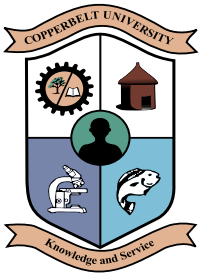

REPUBLIC OF ZAMBIA

THE COPPERBELT UNIVERSITY
(FOR KNOWLEDGE & SERVICE)

COPPERBELT UNIVERSITY
HIV/AIDS AND WELLNESS WORKPLACE POLICY

FOREWORD

It is now more than two decades since the HIV and AIDS epidemic was identified as a major public health problem and despite the development of interventions in response, it is today still one of the challenges facing mankind. HIV and AIDS is a developmental problem that affects the social, cultural, political and economic fabric of the nation. The disease affects the economically active segment of our population, thus under-mining the development prospects. It therefore, should be tackled from within the context of behavioral, economic, social-cultural and environmental factors driving the epidemic. These factors create and sustain vulnerability to the risk of HIV infection while undermining access to treatment, care and support for persons living with HIV and AIDS (PLWHA). Furthermore, the impact of HIV and AIDS scourge has a significant effect on the workplace and the national economy at large.

It is estimated by the Ministry of Health that 13.2% of adults in Zambia are living with HIV. The Copperbelt University has not been spared from the impact of AIDS as it is located in Zambia, one of the Countries worst affected by the AIDS predicament.

The Copperbelt University is committed to making positive strides in the fight against HIV and AIDS through this Wellness Policy which was developed with the involvement of many key stakeholders. The Policy's main objective is preventing HIV and AIDS at our workplace and mitigation its adverse effects on the employees and students as well as providing a work environment that will support employee well-being and enhance knowledge levels.
This HIV and AIDS Wellness Workplace Policy is an announcement of our commitment to risk reduction and non-discrimination to employees and students living with and affected by HIV and AIDS. The policy is formulated within the framework of the Zambian legislation and it is informed by the National HIV/AIDS/STI/TB Policy.

The Policy has also attempted to recognize and support activities designed to address issues connected to the university environment, infrastructure development, water and sanitation, health services, HIV/AIDS, gender, wellness information, sexual relations and harassment, treatment, care and support services and non-communicable diseases.

This policy covers students, staff and their families and stresses prevention of new infections and care and support of those already living with HIV and AIDS and other chronic ailments. A management structure for the Policy has been adopted and the implementation of the various proposals contained in it will be coordinated through relevant organs of the institution.

Ultimately, the policy is foreseen to effectively contribute to the achievement of the goals of the strategic direction No. 4 of the University Strategic Plan 2014 – 2018 and more importantly to the Zambian Vision 2030.

I therefore call upon all parties involved, to acquaint themselves with these Guidelines herewith contained in this document and effectively prevent HIV and AIDS and mitigate its adverse impacts at the Copperbelt University.

Professor Naison Ngoma
VICE-CHANCELLOR

ACKNOWLEDGEMENTS

This HIV/AIDS and Wellness Policy is yet another milestone of the Copperbelt University's commitment towards bringing together all institutional stakeholders with the view to strengthen our response to HIV/AIDS and other wellness concerns.

We as an institution believe that comprehensive workplace wellness efforts have a positive effect in improving students' and employees' health risk (e.g. being overweight, lack of physical activity, poor food choices, tobacco exposure and use, stress and alcohol).

We also believe that workplace health promotion represents one of the most significant strategies for enhancing productivity. Associated benefits of a workplace wellness program include reduced health care costs, lower absenteeism, improved recruitment, retention and improved students' and employees' health and morale.

The Copperbelt University would like to acknowledge CBU students through their representatives from Copperbelt University Students Union (COBUSU), Student Council and the Copperbelt University Anti AIDS Society (CBUAAS) for their participation and contribution to this document.

The Copperbelt University would also like to acknowledge CBU staff through the Academic Union (CBUAU), Workers Union (CBUAWU) and the Senior Administrative and Technical Staff Union (CUSATSU) and the Copperbelt University Health Support Group (CBUHSG) for their enthusiasm and contributions to the policy document.

The Copperbelt University would like to acknowledge CBU Management and Council for their unwavering support to the fruition of this process. Last but not least, the Copperbelt University wishes to appreciate support to the HIV/AIDS Response in Zambia (SHARe II) for accepting our invitation to facilitate this process.

Mrs. Hellen Mwenya Mukumba
REGISTRAR

WORKING DEFINITIONS

Acquired Immuno-Deficiency Syndrome (AIDS)	Advanced stage of HIV infection
Communicable Diseases (CDs)	Infections and contagious diseases that spread from one person to another or from an animal to a person via airborne, waterborne or through blood or other bodily fluids
Dependent	A family member of a staff legally registered with the Copperbelt University
Gender	Culturally and socially constructed differences and relations between males and females
Gender Based Violence (GBV)	An act of aggression intended to cause physical, psychological, economic, social and/or emotional harm to a person on the basis of gender
Guiding Principles	Accepted or professed rule of action regulating, or guiding conduct or practice.
Human Immuno-deficiency Virus (HIV)	The virus that causes AIDS
Non-Communicable Diseases (NCDs)	Diseases which are not passed from one person to another through infections such as diabetes and heart disease
Policy	A plan or course of action intended to influence decisions, actions, programmes, projects and other matters
Policy Measures	Estimated decisions for course of action in the plan such as programmes, projects and other matters
Situational Analysis	Thorough examination of internal and external factors/ identifying factors that hinder good health among CBU staff, their dependents and students
Staff	A person formally employed by the Copperbelt University
Stand-alone	Being self-contained, one who does not require any other device to function
Student	A person registered as a learner at the Copperbelt University
Wellness	State of being well mentally, physically, and psychologically and not merely the absence of diseases
Workplace	Any place in which staff and students perform labour and academic related activities respectively.

ABBREVIATIONS/ACRONYMS

AIDS……...Acquired Immune – Deficiency Syndrome
CBU AAS……..Copperbelt University Anti AIDS Society
CBU SHSG……...Staff Health Support Group
CBU……Copperbelt University
CBUAU……..Copperbelt University Academic Union
CBUAWU……..Copperbelt University and Allied Workers Union
CHEP……Copperbelt Health Education Project
COBUSU……...Copperbelt University Students Union
CUSATSU……..Copperbelt University Senior Administrative and Technical Staff Union
DOTS……Direct Observed Therapy Short course
DRC……Democratic Republic of Congo
FDI……..Foreign Direct Investment
GDP……Gross Domestic Produce
HIV……..Human Immuno-Deficiency Virus
NAC……National AIDS Council
NCDs……..Non – Communicable Diseases
NZP+……..Network for Zambian People Living with HIV/AIDS
PEPFAR……Presidential Emergency Plan for AIDS Relief
PESTELI……Political, Economic, Social, Technology, Environment, Legal and Industry
PPP……Public Private Partnership
PTA……Problem Tree Analysis
SADC……Southern Africa Development Cooperation
SHARe II……..Support to the HIV/AIDS Response in Zambia
SHHR……Sexual and Reproductive Health Rights
STIs……..Sexually Transmitted Infections
SWOT …….....Strengths, Weaknesses, Opportunities, Threats
TB……..Tuberculosis
ZDHS……Zambia Demographic Health Survey

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CHAPTER ONE: INTRODUCTION

Established by Act of Parliament No. 19 on 1st December 1987, Copperbelt University (CBU) is one of the public Universities in Zambia. It is located on the Copperbelt Province of Zambia, the major Copper producer which is the main foreign exchange earner for the country. The University offers certificates, diplomas and degrees both for undergraduate and postgraduate levels in various fields. It has an annual student population of over 10,000. Of these students, only 30% are accommodated within the student hostels on campus. The remaining 70% either squat with friends or fend for themselves with their own accommodation outside campus. The students come from within and outside of Zambia and they come from a variety of social, cultural and economic backgrounds including the poor of the poorest. Some students are accorded the opportunity to pursue university education through the awarding of bursaries to undergraduate students who meet the minimum selection criterion for enrollment.

Research over the years has shown that the biggest share of people living with HIV/AIDS today are between the ages of 15 and 49. The majority of these people are in the prime of their education. A good share of these people is in higher institutions of learning

like CBU. These high institutions of learning educate and train the most sexually active young adults who are most vulnerable to contracting the HIV/AIDS virus due to their risky social and sexual behaviour. Students in institutions of higher learning are aware of the negative impact of the HIV/AIDS, gender and general Wellness on teaching and learning; hence the need to get involved in these issues. CBU recognizes HIV/AIDS and other health problems which affect its staff and students. To respond to HIV/AIDS and other health problems the need for developing this policy by the University cannot be over emphasized. In view of the above, and taking into account other health related problems, the University decided to develop this comprehensive workplace policy to respond to HIV/AIDS and general wellness. This policy guides the University on how to address HIV/AIDS and wellness among staff and students. The policy contains, working definitions, introduction, situational analysis, vision, and rationale, guiding principles, objectives and measures, policy measures on institutional arrangements, institutional responsibilities, legal framework and implementation of the policy. The following chapter talks about the relevant HIV/AIDS, Gender and Wellness situational analysis conducted by the University.

CHAPTER TWO: SITUATIONAL ANALYSIS

To develop this comprehensive HIV/AIDS and wellness policy, the CBU community first conducted a situational analysis in order to systematically collect and evaluate all past and present economic, political, social, and technological existing data, reports and HIV/AIDS and Wellness policies in the University. The analysis aimed at identifying internal and external HIV/AIDS and general wellness forces that could affect the university's performance in the provision of knowledge and various skills to the public. Furthermore, the analysis gave an opportunity to the University to assess its current and future Strengths, Weaknesses, Opportunities, and Threats (SWOT) in responding to HIV/AIDS and Wellness. In other words, the Situation Analysis looked at both the macro-environmental HIV/AIDS and Wellness policy factors that could affect the University's response within the environment and the micro-environmental HIV/AIDS and Wellness policy factors that specifically affect the University.

2.1 GLOBAL CONTEXT

The University identified policy issues in a logical manner by scanning the external and internal environment. The University then took a critical look at itself and the regulatory environment in which it operated. The process started with external political, economic, and social, technology, and environment, legal and institutional (PESTELI method) scanning situation focusing at the global, regional and local levels. Thereafter, a SWOT method was also conducted and was followed by a Problem Tree Analysis (PTA) on each issue identified. The results from these analyses are summarised below:

2.1.1 Political Factors

Positive Political Factors

CBU is alive to both positive and negative global policy developments such as the following;

- Promotion of human rights through several United Nations (UN) Declarations
- The introduction of the President Emergency Plan for AIDS Relief

(PEPFAR)

- The SADC protocol that promotes gender and good governance
- The Abuja Declaration on HIV/AIDS, Tuberculosis and other infectious diseases
- International conferences on HIV/AIDS and general wellness
- Zambia enjoys peace and a relatively supportive legal and policy environment towards a coordinated multi-sectoral HIV/AIDS response
- The university community receives strong support from the Ministry of Education
- CBU has strong HIV/AIDs operational structures including a very strong committee on HIV/AIDS and wellness

Negative Political Factors

- Civil unrest in neighbouring countries affects regional health delivery systems
- Changes in government policies due to changes in governments
- Lack of leaders to honour certain obligations
- CBU is located in the heart of the Copperbelt which is a recipient of thousands of people from some politically unstable countries; the probability of the introduction of new HIV strains remains high
- Late disbursement of funds by the Zambian Government for University developmental programmes; and
- Poor implementation of policies that cause ineffective HIV/AIDS, Gender and Wellness Workplace programmes

2.1.2 Economic Factors

Positive Economic Factors

- Availability of resources for HIV/AIDS and other diseases from multi-lateral and bilateral donor partners
- Free importation of drugs
- Good bilateral relationships with other countries in the region
- Increased Foreign Direct Investment (FDI)

- Improved Gross Domestic Product (GDP)
- Possibility of making partnerships with foreign partners using the existing policy on private partnership (PPP) for the University to expand its student and office accommodation infrastructure.
- Availability of staff who work as volunteers for HIV/AIDS, and malaria control programmes

Negative Economic Factors

- The recession/global financial crisis or melt down
- Failure of some donors to honour financial pledges
- Existing corrupt practices
- Poor infrastructure, and shortage of accommodation mainly for students
- Fast growing economies at global, regional and local levels that have brought different lifestyles

Figure 2.1: Members of the Copperbelt University HIV/AIDS and Wellness Workplace Policy drafting team brainstorming during the policy drafting workshop

2.1.3 Social Factors

Positive Social Factors

- Sports, commemoration days, visitations and outreach programmes to disseminate information can provide a fertile learning ground for HIV/AIDS and Wellness Workplace programmes

- Existence of social banquets, picnic, and ladies/men's night outings organized by Anti – AIDS Society
- Drama, pageants, musical concerts, candle light walks, religious gatherings, door to door sensitizations, presentations at trade fair end year parties and Annual General Meetings could be used to mainstream HIV/AIDS and Wellness activities
- Spiritual commitment, involvement of some churches and other social clubs, cultural values through the use of extended families, norms resulting to respect, and ethical tribal relations can be used to prevent HIV/AIDS and promote Wellness in University workplace.

Negative Social Factors

- Existing sexual relationships in the workplaces (between staff and students or student to student)
- Alcohol misuse during social gatherings, copying of foreign cultures/values and eating habits
- Unemployment and high poverty levels could affect University HIV/AIDS, Gender and Wellness Workplace programmes

2.1.4 Technological Factors

Positive Technological Factors

- Internet/web (social networks such as google, tweeter, and Facebook) facilities have increased information flow
- Portable electronic devices that make it easier to share files
- New discoveries on HIV/AIDS prevention and management, e.g. discoveries of Anti-Retro–Viral drugs, phones, computers, IPads, play books can be used to promote HIV/AIDS response and wellness

Negative Technological Factors

- Inadequate control of what someone views on the internet, sending and receiving of pornographic materials among staff and students
- Lack of body exercises by majority of University staff, students and surrounding communities

- Fast production and high consumption of junk foods that lead to change of healthy eating habits resulting into non–communicable diseases
- Difficulties to control television channels, low productivity at workplace due to internet misuse and existence of high bills on internet and telephone

2.1.5 Environmental Factors

Positive Environmental Factors

- Legislation on climate change issues, whereby some European countries have legislated air pollution by passing laws such carbon tax or air pollution taxes
- Topical issues such as "keep Zambia clean campaign" provide an opportunity for CBU to champion the provision of messages on HIV/AIDS prevention, care, treatment, support and promotion of general Wellness

Negative Environmental Factors

- The global general rise in temperatures is a warning to all that we need to behave more responsibly when it comes to the environment
- Regionally, environmental and climate changes resulting from environmental degradation, particularly deforestation and land degradation, have led to droughts, floods, food insecurity, water pollution and air pollution
- The influx of poor-quality used cars bought at cheaper prices from some industrialized countries may have solved an environmental problem in those countries and shifted it to Zambia
- Environmental and climate changes have resulted in poor rainfall amounts, poor electricity generation and power shortages for countries like Zambia
- Increase in Communicable Diseases such as Tuberculosis (TB), Sexually Transmitted Infections (STIs) and flus.

2.1.6 Legal Factors

Positive Legal Factors

- The international recognition of Human Rights where Zambia is a signatory
- Regionally the ease of travel between SADC countries is a positive that could assist regional marketing efforts of CBU's HIV/AIDS and Wellness Workplace

programmes

- There are also pieces of legislations such as free provision of Anti–Retro–Viral drugs, National Health Act, Higher Education Act, Public Health Act, Employment Act Cap 268 of the laws of Zambia, Mental Health Bill 2012 Food and Drugs (Repeal) Bill, 2012 and the Food and Drugs (Amendment) Bill, 2012 National Health Research Act 2013, Occupational Health and Research Act 2011, The Zambia Institute of Human Resources Management Act, The Workers Compensation Act No. 10 of 1999 and The Pension Scheme Regulation Act which can be used to champion prevention of HIV/AIDS and promotion of Wellness in Workplaces

Negative Legal Factors

- Among the negative legal developments identified include the practice of homosexuality and globalization such as lack of policy for controlling what someone views on the internet
- Sending and receiving of pornographic materials

2.1.7 Industrial factors

Positive Industrial Factors

- The existence of other institutions of higher learning that champion the education industry can be used to promote HIV/AIDS, Gender and wellness response
- The need for education by everybody at global, regional and local levels creates greater opportunities for Universities such as CBU to champion the prevention of HIV/AIDS, promotion Gender and Wellness in a Workplace
- Educational conferences/meetings at global, regional and local levels involving staff, students and communities provide a platform to promote HIV/AIDS prevention and promotion of Wellness programmes
- CBU with its core mandate of providing knowledge and service to different stakeholders coming from all walks of life can use its comparative advantage to champion HIV/AIDS prevention and promotion of Wellness

2.2 SWOT ANALYSIS

Building on the situational analysis, the University conducted a SWOT Analysis in order to generate more relevant information that could promote or hinder HIV/AIDS and Wellness Workplace programmes. In the SWOT Analysis, the University identified similar positive and negative developments or factors identified using PESTELI tool as outlined above.

Figure 2.2: Copperbelt University students participating in sensitizations sessions on the dangers of tobacco, alcohol misuse and drug abuse within the campus.

The SWOT analysis results, together with the results of the aspects of the University's environmental scan conducted, were further utilized to generate strategic issues which were further analyzed using a Problem Tree Analysis (PTA) tool.

2.3 PROBLEM TREE ANALYSIS (PTA)

The major negative developments at global, regional and local levels, internal HIV/AIDS and Wellness programme weaknesses and threats identified by University staff and students using PESTELI, SWOT Analysis were subjected to PTA tool, in order to identify immediate, underlying, and root causes, and their effects to University HIV/AIDS and Wellness Workplace programmes. Immediate, underlying and root causes enabled University staff and students to further identify policy issues and crafted policy vision, objectives and policy measures.

2.4 NATIONAL CONTEXT

Zambia is found in the Southern Africa. It has experienced serious devastating effects of HIV and AIDS epidemics. According to the 2014 Zambia Demographic Health Survey (ZDHS), the adult HIV prevalence is estimated to be 13.2% among 15 – 49 year old. The HIV prevalence has stabilized at relatively high levels partly due to successes in Zambia's treatment programme. In addition, the epidemic has a gender bias with more women (15%) living with HIV & AIDS compared to men (11%), among those aged 15 – 49 years. Copperbelt province has a higher prevalence rate (18.2%) and is more densely populated with large urban settlements.

2.5 UNIVERSITY CONTEXT

The Copperbelt University has not been spared from HIV/AIDS epidemic. The following statistics is the reflection of mortality caused by HIV/AIDS epidemic at CBU.

a) Between 1992 and 1996, the institution lost 50 employees to HIV/AIDS;
b) Between 1998 and 2003, the institution lost an additional 81 employees; and
c) Between 2004 and 2007, a total of 31 employees died

2.5.1 Factors related to HIV transmission within the University community.

The following are related factors causing HIV/AIDS at Copperbelt University:

a) Multiple Concurrent Sexual Partners (MCSPs);
b) Trans-institutional infections (worker – worker, worker –student, student -student relationships);
c) Import – student relationships;

d) Economic reasons;
e) Employment/promotions factors; and
f) Lecturer – Student relationships for passing. Source: CHEP Baseline Survey Report 2005/6

2.5. 2 Impact of HIV and AIDS at the University

The Copperbelt University has experienced low productivity due to:

a) Deaths of key staff like Lecturers trained at high costs and over a long period;
b) Absenteeism from work due to illness;
c) Loss of man hours as a result of attendance at funerals;
d) Unplanned separation packages when a member of staff dies;
e) Psychological trauma due to stigma on the student part, derailed academic
f) Progress; and
g) Deaths – reverse national development.

2.5. 3 CBU HIV/AIDS Response

To respond to the epidemic, the University initiated the following interventions:

a) The Student Anti –AIDS Society was formed in 1990;
b) The CBU Medical Trust was formed in 1993 following the realisation of the impact of HIV/AIDS among staff;
c) The CBU Staff Health Support Group was formed in 1997;
d) Response to HIV/AIDS developed rapidly after CBU work was showcased at a commonwealth Universities meeting in Lusaka in 2002/3;
e) HIV/AIDS Coordinator was recruited in 2003 in collaboration with Voluntary Services Overseas (VSO);
f) An institutional HIV/AIDS Policy was developed and approved by CBU Management in 2005;
g) An HIV/AIDS Policy Implementing Committee of CBU Council was established in 2004;
h) CBU began allocating a budget line for HIV/AIDS activities in 2004;
i) A Strategic Plan on HIV/AIDS from 2006 to 2009 was developed;
j) Fridays' – reflection on HIV/AIDS (Staff wearing T-shirts with HIV/AIDS

messages); and

k) The Public Health Unit was established in 2007 with a mandate to promote health and prevent disease within the university community

2.5. 3.1 Stakeholders implementing Activities

For the past years the University conducted a number of preventive activities which were initiated through the following groups:

a) PHU coordinates all HIV/AIDS related and wellness programmes within the University community;
b) AAS – implements the response through the student (Mayors, COBUSU, and Faith Based Groups);
c) SHSG – implements activities through the staff (CBUAU, CUSATSU, CBUAWU, Management); and
d) CBU Clinic – implement prevention, care and treatment services

2.5. 3.2 Implemented Activities

The University has been implementing the following activities to address the HIV/AIDS epidemic:

a) ART clinic – The clinic offers HIV counselling and testing services to staff, students and surrounding community
b) PMTCT – Talks with expectant mothers on the importance of doing VCT and advice on antiretroviral therapy (Option B+) for positive mothers;
c) TB treatment – DOTS and follow up;
d) STI treatment – aggressive treatment of STIs;
e) Condom distribution – provide condoms and advice on correct use to the community;
f) Contraception /family planning - advice on alternative methods of family planning;
g) Home Based Care – visitation of chronically ill patients in their homes and offer psychological and spiritual care and provision of nutritional supplements;
h) Peer Education/Health education – workshops/seminars, IEC materials like

flyers, leaflets distributed regularly and on important dates – (National VCT day, Graduation day, Youth day, Women's day and World AIDS Day);

i) Psychosocial Counselling – psychological, social and spiritual counselling is offered. The institution has 30 trained psychosocial counsellors;

j) Nutrition clinics – Growth monitoring, nutrition assessment, counselling and support, cooking demonstrations, immunisation activities that are done as a follow-up on growth monitoring

k) Networking – local groups; and resource mobilisation – proposal writing and funding from CBU.

CHAPTER THREE
VISION, RATIONALE AND GUIDING PRINCIPLES

3.1 POLICY VISION

"A healthy and productive Copperbelt University community optimally imparting evidence informed knowledge and providing community service"

3.2 RATIONALE

The priority of the Copperbelt University Public Health Unit has been to contribute to the prevention and control of the spread of HIV/AIDS/STIs and other illnesses, promoting care for those who are infected and affected and reduce personal , social and economic impact of communicable and non-communicable diseases. HIV/AIDS interventions which have been undertaken by staff and students have, so far, been done as stand - alone programmes. As a result of HIV/AIDS being made a stand – alone programme, the staff and students have experienced messaging fatigue. In addition, the University community has also experienced an increase in death due to Non – Communicable Diseases (NCDs) such as cancers, diabetes, hypertension and stress. The University has been threatened with diseases caused by poor environment or poor sanitary conditions. Increased HIV/AIDS, other Communicable Diseases and NCDs is as a result of the University not putting in place a Workplace policy without HIV/AIDS and Gender mainstreamed into Wellness. The lack of University Wellness Workplace policy that mainstreams HIV/AIDS and gender and consequently, policy direction, has on other hand, made it immensely difficult for University Departments to effectively mainstream HIV/AIDS and Gender in their programmes. Given this background, it is anticipated that this developed HIV/AIDS and Wellness Workplace policy for CBU, will provide the requisite framework for informing and guiding various stakeholders in their planning and execution of programmes with mainstreamed HIV/AIDS, Gender and Wellness interventions. This developed HIV/AIDS, Gender and Wellness Workplace policy for CBU is expected to contribute to building a formal mechanism for resource mobilization and coordination.

3.3 GUIDING PRINCIPLES

This HIV/AIDS, Gender and Wellness Workplace policy developed by CBU staff and students will be guided by the following principles:

a) Recognition of HIV/AIDS and wellness as workplace issues: HIV/AIDS and other life threatening diseases shall be accorded the same respect for the wellness of the CBU community;

b) Greater involvement of all stakeholders: All stakeholders of the University shall be involved in the development of prevention, care and support interventions for HIV/AIDS, Gender and Wellness Workplace programmes;

c) Stigmatization and Discrimination: Staff and students living with HIV/AIDS and other Communicable and Non – Communicable Diseases (CDs and NCDs), their families, partners and friends shall not suffer from any form of unfair stigmatization and discrimination in accessing wellness facilities;

d) Equal opportunities: CBU staff and students living with HIV/AIDS and other Communicable and Non – Communicable Diseases (CDs and NCDs) shall have equal opportunities, i.e. work, academic and social activities within and outside the University;

e) Confidentiality and professionalism: All University staff and students involved in HIV/AIDS, Gender and Wellness Workplace activities shall strictly adhere to confidentiality and professionalism; and

f) Involvement of all University sectors in HIV/AIDS, Gender and Wellness Workplace programmes: Responding to HIV/AIDS, Gender and promotion of Wellness in Workplaces shall be the responsibility of all sectors in the University.

CHAPTER FOUR
POLICY OBJECTIVES AND MEASURES

4.1 MANAGEMENT AND COORDINATION OF UNIVERSITY HIV/ AIDS, GENDER AND WELLNESS PROGRAMME

Objective: HIV/AIDS, Gender and Wellness volunteers' motivation improved.

Measures:

a) Lobbying resources for HIV/AIDS, Gender and Wellness Workplace Human Resource motivation;
b) Support capacity building of HIV/AIDS, Gender and Wellness peer educators and counselors;
c) Support good marketing strategies for HIV/AIDS, Gender and Wellness Workplace Human Resource motivation;
d) Encourage a platform for HIV/AIDS, Gender and Wellness Workplace volunteers to practice skills; and
e) Educate the community on the importance of HIV/AIDS, Gender and Wellness Workplace voluntarism works.

Objective: Capacity built in management and coordinators on how to coordinate and manage University HIV/AIDS, Gender and Wellness Workplace programmes

Measures:

a) Ensure adequate information is provided that would promote positive behaviour change and attitudes in management and coordinators of workplace wellness programs;
b) Ensure resources are mobilized for HIV/AIDS, Gender and Wellness Workplace programmes;
c) Promote effective dialogue among staff, students, management and Unions on issues concerning HIV/AIDS, Gender and Wellness programmes;
d) Encourage Mainstreaming of HIV/AIDS, Gender and Wellness in all University schools;

e) Ensure prioritization of HIV/AIDS, Gender and Wellness activities and budgeting in all University schools; and
f) Ensure coordination and management system of HIV/AIDS, Gender and Wellness Workplace activities is put in place.

4.2 ENVIRONMENT AND INFRASTRUCTURE DEVELOPMENT

Objective: Infrastructure at the Copperbelt University is improved

Measures:

a) Ensure that adequate resources are mobilised for infrastructure development and maintenance works;
b) Ensure infrastructure development improves in order to accommodate HIV/AIDS and wellness programmes;
c) Facilitate HIV/AIDS, Gender and Wellness Workplace projects and programmes that attracts donor funding for infrastructure development in the University;
d) Through infrastructure development ensure collaborations with key stakeholders interested in University HIV/AIDS, gender and Wellness promotion in Workplaces
e) Encourage Public, Private Partnerships (PPPs) to collaborate for University infrastructure development and rehabilitation activities;
f) Ensure there is resource mobilization for improvement of infrastructure of students; and
g) Ensure there is a University programme for promotion of clean environment for students and staff.

4.3 WATER AND SANITATION

Objective: Water and Sanitation System for the University improved

Measures:

a) Rehabilitate sewer and drainage system for the University community;
b) Sink boreholes and construct reservoir tanks;
c) Provide PVC sanitary waste bins; and

d) Ensure that Water and Sanitation is mainstreamed in HIV/AIDS, Gender and Wellness projects and programmes

4.4 HEALTH

Objective: Improved health facilities within the Copperbelt University community

Measures:

a) Construct infrastructure within the CBU Community;
b) Acquire modern equipment for the CBU health facility;
c) Recruit adequate and well trained health personnel;
d) Advance for more funding for health facilities; and
e) Encourage proper planning among students and University staff.

4.5 HIV/AIDS, GENDER AND WELLNESS INFORMATION

Objective: Reduced cases of Gender Based Violence (GBV) among CBU staff and students.

Measures:

a) Ensure better media for disseminating information on HIV/AIDS, Gender and Wellness to University staff and students;
b) Ensure that there is availability of information on HIV/AIDS, Gender and Wellness to every University staff and students;
c) Facilitate allocation of resources for capacity building of staff and students on HIV/AIDS, Gender and Wellness communication;
d) Encourage more volunteers for the University HIV/AIDS, Gender and Wellness Workplace programmes; and
e) Ensure dissemination of adequate information on relationship of HIV/AIDS, and GBV among CBU staff and students.

4.6 SEXUAL RELATIONS

Objective: Reduced occurrences of sexual relations among CBU staff and students

Measures:

a) Carry out sensitisations on the importance of family and promote moral values;
b) Empower University staff and students with entrepreneurship skills;
c) Provide psychosocial counselling services to both staff and students;

d) Give talks to both staff and students on how to boost low self - esteem; and
e) Promote sexual behaviour surveys among CBU staff and students.

4.7 SEXUAL HARASSMENT

Objective: Reduced levels of Sexual harassment/GBV among University staff and students

Measures:

a) Ensure creation of a conducive and friendly environment that is promoting zero sexual harassment incidences in the University;
b) Encourage dissemination of Information on dangers of sexual harassment; and
c) Support gender equality in the University

4.8 HIV/AIDS/STIs/TB PREVENTION

Objective: HIV/AIDS/STIs and TB reduced among University Staff and Students

Measures:

a) Encourage among staff and students the use of both female and male condoms and other barrier methods in any sexual relationships;
b) Ensure both female and male condoms are readily available and accessible from all designated distribution points within the University;
c) Ensure proper provision of instructions and information on the use of and disposal of condoms are provided to all staff and students;
d) Facilitate HIV/AIDS/STIs and TB awareness messaging among staff and students in the University;
e) Encourage University males and females for PMTCT services; and
f) Encourage STIs, screening and HIV counselling and testing among staff and students in the University.

4.9 HIV/AIDS/STIs & TB TREATMENT, CARE AND SUPPORT

Objective: Reduced HIV/AIDS, STIs and TB cases among CBU staff and students

Measures:

a) Ensure Information, Education and Communication materials for HIV/AIDS/STIs and TB are provided to both staff and students in the University;

b) Encourage linkages with institutions providing services for diagnosing, Treating, Caring and Supporting of clients with HIV/AIDS/STIs and TB;
c) Encourage respect of Human rights and fundamental freedoms for people with HIV/AIDS/STIs and TB in order to create an environment free from stigma and discrimination;
d) Ensure formation of support groups or clubs of staff and students with HIV/AIDS/STIs and TB;
e) Promote Sexual Reproductive Health programmes for staff and students; and
f) Ensure confidentiality on personal data including medical data for staff and students.

4.10 NON – COMMUNICABLE DISEASES

Objective: Reduced number of staff and students in the University with Non–Communicable Diseases

Measures:

a) Ensure promotion of physical activities among all University staff and students;
b) Ensure awareness programmes on the dangers of lifestyle diseases;
c) Promote health diets and voluntary medical checks among University communities;
d) Facilitate formation of support groups for people with NCDs within the University; and
e) Encourage partnerships with institutions interested in preventing NCDs.

4.11 ALCOHOL MISUSE AND DRUG ABUSE

Objective: Reduced number of staff and students misusing alcohol and drug abuse in the University.

Measure:

a) Ensure capacity building of staff and student on how to provide psychotherapy to those who are alcohol and drug addicts in the University;
b) Construction of recreational facilities within the community;
c) Create awareness on the dangers of alcohol and drug abuse;
d) Support the National alcohol policy implementation in University HIV/AIDS, Gender and Wellness Workplace policy implementation;
e) Encourage University staff and students on the need to encourage rather than

stigmatizing or discriminate those who choose lifestyle of without drinking alcohol or with drinking alcohol;

f) Promote linkages with institutions involved in alcohol and drug abuse rehabilitation victims in the University; and

g) Promote surveys on alcohol misuse and drug abuse among CBU staff and students.

CHAPTER FIVE
INSTITUTIONAL AND IMPLEMENTATION FRAMEWORK

This policy recognises the cross-cutting nature of HIV/AIDS, Gender and Wellness which is requires all departments, schools and other stakeholders of the University to be fully involved. In this regard, the roles of the entire CBU organizational structure and other stakeholders have been recognised. Detailed implementation activities will be included in the policy implementation plan, which will be developed separately. Broad responsibilities of existing key departments, schools and stakeholders are included in this policy.

5.1 The Copperbelt University Council

The University Council shall:

a) Approve all HIV/AIDS and Wellness Workplace programmes
b) Support the Policy to effectively implement all University HIV/AIDS and Wellness Workplace programmes

5.2 Executive Committee of the University Council

The Executive Committee of the University Council shall:

a) Submit HIV/AIDS and wellness programmes to Council (plans, budgets and reports).

5.3 Public Health & Safety Committee of the University

The Public Health & Safety Committee for the University shall:

a) Monitor and Evaluate HIV/AIDS and Wellness programmes;
b) Coordinate and Support;
c) Collaborate and network with External partners;
d) Produce and submit reports to Executive Committee of Council; and
e) Ensures that capacity building to mainstream HIV/AIDS and Wellness programs in all departments.

5.4 Infrastructure Development Committee of the University

The infrastructure Development committee for the University shall:

a) Spearhead infrastructure Development for HIV/AIDS and wellness programmes

5.5 Academic Development Committee of the University

The Academic Development Committee of the University shall:

a) Mainstream wellness & HIV/AIDS into all Academic programmes.

5.6 Audit & Risk Committee of the University

The Audit & Risk Committee of the University shall:

a) Ensure that there is accountability of HIV/AIDS & wellness Resources; and
b) Ensure mainstreaming of wellness & HIV/AIDS activities

5.7 Finance Committee of the University

The Finance Committee of the University shall:

a) Mobilise of resources for HIV/AIDS and Wellness Workplace programmes; and
b) Ensure that all departments mainstream wellness & HIV/AIDS.

5.8 Procurement Committee of the University

The Procurement Committee of the University shall:

a) Acquire materials & services for HIV/AIDS & Wellness Workplace programmes.

5.9 Promotions and Appointments

The Promotion and Appointments Committee of the University shall:

a) Ensure that there is no discrimination among workers whether at the time of appointment or promotion; and
b) Promote volunteer employees who excel in HIV/AIDS and wellness programmes.

5.10 The University Senate

The University Senate shall:

a) Involve all academic staff in HIV/AIDS and wellness programmes; and
b) Mainstream HIV/AIDS & Wellness Workplace programmes into academic curricula.

5.11 Office of the Vice Chancellor

The office of the Vice Chancellor shall:

a) Direct policy decisions on HIV/AIDS and Wellness Workplace programme for the University;

b) Mobilise resources through linkages overseas; and
c) Allocate resources for HIV/AIDS and Wellness Workplace programme for the University; and
d) Monitoring the implementation of University HIV/AIDS and Wellness Workplace programmes.

5.12 Office of the University Registrar

The office of the University Registrar shall:

a) Interpret the HIV/AIDS and Wellness Workplace policy;
b) Facilitation of the implementation of the University HIV/AIDS and Wellness Workplace policy;
c) Protect volunteer employees who implement the workplace HIV/AIDS and wellness programmes; and
d) Ensure volunteer employees don't abuse their positions to the disadvantage of the university

5.13 Office of the University Bursar

The office of the University Bursar shall:

a) Facilitate the mobilisation of resources for HIV/AIDS and Wellness Workplace programmes; and
b) Facilitate the disbursement of financial resources for HIV/AIDS and Wellness Workplace programmes.

5.14 The Office the Dean of Students

The office of the Dean of Students at the Copperbelt University shall:

a) Facilitate implementation of the policy amongst students

5.15 The Office of the University Librarian

The office of the University Librarian shall:

a) Collect and store University HIV/AIDS and Wellness Workplace programme information; and
b) Disseminate University HIV/AIDS and Wellness Workplace programme information to staff, students and beyond.

5.16 The Offices of Deans/Directors/Heads of Units

The Offices of Deans/Directors of the University shall:

a) Facilitate the implementation of the HIV/AIDS and Wellness Workplace policy in their respective departments

5.17 The Office of the Student Council/COBUSU

a) Facilitate, support and implement the policy among students; and

b) Formulate programmes that support and facilitate the implementation of policy for students.

5.18 The University Anti-AIDS Society

The University Anti – AIDS Society shall:

a) Formulate HIV/AIDS and Wellness Workplace programs that support the policy; and

b) Facilitate the implementation of the HIV/AIDS and Wellness Workplace programmes.

5.19 The University Health Support Group

The University Health Support Group shall:

a) Facilitate, support and implementation of HIV/AIDS and Wellness Workplace programmes amongst University staff; and

b) Formulate programmes that support and facilitate the implementation of policy for the staff and surrounding community.

5.20 University Stakeholders

The University internal and external Stakeholders shall:

a) Support appropriately HIV/AIDS, Gender and Wellness Workplace in all projects and programmes of the University community

CHAPTER SIX
IMPLEMENTATION ARRANGEMENTS

6.1 IMPLEMENTATION OF THE POLICY

This policy shall be operationalized through the development of a policy Implementation Plan (PIP). University departments and different schools action plans will also form part of the operationalization of this policy.

6.2 RESPONSIBILITY OF POLICY IMPLEMENTATION

The University Council and the Office of the Vice Chancellor shall be responsible for the implementation of the policy. The various University internal and external key stakeholders are also expected to play their active roles in implementing this policy.

6.3 RESOURCE MOBILISATION

The University Council and the Office of the Vice Chancellor shall facilitate the implementation of this policy by:

a) Providing budget lines in all departments and schools annually for HIV/AIDS, Gender and Wellness Workplace activities;
b) Stimulating other resource providers internally and externally for their buy in into University HIV/AIDS, Gender and Wellness Workplace projects and programmes; and
c) Advocating for creation of Public Private Partnerships towards the creation of a fund aimed at sustaining University HIV/AIDS, Gender and Wellness Workplace programmes.

6.4 MONITORING AND EVALUATION

In order to ensure that the policy objectives and measures reflected in this policy are achieved, the University Department responsible for Monitoring and Evaluation in collaboration with the University Public Health Unit, the University Public Health and Safety Committee and other stakeholders shall:

a) Develop measurable indicators for the purpose of ensuring that the objectives of this policy are achieved in accordance with the policy implementation plan
b) b) Facilitate the development of a monitoring and evaluation system for HIV/AIDS,

Gender and Wellness Workplace activities for CBU community;

c) Take initiatives to include research on HIV/AIDS, Gender and Wellness for the University Workplace and establish surveys that aim at raising funds for conducting broad national HIV/AIDS, Gender and Wellness Workplace surveys on a regular basis;

d) Lead, coordinate, monitor, and ensure timely reporting and dissemination of University HIV/AIDS, Gender and Wellness Workplace related performance and outcomes; and

e) Follow-up with relevant actions upon the recommendations following the annual reports.

6.5 POLICY REVIEW

This policy will be reviewed after five years of its implementation. However, the University department responsible for Monitoring and Evaluation (M&E) in collaboration with other relevant stakeholders such as the Public Health Unit will conduct a Mid-Term Review after two and half years of its implementation.

CHAPTER SEVEN
POLICY AND LEGAL FRAMEWORK

7.0 INTRODUCTION

Zambia is not short of laws which may be invoked in order to establish a safe policy and regulatory environment with regards to HIV/AIDS, Gender and Wellness. There are various pieces of legislation relating to HIV/AIDS, Gender and Wellness and CBU will review and strengthen existing legislation wherever need arises. The University will as well develop new policies with a view to enhancing both implementation and coordination of activities aimed at preventing HIV/AIDS and promotion of Gender and Wellness in-order to provide knowledge and skills to the public. The following laws outlined below will form the legal framework within which the CBU HIV/AIDS, Gender and Wellness Workplace policy in Zambia will be implemented:

7.1 ENABLING PIECES OF LEGISLATION

The table in Appendix 1 shows some of the pieces of legislation where this policy is anchored. The listed pieces of legislation provide the legal framework of this HIV/AIDS and Wellness Workplace policy for CBU.

	APPENDICES Appendix 1: Pieces of Legislation on which Policy is anchored	
No	Enabling Act	Purpose of the Act
1.	The Public Health Act	It provides that:- Erecting any room intended to be used as a sleeping or living or work room which is not sufficiently lighted by a window or windows of a total area of not less than one-tenth of the floor area, and sufficiently ventilated by two or more ventilation openings or by windows capable of being wholly or partly opened, such windows or openings being so placed as to secure through or cross ventilation. Any person who contravenes any provision of this section shall be liable on conviction to a fine not exceeding one thousand five hundred penalty units, and to a further fine not exceeding sixty penalty units every day during which such contravention continues after the date fixed in any written notice in respect thereof from the Local Authority
2.	Employment Act Cap 268 of the laws of Zambia	It states that:- "Employers are obliged, by the Minimum Wages and Conditions of Employment Act, to grant an employee full pay should illness make the employee unable to work, subject to production of a certificate from a registered physician". The Act also requires that maternity leave, for female employees, be paid up to 90 days provided such female employees have worked for a minimum of twenty four months with their employers. i. "Employers are obliged, under the Minimum Wages and Employment Act, to grant paid leave of absence of not less than 24 days annually". ii. "Employers are obliged, under the Minimum Wages and Conditions of Employment Act, to grant an employee 7 days' paid leave on the death of an employee's spouse, child, mother or father.

		The Act also obliges the employer to provide for a funeral grant for a standard coffin, cash and meal - meal in the event of death of an employee, spouse registered child or dependant of the employee". iii. "An employee who is unable to execute normal duties due to illness or accident not occasioned by the default of the employee shall on production of medical certificate from a registered medical practitioner or medical institution designated by the employer be granted paid sick leave.
3.	Industrial and labour Relation Act Cap 269	It states that:- i. "Employers are obliged, by the Minimum Wages and Conditions of Employment Act, to grant an employee full pay should illness make the employee unable to work, subject to production of a certificate from a registered physician." ii. "Every person who, in any highway or other public place or on any premises licensed under the Liquor Licensing Act, is guilty while drunk of riotous or disorderly behaviour or who is drunk while in charge on any highway or railway or other public place of any horse, cattle, steam engine, locomotive, wagon, van, carriage or any other vehicle, other than a motor vehicle, or who is drunk when in possession of any loaded firearms, may be arrested without warrant and prosecuted."
4.	Minimum wages and conditions of employment Cap 276	It covers that : "Cases of illness that go beyond 26 day Every Chief is hereby required to preserve the public peace in his area and to take reasonable measures to quell any riot, affray or similar disorder which may occur in that area."

5.	Factories Act Cap 441	It states that:- i. "Further and better provision for the regulation of the conditions of employment in factories and other places as regards the safety, health and welfare of persons employed therein; to provide for the safety, examination and inspection of certain plant and machinery; and to provide for purposes incidental to or connected with the matters aforesaid. ii. "Every factory shall be kept in a clean state, and free from effluvia arising from any drain, sanitary convenience or nuisance." iii. "Accumulations of dirt and refuse shall be removed daily from the floors and benches of workrooms, and from the staircases and passages" iv. " The floor of every workroom shall be cleaned at least once in every week by washing or, if it is effective and suitable, by sweeping or other method"
6.	International Convention on Civil and political rights (ICCPR) article 6	It states that: i. "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life. The Right to life for all. Right to life entails protection from death through physical violence but also provision of quality of health.
7.	Health Professions Act – (Regulations) 2011	It "protects patients from negligence due to malpractice.

8.	Mental Health Bill 2012	It provides: "respect, autonomy and right to self-determination of individuals who have a mental illness or disability or impairment or intellectual disability."
9.	Food and Drugs (Repeal) Bill, 2012 and the Food and Drugs (Amendment) Bill, 2012	It protects: "The public against health hazards and fraud in the sale and use of food, drugs, cosmetics and medical devices."
10.	Zambia Medical Association Bill 2012	It protects: "Patients from harm due to medical negligence."
11.	National Health Research Act 2013	It states that: i. "The data from research findings is disseminated and used by all citizens in making informed decisions." ii. "The National Health Research Act gives legal direction in the area of health research."
12.	Occupational Health and Research Act 2011	It provides: i. "For the safety and welfare of persons at work." ii. "For the establishment of health and safety Committees at work places." iii. "For the protection of persons, other than persons at work, against risks to health or safety arising from, or in connection with, the activities of persons at work."
13.	The Zambia Institute of Human Resources Management Act	It states that: "raising the standard of human resources management is the means of increasing productivity and efficiency."

	The Workers Compensation Act No. 10 of 1999	It states that: i. "This is a social security scheme constituted under the Workers' Compensation Act No.10 of 1999 of the Laws of Zambia. It is a social insurance scheme to which employers in the public and private sector, except the State, make payments, otherwise known as assessments. Its main objective is to compensate workers for disabilities suffered or diseases contracted during the course of employment." ii. "The employer has the right to seek the Board's guidance on establishment and maintenance of good health and safety standards and practices in their working environment as the Board provides a free service on accident prevention to employers." iii. "Workers have a basic right to protection against employment injury or disease under the Workers' Compensation Scheme." iv. "Workers have the right to report to the Board non- compliant employers, who by circumventing the law, imply depriving them of the right to compensation."
14.	The Pension Scheme Regulation Act	It guarantees: i. "The provision of a decent standard of living for people in retirement and also provides a capital base for industries and government activities." ii. "The provision of a decent standard of living for people in retirement and also provides a capital base for industries and government activities."

Appendix 2:

CBU students at a regional conference of SRHR