effective workplace HIV/AIDS prevention education programs and policies among employers.*

SMARTWork will target those employers and/or trade unions that have shown a high potential for adopting workplace policies and programs. The project will ensure that follow-on TA is provided to these workplaces, whether from the project directly or from other sources such as key partners or consultants.

The Project will also encourage the creation of HIV/AIDS workplace committees and facilitate the post-workshop meetings of groups of employers and any other type of workshop participant. Technical assistance may include a wide range of relevant topics and will be planned based on individual needs of companies and unions identified during the Country Needs Assessment Study. So far, suggested areas of technical assistance include integrating HIV/AIDS policies into collective bargaining agreements, research into new ideas that influence worker behavior change, training and education, policy formulation, BCC, and development of a workplace IEC/BCC toolkit for use by managers and union representatives with all levels of workers. Assessment of technical assistance needs will, in part, be determined through the profiling of organizations conducted under objective 1.1.

All 32 Zimbabwe Congress of Trade Unions affiliates have indicated that they need technical assistance in their collaboration with businesses that are favorable to HIV/AIDS policies and activities. Union representatives have agreed to assist the Project in identifying promising companies for working with SMARTWork and adopting workplace HIV/AIDS initiatives.

*OBJECTIVE 3.4: Targeted employers adopt effective workplace HIV/AIDS prevention education programs and policies.*

Using a bipartite (business and labor) strategy, the Project will concentrate efforts to ensure that at least ten of these enterprises adopt appropriate HIV/AIDS policies that help to reduce stigma and discrimination. Ten major enterprises will also be expected to establish prevention and support programs (ideally the same enterprises will adopt both policies and programs).

*OBJECTIVE 3.5: Increased knowledge about HIV/AIDS, decreased risk behavior, and reduction in stigma and discrimination among workers and managers of organizations targeted by the project using the behavior change communication strategy.*

Achievement of this objective will largely be accomplished through activities conducted under objectives 3.2, 3.3, and 3.4. The outcome of Objectives 3.5 will be evaluated through the use of KAPB and/or other evaluation instruments. In addition, baseline data gathered through the KAPB and/or other evaluation instruments will be utilized to help shape activities under Objective 3.2, 3.3 and 3.4.

**PROJECT GOAL 4 (This is still part of ZIM/CDC Objective 3):**

**DEVELOP AND/OR ADAPT AND DISTRIBUTE INFORMATION, EDUCATION, AND COMMUNICATIONS (IEC) MATERIALS TO SUPPORT HIV/AIDS WORKPLACE PREVENTION EFFORTS, REDUCTION OF STIGMA AND DISCRIMINATION, AND BEHAVIOR CHANGE.**

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*OBJECTIVE 4.1: Disseminate workplace-related materials that would increase employer participation.*

Dissemination of workplace-related materials will be accomplished through various channels, including distribution to enterprises via workshops, on the web, and elsewhere.

*OBJECTIVE 4.2: In coordination with key government, business, labor, and NGO partners, encourage and achieve widespread utilization of relevant IEC materials by workers.*

Brochures, leaflets, pamphlets, and posters will be developed to carry effective prevention messages to workers. Where effective materials already exist, such as the ILO's Code of Practice and IEC materials developed and available through other organizations, they will be utilized to reduce the likelihood of duplication of efforts.

## INSTITUTIONAL AND MANAGEMENT FRAMEWORK

The Program will be implemented by AED's SMARTWork Zimbabwe country office with guidance and direction from AED/Washington, and in full consultation with the USDOL and the CDC. The main counterparts are expected to be the TAB, Stakeholder Forum, and the Ministry of Labor.

In order to ensure consistency and continuity of the project in its relationships with its two funders, the Project Director and Country Coordinator (as appropriate) will:

- Communicate regularly with both USDOL and CDC program managers;
- AED will share materials and reports developed by SMARTWork/Zimbabwe with both USDOL and CDC; and
- AED will meet the reporting and deliverables requirements of the two agencies.

In that CDC is the primary funder for SMARTWork/Zimbabwe, it is expected that USDOL will work to match CDC reporting and deliverable requirements to the extent possible in order to minimize duplication of administrative and other project requirements.

This program will be implemented with the understanding that local ownership of the program by the various national partners and stakeholders is important to making SMARTWork successful. These various local institutions should not only constitute SMARTWork's most important sources of institutional support, but also a consultative body that can be called upon to guide program policy in instances when that becomes necessary. The mechanism is expected to introduce enough flexibility to ensure that stakeholder concerns are being responded to effectively by the program.

Responsibility for day-to-day management will rest with the Country Coordinator. A Program Associate and an Administrative Assistant will assist him. The Country Coordinator will report to the AED Project Director based in Washington, D.C.



## TARGET GROUPS AND PARTNERS

The intended beneficiaries of the project will be workers/unions and families of the workers, primarily in the formal sector of the economy. The indirect beneficiaries will be companies that will benefit through the reduction of absenteeism, worker deaths and the associated costs of recruitment and retraining. Other beneficiaries of the project will be employers and worker organizations and community-based organizations, including the Employers Confederation of Zimbabwe, Zimbabwe National Chamber of Commerce, Confederation of Zimbabwe Industries, affiliates of the Zimbabwe Aids Network, and other relevant NGOs and civil society.

## SUSTAINABILITY

Sustainability of the program will be promoted through the following program features:

***A participatory approach:*** All program activities will be designed and planned in full consultation with representatives of the intended beneficiaries and the implementing partners, including, but not limited to, consultations with the TAB.

***Local Ownership:*** The emphasis of the program design will focus on the identification of problems and solutions at the local level.

***Capacity building:*** Improving knowledge and skills and strengthening existing infrastructures through training and other capacity building interventions.

***Tripartite Advisory Board:*** This Board will have broad representation from relevant government agencies, employers and workers organizations, and concerned NGOs.

***Situational Analysis:*** All elements to be incorporated into SMARTWork program, particularly the training activities, will be based on careful analysis to ensure their long-term viability.

***Advocacy:*** The project will advocate for the protection of human rights and the prevention of discrimination.

***Awareness raising:*** Awareness raising using multimedia will be used to catalyze behavior change.

***Integration:*** All activities will be in the context of the national response at the workplace and will be fertilized by ideas from stakeholder forum partners.

***Harmony with national legislation:*** There have been many legal education initiatives in Zimbabwe since independence and all of them show that getting parliament to pass a law does not mean people and institutions will necessarily abide that law. Statutory Instrument 202, largely, remains in the statute books without full implementation or enforcement. The project will advocate that enterprises abide by the law, and will work to raise awareness among workers about the law and its intent to protect their rights and safeguard their interests. Suggestions for law reform will be passed on to the Law Development Commission.

***Linkages:*** Synergies will be forged and nurtured with all HIV/AIDS efforts, especially those of Zim/CDC and USAID. Futures Group, Population Services International, Zimbabwe Aids Prevention Project, and Advance Africa have expressed an interest in potentially co-funding and complementing activities of the project.