

The Effect of Workplace HIV and Aids Programme Policy Awareness on Employee Benefit

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Abstract: *This Article is largely informed by reflective experiences and insights gained during a field-based research project titled “THE STATE OF WORKPLACE HIV AND AIDS PROGRAMMES IN ZIMBABWE: A CASE STUDY OF COMPANIES LISTED ON THE ZIMBABWE STOCK EXCHANGE”. The PhD Thesis research project, undertaken in Zimbabwe between June 2012 and July 2014, explores the operational architecture and dynamics of workplace HIV and AIDS policy and wellness program interventions in Zimbabwe. The exploratory study is located and anchored in the context of Strategic Human Resource Management (HRM), employee wellness programming and Staff welfare as Business strategies. The study investigated workplace HIV and AIDS programming motivations, applications, enablers, constraints and prospects especially considering apparent Zimbabwe national realities like: the epidemic is threatening to decimate the productive age groups of the Zimbabwean population, the country has relatively high national prevalence and incidence rates and businesses have generally been struggling due to adversarial national economic conditions. Motivated by a desire to contribute to on-going policy and programming debates on how to sustain programming momentum and increase workplace HIV and AIDS interventions employee benefit in Zimbabwe, the Article fuses study findings with evaluative reflections on workplace HIV and AIDS policy and programming implementation dilemmas largely emanating from a non-performing national economy essentially characterized by rampant job losses (high unemployment rates) as a result of a distressed Companies align and adjust to turbulence in the business operational environment. It focuses is on some fundamental policy and programming issues mitigating against increasing employee beneficitation in workplace HIV and AIDS programming interventions especially considering that main NARP survival threats are numerous business closures induced by difficult operational conditions. The Article interrogates thematic focus issues around improving and enhancing the availability, affordability, accessibility, sustainability and relevance of workplace HIV and AIDS interventions to their intended benefactors, the Company workforce (employees) especially in the context of national economic turbulence, diminishing business commitment to social capital development, declining social programming investments, deteriorating social service provision mechanisms, failing traditional social security forms, deteriorating working conditions social services delivery amidst collapsing social security schemes. The ultimate purpose of the Article was realizing the following practice enhancement objectives:*

1. To contribute towards the development of effective workplace HIV and AIDS policies
2. To share with senior corporate managers some policy-related insights gained from my study on workplace
3. To motivate business management leaders to develop comprehensive workplace policy frameworks
4. To sharpen business capacities for policy formulation, implementation, development and evaluation skills
5. To provoke critical assessment (evaluation) of the application of the concept and notion of employee welfare

Keywords: Workplace HIV and AIDS interventions; Workplace HIV policy awareness, Employee benefit, employee health, welfare, wellness, productivity and longevity.

1. Introduction

The Article shares research findings of a PhD Thesis study recently undertaken to explore the state of workplace HIV and AIDS programmes in Zimbabwe: a case study of companies listed on the Zimbabwe stock exchange.

National AIDS Council (NAC), a Statutory Body mandated to coordinate a multi-sectored national response programme to HIV and AIDS interventions in Zimbabwe, revealed in its 2012 Annual Activity Report, that only 62 Private sector Businesses in a country with well over 10 000 Business corporations, have developed comprehensive workplace HIV policies and programmes. The study noted that more than 70% of the 75 Blue-chip Companies listed on the Zimbabwe Stock Exchange in 2013 did not have Workplace HIV and AIDS policies and programmes as directed by Government Statutory Instrument (SI) 202 of 1998. The few Companies that complied with Statutory Instrument provisions and

developed comprehensive workplace HIV interventions, hired external technical experts to develop the requisite policy frameworks on their behalf, an indicator giving credence to suggestions that most Zimbabwean employers have limited resident capacities and skills to develop workplace HIV and employee wellness programs. Studies by the Zimbabwe Business AIDS Council (ZBCA) on the state of workplace HIV and AIDS interventions in the country confirm that almost 95% of Business entities in Harare Central Business Zone have token compliance with key provisions of SI 202. ZBCA (2006) further argues that most Business Executives and Corporate Planners in Zimbabwe Stock Exchange (ZSE) listed Companies give low priority to developing employee wellness and welfare support schemes with many Companies just comfortable implementing low-cost workplace support interventions.

The Zimbabwe National AIDS Council (NAC) estimates that 17% of the country's working population was HIV

infected and that 13% of the Harare workforce (aged between 15 and 49 years) living with the virus (NAC, 2010) [1]. Government responded to this growing phenomena by introducing legislative frames (Statutory Instrument 202 of 1998) compelling all employers to implement workplace HIV and AIDS interventions. Harare-based employers, through the Zimbabwe Business Council of AIDS (ZBCA) have responded to this legislative requirement on HIV and AIDS by institutionalizing largely limited interventions across main national thematic focus areas including prevention, care and support. The national economic challenges was responsible for underperformance of business entities resulting in many Companies introducing just token workplace HIV interventions. The workplace policy frame is supported by programming interventions of limited scope that are characterized by underfunding, limited coverage and policy unawareness. Very few studies have been done to assess employer application, compliance and feasibility of the Statutory Instrument given the current economic hardship threatening business viability and this study tries to fill the knowledge gap.

With HIV and AIDS epidemic mainly affecting the working population in Zimbabwe many business corporate have recently joined concerted Government efforts to fight the pandemic in diverse ways including prevention, care, support and mitigation. Less than 15% of companies with comprehensive workplace HIV and AIDS programmes are listed on the Zimbabwe stock exchange; most companies implement token or surface workplace interventions; the NAC 2010 national baseline survey indicated that very few Company Executives are committed to and confident of implementing comprehensive workplace HIV and AIDS interventions; Empirical evidence across different sectors suggest flawed application of the corporate wellness principles; advocacy issues from Trade Unions (employee-representative platforms) have recently been emphasizing upgrading the status of workplace HIV and AIDS programming issues to Works Council negotiations rather than relegating the issues to social responsibility programming choices; The research and academic community in Zimbabwe has been accused of not contributing much to on-going policy and programming debates on how to improve and enhance business productivity and employee welfare

HIV and AIDS is a growing development problem and challenge especially for countries in the sub-Saharan Africa (SADC, 2008) [2]. Due to its magnitude, concerted national efforts from various stakeholders including private sector companies are required to address this epidemic. Various HIV and AIDS workplace policy frames are in place to guide beneficiaries. A general awareness of these policy frames by all would assist in curbing the impact of the pandemic in the workplace resulting in a motivated and productive workforce. However, it is assumed that not all programme beneficiaries are aware of the different workplace policies. The most disadvantaged would be the workers living with the virus who ordinarily would benefit more from the comprehensive implementation of the workplace programme in terms of treatment care and support.

1.1 Critical study focus issues

- Policy development, implementation and review
- Policy awareness, appreciation and assimilation
- Policy compliance: Are Statutory Instrument 202 provisions complied with? What factors affect policy application?
- Policy commitment: Are managers committed to workplace policy support? Are workplace benefits visible?
- Policy integration: Are workplace interventions institutionalized? Are policy principles assimilated?

1.2 Study key themes

- Corporate and individual interests and benefits in workplace HIV programming
- Employee wellness, welfare, health, safety and productivity
- Employee active involvement, participation, morale and motivation
- Employee productivity, beneficitation and longevity
- Business profitability (cost-benefit analysis of workplace employee support programmes)

2. Contextual background of the study: The status of workplace HIV and AIDS in Zimbabwe has received a fair amount of academic and research attention in the past decade. However, grey areas still exist especially in critically assessing management and beneficitation aspects of workplace HIV and AIDS programming interventions.

2. Summary Description of the Study:

2.1 Research Design:

2.1.1 Purpose and objectives of the study

The ultimate purpose of the study was to provide a clear understanding, give informed explanations, offer possible predictions and to enable accurate assessment of management capacities in the private sector. Study results will contribute towards filling some identified knowledge gaps and social science theories on how HIV and AIDS workplace programme implementation strengthens appreciation of the role of employee welfare support schemes in boosting the motivation, productivity and health of employees living with the virus. The research was also part of a broad-based research agenda seeking to contribute towards development of programming interventions aimed at strengthening prevention, mitigation, care and treatment. The study agenda (considering workplace program objectives, principles, elements, processes, effects, linkages, approaches in Zimbabwe Stock Exchange listed Companies in Harare Metropolitan Province) was derived from the following research objectives:

1. To identify the influence of HIV and AIDS workplace policies awareness and the productivity of the affected working people.
2. To ascertain the relation between HIV and AIDS workplace policies awareness and the motivation of the affected working people.

3. To explore the impact of HIV and AIDS workplace policies awareness and the health of the affected working people.
4. To analyze the influence of HIV and AIDS workplace policies awareness on range of company welfare support services accessed by employees.
5. To suggest practical ways of increasing employees awareness of various policy provisions relevant to the Zimbabwean workplace situations.

The study goal was to determine the effects of HIV and AIDS workplace policy awareness on employees programme beneficiation in Zimbabwe by answering the following pertinent management questions on the state of workplace HIV and AIDS programming interventions in Harare Metropolitan Province:

- What is the current status of workplace interventions in Harare?
- What factors contribute to weak workplace HIV programmes in Harare?
- What needs to be done to strengthen workplace HIV programmes in Harare?
- Are employers appreciative and compliant with Statutory Instrument 202 provisions?
- Are employers motivated to implement workplace HIV and AIDS comprehensive interventions?
- Are employees aware of workplace policy provisions?
- Policy compliance: Are Statutory Instrument 202 provisions complied with?
- What factors affected workplace HIV and AIDS policy adherence?
- Policy commitment: Are managers committed to workplace policy support?
- Are workplace HIV and AIDS programme benefits visible?
- Policy integration: Are workplace interventions institutionalized?
- Are policy principles assimilated?

Key study measurement variables: management commitment, program compliance, employee beneficiation, policy and programming awareness, implementation motivation, success factors, intervention effectiveness, program sustainability, program integration, home-work interface

An overview summary of the Article: Article was developed to realize the following objectives:

2.2.2 Article Objectives

1. To contribute towards the development of effective workplace HIV and AIDS policies
2. To share with senior corporate managers some policy-related insights gained from my study on workplace
3. To motivate business management leaders to develop comprehensive workplace policy frameworks
4. To sharpen business capacities for policy formulation, implementation, development and evaluation skills

3. Study Methodological Designs

The study essentially embraced epistemological, empiricism, phenomenological and entomological philosophies as it sought to gauge informant knowledge attributes, lived realities, perceptions, experiences relied on both qualitative and quantitative research approaches. Study conclusions and recommendations were informed by empirical and corroborative evidence. The exhaustive and multi-dimensional nature of the exploratory study require fusion of both quantitative and qualitative research approaches since research interest is objective measurement and explaining the how and why of phenomena under investigation. The research design therefore emphasize balance, eclectic methodology, mixed approaches, triangulation of techniques, hybrid procedures, integrated tools, response validation, cross-checking, meticulous and rigorous data collection processes to optimize the credibility and integrity of study findings.

Study population: The population of interest to the study or units of study analysis were Companies listed on the Zimbabwe Stock Exchange ZSE). The Companies were drawn from different sectors of the economy (manufacturing, mining, commerce, financial, technology, agriculture, transport and services). The common characteristics of the Companies identified as constituting the study population included: having some physical operational presence in Harare Metropolitan Province, currently registered and trading on the Zimbabwe Stock Exchange and having a staff complement of more than 100 people (permanent post holders across all grades-management, supervisors and employees). Study inclusion and exclusion criteria depended on whether corporate entities had the above outlined attributes with those business entities outside the given parameters were naturally left out of the study. The ZSE currently has a total of 75 listed local and international companies but only 50 Companies were considered for the study, this translate to a sample size that is 66.6% or 2/3 of the population universe. Though the sample size is big and representative enough, generalization of study findings is difficult due to inherent variations in the demographic attributes of the targeted Companies with respect to size, management style, resource capacities, sector, zone

The study sample frame: While the study population universe were Harare-based Companies listed on the Zimbabwe Stock Exchange, the sample frame was quite diverse, including Corporate Executives (senior policy and line managers), designated programme administrators, focal persons, peer educators and employees from the eligible (identified qualifying companies). Each eligible company provided a predetermined and specified sample quota (Chief Executive Officer and Human Resource Director/Manager/Officer representing the senior management informant category, designated officials acting as workplace HIV programme focal person, 3 elected/appointed peer educators per eligible worksite and 5 randomly selected company employees. To the extent possible, employee bio-data such as gender, position in the company hierarchy, age and educational levels were

considered in the selection of sample elements). A broad-based population was preferred to accommodate divergent stakeholder opinions, viewpoints, perceptions and inputs. Though the population universe represented different workplace HIV programme stakeholder categories, each sampled Company was allocated a fixed (standard) quota of study informant in the form a senior management representative, a Human Resource practitioner, a workplace programme focal person, 3 peer educators and 5 employees, giving a uniform standard of 11 informants per drawn Company

4. Review of Related Literature

An extensive literature review was done to locate/situate the study in the context of existing knowledge, on-going debates and current discourse on improving employee welfare support schemes and social development management effectiveness in Zimbabwe. The literature review had a global, regional, national, sector and sub-sector focus and the following related issues were noted, discussed and interrogated:

- Prevention interventions are often incorporated into broader service delivery efforts that include voluntary testing and counseling, treatment and support, behavior change communication.
- Programs often extend beyond the employee to include family members, and beyond the workplace to reach out to the local community.
- Workplace HIV interventions can include elements to influence norms, combat stigma, and foster a broader sense of community investment in public health.
- Using peers rather than outside experts to lead interventions is a common approach. in most Companies

The current status of implementation experience according to SAFAIDS (2011) shows that many large and multinational companies have adopted workplace policies related to HIV and AIDS and has implemented complementary prevention awareness programs. Likewise, numerous government ministries, departments, and universities have adopted HIV and AIDS workplace policies to guide managers and to outline rights and responsibilities of employees. National, regional, and global business coalitions have been formed by the private sector and in collaboration with governments. They provide member companies with information on HIV and AIDS and advocate for expanded responses. Opportunities to engage small and medium-sized enterprises have been underexplored, due in part to the lack of organizations such as chambers of commerce that would bring the scale required.

The impact of the epidemic on private and public sector workforces has been documented in countries with high-level epidemics. Public sector institutions, such as schools and health facilities, have experienced significant labor losses, adding to the burden of service delivery in those areas. In countries or areas with low-level or concentrated epidemics the impact is far less intense. In those areas, few companies report significant losses in skilled labor or increased health care or insurance costs.

It is often expected that private sector firms will supplement public sector funding for HIV and AIDS programs, and this has occurred among some larger firms. However, more often, especially with the increase in contract labor arrangements, workers found to be or suspected to be HIV-infected are dismissed.

Unions and workers' representatives have helped organize workplace HIV and AIDS prevention programs and have added their influence to programs initiated by company managers. Although there are notable exceptions, unions have not made HIV and AIDS benefits a part of their contract negotiations.

Policy and programming frames guiding workplace HIV and AIDS in interventions in Zimbabwe are many and include the following: The national multi-sectoral response to HIV and AIDS is guided by the Zimbabwe National Strategic Plan and coordinated by the National AIDS Council. As part of the national multi-sectoral approach to HIV and AIDS, companies and organizations have a key role in scaling up HIV prevention, care, treatment and support.

HIV and AIDS in Zimbabwe has gradually decreased from 16% of the population in 2007 to 13% in 2010, according to the National Aids Council. A number of reasons account for this decline. Included are policies put in place by government at the workplace to curb the spread of the disease. The country as a whole and the government has accepted that HIV/AIDS is a workplace issue which requires intervention not only by employers but employees as well. Various policies have been developed in the different work sectors which take into consideration the impact that HIV/AIDS can have in the workplace, and on productivity.

4.1 Zimbabwe Statutory Instrument 202 of 1998

This was introduced by Zimbabwe in response to the need for workplace regulation regarding HIV and AIDS. The Instrument prescribes and states the following:

- It is an offence for an employer to require HIV testing as a precondition for employment or to terminate employment on account of one's HIV status.
- Employers are required to develop workplace policies and programmes regarding HIV and AIDS.

4.2 Zimbabwe National Aids Levy

The National Aids Levy was started in 2000 through the National Aids Council (NAC) Act Chapter 15/14 of 2000. The major aim of this levy is for individuals and companies in Zimbabwe to pay 3% of their income and corporate taxes towards the National Aids Trust Fund. This is then used to finance various programmes in response to the HIV and AIDS pandemic.

4.3 National Private Sector Response

The Government of Zimbabwe has also devised the National Strategic Framework for the Private Sector Response to HIV and AIDS. The overall goal of this is to contribute to a reduction in the number of HIV infections,

as well as support national initiatives towards the goal of universal access to HIV prevention, care, support and treatment. Private sector companies have a key role to play in scaling up HIV prevention, care, treatment and support.

Empirical evidence abounds generally supporting acceptance of normative practice observations like: Zimbabwe has relatively higher HIV prevalence and incidence rates in the Southern Africa region, the HIV epidemic threatens to decimate the most productive population segment (Zimbabweans aged between 20 and 49 years); Zimbabwean businesses have currently struggling due to prolonged difficult national economic conditions; Zimbabwean private sector enterprises share an opinion that while most Government developmental policies have noble design intentions there serious policy implementation challenges; the Zimbabwean population (public and business citizens) is generally apprehensive about and passively resistance to most Statutory Instrument-induced national programming interventions introduced without adequate stakeholder consultations and exhaustive Parliamentary debates. Zimbabwean workplace HIV and AIDS interventions are fundamentally viewed by the local business community as reducing Company profits through perceived Government double-dipping resource mobilization strategies.

The National Response Programme (NRP) to HIV and AIDS, largely financed through the National AIDS Trust Fund (NATF), is primarily sustained by both employers and employees through the mandatory 3% of Pay as you earn AIDS levy contributions that are remitted to National AIDS Council (NAC), a Statutory body established and mandated by Government to administer and coordinate the NRP. Under Statutory Instrument 2002 of 1998, Companies in the country are expected to finance their own workplace HIV programs with little financial assistance from National AIDS Council mandated over and above contributing to NATF in the form of the mandatory AIDS levy.

The Zimbabwe Business Council on AIDS (ZBCA), a private-sector based membership based organization developed some programming guidelines to strengthen workplace HIV and AIDS interventions upholding and promoting the full array of values, principles and good practices protocols advocated in various national, regional and international conventions and policy frames.

Zimbabwe has adopted a national policy that specifically deals with employment aspects of HIV and AIDS and the above key principles summarize objectives of the study. The HIV and AIDS policy provides direction and clarity on companies, views and commitments with regard to HIV and AIDS. This also encompasses the comprehensive management of employees living with HIV. A thorough awareness programme of these different policies is vital for comprehensive adoption and implementation of the programme especially to the employees living with the virus at all levels of the company hierarchy. This in return will be able to address issues of occupational health, safety, motivation productivity and profit.

The shambolic status of workplace HIV and AIDS in Zimbabwe has been viewed by both the academia and practitioners from diverse perspectives. There is, for example, a school of thought that that argues that demise of Statutory Instrument 202 induced programme was scripted right from programme conception. This viewpoint gives credence to study findings suggesting that the workplace HIV and AIDS programme in the country was not only dodged by structural designs, technical capacity deficiencies, management commitment, leveraging and funding challenges but was also compromised by serious inception and teething restrictions. There is yet another viewpoint that contends that effectiveness of workplace HIV and AIDS in Zimbabwe need to be seen in historical and programme evolution context. Scholars and commentators from this stable blame everything negative about the programme to the economic melt-down experienced by the country since 2000. The main argument being that hardly two years after a national programme roll-out (inception) in 1998, the national economy was on a free-fall attacking with crippling effects on business viability prospects. Since then, almost all Corporate planners and drivers in the country have been forced to tighten organizational belts, streamline their non-core operations with a view to focus and prioritize only strategic business units or profit-making and value-adding aspects.

4.4 Conceptual constructs of the study:

Integrated components of a comprehensive workplace HIV and AIDS programming are pillared on the following fundamental intervention elements and universal concepts:

- a) **Employer obligations and corporate social responsibility:** Workplace HIV and AIDS programming principles, values, elements, standards and performance benchmarks are well articulated in International Labor Organization (ILO) practice guidelines-The ILO Code of Practice sets out key principles to provide the basis for policy and legislation which guided policy formulation in Zimbabwe. The key ILO employment contract principles are fundamentally emphatic on need for the following practice values:
- b) **Recognition of HIV and AIDS as a workplace issue:** HIV and AIDS is a workplace issue because it affects workers and enterprises-cutting the workforce (by up to 30% in some countries), increasing labour costs and reducing productivity. It should be treated like any other serious illness/condition in the workplace: this statement aims to counter discrimination and also the fears and myths that surround HIV and AIDS. The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic: later sections of the Code, especially those on prevention, training and care, clearly explain this role.
- c) **Non-discrimination on the basis of one's HIV status:** There should be no discrimination against workers on the basis of real or perceived HIV-positive status. Non-discrimination is a fundamental principle of the ILO

and is at the heart of the ILO's response to the epidemic. The principle of non-discrimination extends to employment status, recognized dependants, and access to health insurance, pension funds and other staff entitlements. Discrimination and stigmatization of people living with HIV and AIDS inhibits efforts aimed at promoting HIV and AIDS prevention: if people are frightened of the possibility of discrimination, they will probably conceal their status and are more likely to pass on the infection to others. Moreover, they will not seek treatment or counseling. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness, trust and take a firm stance against discrimination.

d) Sensitivity to gender parity/equality realities: Gender dimensions of HIV and AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV and AIDS epidemic than men, for biological, socio-cultural and economic reasons. It is, therefore, important that HIV and AIDS programmes respond to the circumstances and needs of men and women separately, as well as together-both in terms of prevention and social protection-to mitigate the impact of the epidemic.

e) A safe and healthy work environment: The work environment should be healthy and safe, as far as is practicable, for all concerned parties. This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first-aid provisions in the event of an accident. It does not, however, give employers the right to test employees for HIV in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. A healthy work environment facilitates employee morale, dignity, adaptation of work to the capabilities of workers, in light of their physical and mental health, thereby mitigating the impact of AIDS on workers and the enterprise alike.

f) Social dialogue: The successful implementation of an HIV and AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate: this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties.

g) Prohibit screening for purposes of exclusion from work: HIV and AIDS screening should not be required of job applicants or persons in employment. HIV testing not only violates the right to confidentiality, but is impractical and unnecessary. At best, an HIV test result is a 'snapshot' of someone's infection status. It is no guarantee that he or she will not become infected tomorrow, or next month. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years.

h) Maintaining employee confidentiality: There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers. The right to confidentiality does not, of course, only apply to HIV and AIDS; rules of confidentiality have been established in the ILO Code of Practice on the protection of workers' personal data, 1997.

i) Continuation of employment relationship: HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work. This principle is based on the fact that being HIV positive is not the same as having AIDS and a number of possible opportunistic infections. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

4.5 Addressing workplace stigma and discrimination

AIDS stigma and discrimination exist worldwide, although they manifest themselves differently across countries, communities, religious groups and individuals. They occur alongside other forms of stigma and discrimination, such as racism, stigma based on physical appearance, homophobia or misogyny and can be directed towards those involved in what are considered socially unacceptable activities such as prostitution or drug use.

Stigma not only makes it more difficult for people trying to come to terms with HIV and manage their illness on a personal level, but it also interferes with attempts to fight the AIDS epidemic as a whole. On a national level, the stigma associated with HIV can deter governments from taking fast, effective action against the epidemic, whilst on a personal level it can make individuals reluctant to access HIV testing, treatment and care.

UN Secretary-General Ban Ki Moon (2006) said, stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world. Stigma and discrimination is exacerbated due to fear of contagion coupled with negative, value-based assumptions about people who are infected leads to high levels of stigma surrounding HIV and AIDS.

4.6 Key components of a comprehensive workplace programme

4.6.1 Prevention of new and further HIV infection:

Workplace prevention programmes should seek to inform employees about HIV and AIDS, promote behaviour

change that will reduce the spread of HIV and provide services to reinforce desired behaviour change. Typically, such programmes include;

- Raising awareness about HIV and AIDS to ensure that employees understand how the virus will affect them and their families;
- Creating an environment of acceptance and non-discrimination;
- The prevention and treatment of sexually transmitted infections (STIs);
- Voluntary Counselling and Testing (VCT);
- The promotion and distribution of condoms- develop skills for decision making, negotiation, and condom use;
- Promote positive living messages;
- Encourage the development of supportive social values such as gender equality;
- Dissemination of IEC materials, oral presentations, talks and discussion forums;
- Peer education;
- Wellness management (habit-forming activities positively affecting employee life style).

One of the major challenges faced by prevention programmes is that they are poorly attended by senior management and professionals. However, everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees (including middle and senior management) and should be available at all work sites.

Another challenge is that prevention programmes are often poorly researched and monitored. Prevention programmes must respond to the specific needs of a given workplace and it is vital that these needs are thoroughly understood prior to designing or implementing programmes. Situational analyses are a vital part of this process. It is also important that they are monitored to establish how effective they are and where they can be improved. It is useful to conduct knowledge, attitudes, behavior and practices (KABP) surveys prior to introducing a programme. These provide important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having the desired effect.

4.6.2 Treatment and Care and Support Programmes:

Prevention programmes must be linked to treatment and care and support programmes. These programmes should offer services to help employees cope with infection and should ideally provide support to employees and their families. Effective programmes generally consist of wellness programmes (including the treatment of opportunistic infections and, where possible, antiretroviral therapy), social support mechanisms (such as counseling, support groups, home-based care) and helping employees plan for the future. Such programmes should aim to:

- Provide information on available treatment;
- Making ART accessible to workers living with HIV and their families either directly or through referral

- Where health-care services exist at the workplace, appropriate treatment may be provided particularly for opportunistic infections
- Home Based Care should be supported as an essential component of the continuum of care to workers living with HIV and AIDS and their families
- Psycho-social support

4.6.3 Mitigation the negative effects of HIV and AIDS:

- Making alternative working arrangements for employees living with HIV
- Respecting confidentiality of medical information
- Create special health insurance and social security schemes

4.6.4 Community active involvement:

- Providing HIV and AIDS services and information to clients, suppliers
- Educating workers' families about HIV and AIDS
- Getting involved in local community efforts to slow the spread of HIV
- Contributing resources, business experience and expertise to community HIV and AIDS education, care and support initiatives

Key elements for successful workplace programme implementation:

In addition to these components, a number of practical issues need to be addressed to ensure a sustainable and effective response. These include the following:

4.7 Leadership, Structures and Partnerships

Experience has shown that for workplace programmes to be successful they need to be driven by senior management. Without the support of those who influence policy, practice, and resource distribution, initiatives are doomed to fail. A dedicated post, unit or working committee, or combinations of these, should be established to co-ordinate and drive the response. It is vital that such individuals or bodies are sufficiently senior and skilled in HIV and AIDS issues to lead the response, are given a proper mandate, are supported by senior management, are located where they can be most effective, and are given sufficient financial, technical, and human resources to fulfill their mandate. Such individuals or structures should be allocated a specific budget. This budget should be sufficiently large to allow the implementation of comprehensive programmes and activities. Forming partnerships with other institutions in the public, private, and non-governmental sectors can also help in sharing information, experience, skills, and resources.

4.7.1 Institutional Capacity Building

HIV and AIDS present new challenges and, with these, an increased need for training and capacity-building to enable institutions to develop, monitor, and evaluate responses to HIV and AIDS

4.7.2 Benefits of a workplace policy

Workplace policy development has multiple practical benefits including the following:

- Help employees living with HIV and AIDS to understand what support and care they are entitled to receive, so that they are more likely to come forward for voluntary testing
- Help to stop the spread of the virus through prevention educational and communication programming elements.
- Assist in planning for HIV and AIDS and managing its impact, ultimately saving resources.
- Provide the basis for putting in place a comprehensive workplace programme that combines prevention, care and the protection of rights of people living with HIV.
- The creation and dissemination of a workplace policy can, itself, begin to raise awareness about HIV and AIDS
- By enshrining the rights of both HIV-positive and HIV-negative employees, help to combat stigma and discrimination.

4.7.3 Practical considerations in developing workplace HIV policies and programmes:

Workplace programming interventions in Zimbabwe are shaped by the following instruments:

- International Labour Organization (ILO) workplace HIV and AIDS guiding principles
- Government of Zimbabwe (GoZ) Statutory Instrument 202 of 1998
- National AIDS Council Workplace HIV policy and programme development 2010 guide
- Zimbabwe Business Council on AIDS (ZBCA) workplace programme 2004 guidelines
- Southern Africa Development Community (SADC) protocols on HIV and AIDS
- National Employment Council (NEC) prescriptions shaping Industry-wide interventions
- Company-based HIV and AIDS policy frames derived from Statutory Instrument 202

5. Presentation and Discussion of Study Findings:

5.1 Effects of policy awareness on employee welfare:

- Refining and strengthening Human Resource management roles in policy advocacy (Human Resource practitioners increasingly taking strategic and intermediary roles)
- Catalyst for a paradigm shift from regarding employee welfare improvement as a Company liability but a business asset (tool to increase productivity and profitability)
- Increased and enhanced worker solidarity (injury to one is injury to all)-increased employee demand for more employee rights and realization of need to stand united
- Transformation of business perspectives on labor management (employee welfare issues taking center stage in crafting corporate strategies-heightened awareness/ appreciation)

- Upgrading the status of employee welfare to Constitutional and collective bargaining level (graduating employee welfare issues from secondary to primary management focus)
- Balancing business economic interests (cost saving-profit optimization thrust) with employee motivation-productivity) by fusing corporate economic and social benefits
- Raising management awareness, appreciation and commitment to improving the priority ranking of employee interests (making human capital the most valuable business asset)
- Democratizing management control and decision-making processes by accommodating active employee participation in the administration of workplace HIV interventions
- Incorporation of new management concepts in labor (personnel) administration such as the home-work interface, employee wellness programming, participatory management
- Mainstreaming social development themes and issues in corporate planning (business buying in to assimilation of
 - themes such as rights-based, gender sensitivity, social justice
- Realities of workplace HIV programming in contemporary Zimbabwe:
- Companies offer both on and off-site workplace HIV programming activities under the broad thematic focus areas of prevention, care, treatment and support. Common on-site interventions include: awareness raising, peer education and shop-floor support activities, employee health and wellness support schemes. Common off-shore interventions include: voluntary counseling and testing, anti-retroviral therapy, treatment of opportunistic infections, home-work interface services and community outreach (extension services)
- Companies have relatively smaller budgets for workplace HIV and AIDS programming interventions. The budget allocations for the various programme components have not been incremental since the dollarization of the national economy.
- Popular and common workplace HIV programming components in most Companies include condom and information dissemination, shop-floor talk and discussion shows, (information, education and communication material distribution)
- Peer education activities in most Companies largely targeted shop-floor workers (junior staff) leaving out senior management personnel (middle managers and top Executives)
- Very few employers in the study sample have comprehensive workplace HIV and AIDS programmes incorporating all cardinal activity components outlined in the National Strategic Thematic frames (prevention, care, support and mitigation)

5.2 Synopsis of Key Study Descriptive Statistics

Outlined below are summaries of aggregated statistical trends (summative patterns) emerging from analysis of quantitative data from questionnaire responses:

- 64.77% of employers in the study sample reported declining workplace HIV programming budgets
- 71.59% of Company senior managers in the study are of the opinion that NATF is not benefiting their workplace HIV and AIDS programming interventions
- 34.62% of sampled company employees knew their HIV status
- 22.58% of employees who knew their HIV status disclosed their status to employers
- 55.24% of employees who voluntarily disclosed their HIV status were motivated by perceived programme beneficiation
- 40.51% employees felt their employers provided comprehensive HIV and AIDS interventions
- 79.74% of employees were aware of their AIDS levy mandatory contributions to NATF
- 82.38% of employees felt they actively participated in workplace HIV programme implementation
- 37.44% of employees were aware of employers workplace HIV policy provisions
- 18.94% of employees were aware of their employer workplace HIV programme budget
- 43.61% of employees were aware of the full range of workplace HIV programme services provided by their employer
- 61.23% were aware of collective bargaining parameters, recent agreements, limited scope
- 54.63% of employees were aware of Statutory Instrument 202 of 1998 regulatory frames
- 52.86% of employees were aware of SADC workplace HIV protocols and guidelines
- 44.49.% of employees were aware of ILO workplace HIV/AIDS values and principles
- 75.71% of employees were aware of the National response programme to HIV and AIDS
- 37.01% of employees were aware of Zimbabwe Business Council on AIDS practice code
- 76.7% of employees felt that employers do not have comprehensive workplace HIV/AIDS program?
- 66.7 % of employees felt their employers do not have workplace wellness programmes
- 66.7% of employees felt that they were not benefiting from workplace HI from workplace from all workplace HIV interventions

5.3 Discussion of study findings: Factors hindering beneficiation of workplace HIV programming interventions:

Employee responses to workplace HIV and AIDS programme beneficiation-related questions highlighted existence of several internal and external service access barriers and inhibitions including awareness, availability, affordability, relevance, stigma and discrimination factors. Some of the main factors perceived and cited as hindering, restricting and stifling employee programme beneficiation include marketing, packaging, communication and promotional considerations highlighted in the following:

- Limited awareness of the range of support services available for employee beneficiation
- High costs to be paid in the process of benefiting from the services (affordability)
- Bottlenecks and unfriendly procedures before enjoying available services (accessibility)
- Insensitive, inappropriate and cumbersome administrative processes not user friendly
- Requisite essential and ancillary services not always available when needed (availability)
- Practical logistical inconveniences such as language, timing and confidentiality barriers
- Lack of clarity on essential programming details like roles, accountabilities and schedules
- Information on eligibility criteria, access mechanisms and referral systems is oft known
- Limited disclosure of programme budgets, access requirements and eligibility criteria,
- Fragmentation of programme policy frames, operational mechanisms and activity sites

Some of the factors affecting employee and employer awareness levels, factors responsible for non-policy compliance, employer pull and push factors in implementing workplace HIV and AIDS policies; adverse effect of difficult business operational environment to workplace HIV and AIDS policy compliance, factors hindering and restricting employee workplace HIV and AIDS programme beneficiation

5.4 Key study arguments:

- Awareness does not always transform into expected behavior change;
- Policy awareness is not synonymous with management commitment;
- Policy awareness diluted and negated by resistance;
- Employee attitudes towards policy and programming awareness shape their employer expectations;
- Higher employee policy and programming awareness levels increases demand , increases stakeholder interest, demonstrates management commitment and broadens collective bargaining agenda

5.5 Policy Planning Guiding Principles:

Essential imperatives in policy planning and development include the following considerations:

- Policy planners need to answer what, why, where, when, how, who, with what questions
- Policy planning must be contextual (domesticated, localized and customized) to needs
- Policy objectives, priorities, deliverables, boundaries and execution strategies need clarity
- Policy language must be technically appropriate, user friendly and universally understood
- Policy execution-implementation must be consistent, time-bound and sustainable
- Policy targets must be realistic, achievable, pragmatic and benchmark with good practice
- Policy effectiveness and impacts need to be measurable, predictable and comparable

- Policy progress milestones must be specified, standard and transparent and acceptable

5.6 Policy Implications on Practice Improvement:

- Approved policies regulate, standardize, guide and influence behavior and practice
- Accepted policies have the legal effect of compelling compliance and collaboration
- Operational policy provides basis for rational, systematic and regular resource allocation
- Policy provides a blue-print to steer, track and measure programming performance
- Policy ensures predictability, consistency and integration of management decisions
- Policy streamlines and focuses bounds of stakeholder obligations and expectations

5.7 An overview assessment of workplace HIV programming in Zimbabwe

- A paltry 62 Private sector Companies have developed workplace HIV and AIDS policies
- Most workplace programming interventions are allocated token operational budgets
- Programming aspects of the workplace policy are derived from National Strategic frame
- Most workplace program technical are contracted out to capacitated external agencies
- Workplace policy and programming interventions are fragmented and uncoordinated
- Save routine mandatory reports submitted to NAC, workplace monitoring is weak
- Dominant and visible members of the ZBCA are ZSE listed blue-chip Companies
- Employees and employers are the major contributors to the National HIV Trust Fund
- Key national response programme to HIV and AIDS institutions have funding challenges
- Most workplace HIV and AIDS interventions are devoid of wellness program values

5.8 Attributes of effective workplace policies:

As argued by the ILO, effective workplace HIV policies:

- Provide leadership and make an explicit commitment to corporate action
- Ensure consistency with appropriate national laws
- Lay down a standard of behaviour for employees (outline expectations)
- Give guidance to supervisors and managers

5.9 Essential considerations in the development of a workplace HIV and AIDS policy

Once an institution has determined the nature of the probable impact, it is important to establish a framework within which a response can be implemented. A workplace policy provides a framework for action to reduce the spread of HIV and AIDS and manage its impact. It defines an institution's position on HIV and AIDS, and outlines activities for preventing the

transmission of the virus and providing care and treatment for staff (and sometimes their dependants). It also ensures that the response is balanced, activities complement each other, and resources are used most effectively.

5.10 Operational constraints of workplace HIV and AIDS programmes:

- Sustainable funding sources
- Integration of business modeling and social interests (inherent policy design conflicts)
- Distorted/skewed bottom-line effects (mismatch between costs and expected benefits)
- Difficult policy enforcement (programme is outside collective bargaining obligations)

5.11 Key Components of a Comprehensive Workplace Policy

A comprehensive workplace HIV and AIDS policy should answer the following questions;

- Who will be covered by the policy?
- Does the policy make mention of the need for endorsement by all levels of management, Union and other leadership?-Who are the key players/actors/What are the institutions?
- What are the key guiding principles?
- Does the policy comply with relevant national laws and regulations? Is the policy consistent with other labour related contracts?
- Will people with HIV and AIDS be entitled to the same rights, benefits and opportunities as people with other life threatening illnesses?
- What practices will be outlined for hiring, promotion and termination?
- What will be the policy related to HIV testing?
- What worker HIV and AIDS prevention, care, treatment and support services will be provided?
- Does the policy make provision for confidentiality of employee medical information and HIV status?
- What policy action will be needed to prevent stigma and discrimination?
- What practices will be included to ensure a safe and health workplace especially for those employees exposed to great risk of infection?
- What grievance procedures will be there for employees discriminated against because of their HIV status?
- What prevention education or other services will be provided to individuals, families and communities?
- Who will be responsible for implementing and enforcing the policy?
- How will the policy be monitored, reviewed and revised?

5.12 Structure of a workplace Policy

The workplace policy document should ideally be organized in paragraphs focusing on specific thematic areas for easy referencing. Most policies have the following paragraph parts:

Part 1 – Rationale of the Policy

Policy may start with a general statement or introductory remark that outlines why the organization wants to have an HIV and AIDS policy. This part essentially provides the broad rationale (significance, justification and strategic intent statement) for an HIV and AIDS policy and links it to other employer policies and practices

Part 2– Policy Statement or Objectives

The section highlights the, major issues that the organization wants to address and broadly states what the policy is all about

Part 3- Workplace Guidelines or Key Principles-

These are guidelines or instructions for management and employees to clarify what is expected of them. They expand on issues identified in the general statements. Key principles from the ILO Guidelines and SADC Codes of practice may be used if desired.

Part 4 – Outline of Workplace Programmes

The section outlines the prevention, care, treatment and support, mitigation activities the organization can engage into.

Part 5- Implementation Structure

The section outlines who will be responsible for implementing the policy and the resources required

Part 6 – Monitoring and Evaluation

This section outlines how implementation of programmes will be monitored and how often the policy will be reviewed

5.13 Workplace Programming Designs

Workplace programmes are developed based on the workplace policy. Such programmes should take the form of workplace HIV and AIDS prevention, care and support and mitigation programmes. ;

5.14 The Basics of Effective Response

An appropriate response to the epidemic needs to be holistic, systematic and coordinated, and guided by a clear policy statement. As argued by UNAIDS (2011), such an approach establishes a clear framework within which activities should take place and ensures that the response is balanced, available funds are used to best effect, and the activities undertaken work effectively together. Such a response needs to include three essential components of prevention of new infections, treatment and care of people living with HIV and AIDS and mitigation of the current and future impacts of the epidemic.

An effective response should also seek to address HIV and AIDS internally, among an institution's employees, and externally, among its clients. As employers, private and government institutions need to acknowledge the fact that HIV and AIDS may have potentially significant implications for their staff and functioning, and take steps to mitigate the impact of HIV and AIDS on infected and affected employees. Externally, they should work to

mitigate the impact of HIV and AIDS on communities they serve. This involves mainstreaming HIV and AIDS, or integrating responses to HIV and AIDS into their core functions.

SAFAIDS (2011) concurs with the UNAIDS by outlining the core components of the HIV and AIDS response in the workplace. Though workplace interventions vary according to the size of the workforce and employment terms, several common components can were identified.

5.15 Emerging data patterns and thematic focus trends:

Employee participation in workplace HIV and AIDS programming aspects impacts positively on employee beneficitation and implementation effectiveness. Upholding the concept of client self-determination strengthens collaboration, collective decision ownership, stakeholder buy-in and mutual programme beneficitation

The strategic value of workplace HIV policy awareness:

- Workplace HIV and AIDS programme policy communication, promotion and marketing strategies seek to raise awareness on employee welfare needs, secure requisite management attention and attract senior management interest (get employer commitment) to invest in human capital with a view to get commensurate return or yield in the form of employee morale, motivation and productivity
- Policy and programming awareness increases demand, provokes supportive actions, facilitates stakeholder collaboration, participation and provides catalysts for requisite changes.
- Policy awareness allows compliance measurement and benchmarking performance standards.

5.16 Effects of Policy and Programme Awareness on Employee Beneficitation

Policy and programme awareness increases service demand and uptake in several ways that include the following:

- Encourage and motivate employees to seek services including voluntary counseling and testing, treatment initiation (antiretroviral therapy and opportunistic infection), nutrition-other therapies
- Facilitate and promote employees to better organize and mobilize themselves for effective advocacy and lobbying (collectively demand individual and collective rights, secure necessary management attention)
- Create conducive conditions for active employee participation in the design and management of workplace HIV and AIDS interventions-foster collaborative partnerships between employers and employees
- Stimulate sufficient market demand (attract the necessary attention of many service providers that compel other suppliers or service providers to bring alternatives at competitive prices)-increase range of available support services-respond to excess demand

- Empower labour unions-worker committees to intelligently engage, confront and negotiate with employers/management on the basis of knowledge or available evidence (knowledge is power)
- Support and encourage creation of an atmosphere (climate) that fosters healthy and harmonious industrial relations-conditions where employees and employers can trust each other, cooperate and work together to realize mutual benefits (common goals)

5.17 Linkages Employee Welfare and Motivation

It is apparent from the study findings and field observations that there is strong correlation between employee welfare investment and business performance. Both inductive and deductive inferences made in the study indicate strong associational relationships (linkages) between the two variables. Further, statistical analysis of study findings showed emerging patterns suggesting existence of strong correlative associations between other related variables for example:

- Companies with diverse employee support schemes reported higher levels of employee morale, motivation, loyalty and productivity
- Employers supporting diverse workplace HIV and AIDS interventions generally had a strong corporate social responsibility orientation
- Companies with incremental workplace HIV and AIDS programming budgets demonstrated higher awareness and appreciation of International Labor Organization (ILO) workplace values and principles SADC workplace HIV and AIDS protocols as well as national labor administration policy frames and programming guidelines
- Companies encouraging and promoting active employee involvement and participation in the design and management of workplace HIV and AIDS generally had better (positive) stakeholder rating on employee programme beneficitation
- Companies with heightened employee awareness of workplace HIV and AIDS policy and regulatory frameworks offered diverse and broad-based programming services
- HIV and AIDS workplace policy frame awareness and the productivity of employee living with HIV.
- HIV and AIDS workplace policy awareness and employee motivation.
- HIV and AIDS workplace policy awareness and range of company staff welfare support services
- HIV and AIDS workplace policy awareness and the home-work interface

6. Main Study Conclusions

- Workplace HIV programme beneficitation enhancement comes on the back of access to referral or extension services (broaden programme scope, reach, coverage and boundaries are extended by leveraging synergies)
- Workplace HIV and AIDS interventions become effective and sustainable when issues of employee welfare and wellness incorporate decent working

conditions, responsive employment terms, relevant incentives and adaptive (flexible) strategies

- Zimbabwean business entities do not prioritize workplace HIV and AIDS programming interventions and employee welfare support schemes (have little regard for social benefits) as they prioritize economic expedience by tightening survival strategies in an economical volatile operational environment
- Zimbabwe Stock Exchange listed Companies in Harare Metropolitan Province do not invest in sustainable internal capacities for effective and sustainable workplace HIV interventions (programme personnel are seconded from existing operational structures and given on the job-training, only short-term financial and activity planning is done, there is over-reliance on external partners for technical support, there is limited investment in programme supporting infrastructure, technology and institutions)
- Business communication strategies do not incorporate WKHA policy education and promotion

7. Study Summary Recommendations

There is need for Business Companies to regard the following as essential requirements in improving and enhancing workplace HIV programme beneficitation:

- Adopt participatory programme planning and management approaches
- Popularize (market, promote and encourage) programme policy and principles
- Increase and improve programme scope, coverage and reach (scale up activities)
- Introduce and strengthen the home-work interface (community outreach aspects)
- Mainstream and integrate programming key themes (broaden the interventions)
- Strengthen programme delivery, monitoring, evaluation and reporting mechanisms
- Encourage senior management active involvement and secure their commitment
- Locate programme policy administration under Human Resource Unit (one stop shop concept)
- Prioritize the programme in the allocation of operational and developmental resources
- Invest in programming strategic partnerships, linkages and networks (leveraging synergies)

8. Strategies to increase employee awareness of workplace HIV and AIDS policies:

- Adopting integrated corporate communication strategies (use of various communication modes)
- Involving employee representatives in programme development and dissemination of policy frames
- Scheduling regular community sensitization, employee education, awareness raising sessions
- Supporting peer educators and strengthening shop-floor information, education and communication (IEC)
- Training Senior and Line Managers to mainstream and integrate key workplace HIV policy and programming aspects in their regular briefs

9. Main Study Arguments:

Workplace HIV and AIDS interventions and employee welfare support cannot be strengthened without:

- Senior management commitment/prioritization
- Developing sustainable internal capacities
- Requisite supporting infrastructure/schemes
- Research prioritization in resource deployment
- Embedding or integrating research in all management functions and activities
- Developing strategic collaborative research partnerships with diverse stakeholders
- Strategic partnerships, alliances, networks and institutions (synergies)
- Paradigm shift towards continuous learning and improvement
- Upgrading mind-set and discovery philosophy

Summary Recommendations:

References

- [1] Volpp, K. G., D. A. Asch, et al. (2011). "Redesigning employee health incentives—lessons from behavioral economics." *The New English Journal of Medicine* 365 (5): 388–390.
- [2] Bakuwa, R.C. 2011: **An analysis of factors hindering the adoption of HIV/AIDS workplace policies: The case of private sector companies in Malawi.** In African Journal of Business Management Vol. 5(4), pp. 1076-1084
- [3] De Beers Group, 2006: HIV-Aids brocher: HIV/AIDS case study: **A focus on H I V and Aids Management.** South Africa
- [4] Gow, J. and George, G. 2011: **Business management of HIV/AIDS: Case study of a South African contract cleaning company.** In African Journal of Business Management Vol.5 (11), pp. 4100-4106
- [5] Cobb, N.B. (2003): **Project Management Workbook: Field-proven Strategies for Managing Your Greatest Asset.** New York. McGraw-Hill
- [6] Roberts, P. (2011): **Effective Project Management.** London. Kogan Page
- [7] Kanengoni, H., Mazorodze, T. and Harunavamwe, M. 2011: **The perceptions of employees towards working with HIV/AIDS infected and affected co-workers: A case of food services industry in Eastern Cape, South Africa.** In African Journal of Business Management Vol. 5(26), pp. 10621-10628
- [8] Kazembe, T. and Machimbira, J. 2012: **HIV fighting at an agricultural company and at a railway transport company in Mwenezi district, Masvingo province, Zimbabwe.** In Journal of AIDS and HIV Research Vol. 4(3), pp. 68-84
- [9] Kieran Daly, K. 2000: **The Business response to HIV/AIDS: Impact and lessons learned.** The Prince of Wales Business Leaders Forum: Global Business Council on HIV&AIDS. UNAIDS
- [10] Mokgoko, K.M. 2006: **"The impact of HIV/AIDS on work motivation in a work setting"**. Masters in

Philosophy (HIV/AIDS Management). Stellenbosch University

- [11] National AIDS Council (NAC), 2006: **Factors associated with implementation of HIV and AIDS workplace programme in Masvingo Province.**
- [12] Government of Zimbabwe, 2010: **Workplace HIV and AIDS Policy and Programme Development Training Manual: Technical Working Group.** Harare
- [13] Government of Zimbabwe, 2010: **Workplace HIV programmes: Implementation Guide.** Technical Working Group. Harare
- [14] Robbin, S., Judge, T. and Campbell, T. 2008: **Organizational Behavior.** Prentice Hall. London
- [15] Rosen, S., Feeley, F., Connelly, P.h and Simon, J. 2007: **The private sector and HIV/AIDS in Africa: Taking stock of 6 years of applied research.** Lippincott Williams and Wilkins. Boston
- [16] Rumelt, R. 2012: **Evaluation of Business Strategy. In Business Policy and Strategic Management.** McGraw-Hill. London
- [17] Strydom, K. 2004: **A Study to determine the degree to which the HIV/AIDS pandemic is being addressed at Daimler Chrysler South Africa.** MBA project. Port Elizabeth Technikon
- [17] Government of Zimbabwe (GoZ), 1998, **Statutory Instrument 202.** Government Printers. Harare
- [18] International Labor Organization (ILO), 2004: **HIV/AIDS and Work: Global Estimates, Impact and Response**
- [19] National AIDS Council (NAC), 2010: **The Zimbabwe Workplace HIV and AIDS Policy and Programme Development Guide.** Harare
- [20] Southern African Development Community (SADC) (2008): **Workplace HIV protocols and Practice Code**
- [21] United Nations Joint Programme on HIV and AIDS (UNAIDS), 2009, **AIDS Epidemic Update**
- [22] Zimbabwe Business Council on AIDS (ZBCA), 2006: ZBCA profile

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