



Business Plan 2009-2012

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ABBREVIATIONS

AMADI	Africa Management Development Institute
AMICAALL	Alliance of Mayors Initiative for Community Action on AIDS at the Local Level
CANGO	Coordinating Assembly of non Governmental Organisations
CEO	Chief Executive Officer
E	Emalangeneni
EU	European Community
FHI	Family Health International
FLAS	Family Life Association of Swaziland
FSE&CC	Federation of Swaziland Employers and Chamber of Commerce
ICW	International Community of Women Living with HIV/AIDS
IDM	Institute of Development Management
ILO	International Labour Organisation
IOM	International Organisation for Migration
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
NATICC	Nhlangano AIDS Training Information and Counselling Centre
NERCHA	National Emergency Response Council on HIV and AIDS
NSF	National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014
PEPFAR	President's Emergency Plan for AIDS Relief
PSHACC	Public Sector HIV and AIDS Coordinating Committee
PSI	Population Services International
REMSHACC	Regional Multi-sectoral HIV and AIDS Coordinating Committee
RSSC	Royal Swaziland Sugar Corporation
SAfAIDS	Southern African AIDS Information Disseminations Service
SHAPMOS	Swaziland's HIV and AIDS Programme Monitoring System
SME	Small and medium sized enterprises
SNAP	Swaziland National AIDS Programme
SNYC	Swaziland National Youth Council
SWABCHA	Swaziland Business Coalition on HIV and AIDS
SWAGAA	Swaziland Action Group Against Abuse
SWANNEPHA	Swaziland National Network for People Living With HIV and AIDS
SWAPOL	Swaziland Positive Living
TASC	The AIDS Support Centre
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WILSA	Women and Law in Southern Africa
VCT	Voluntary counselling and testing

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Development of this plan was supported by many stakeholders, including the SWABCHA Board and staff, SWABCHA Technical and Finance Committees, NERCHA, SNAP, UN bodies, private sector companies, civil society partners, and union representatives. The UN - through the Southern Africa Technical Support Facility – provided a consultant to assist in the process.

The development of the plan was also heavily influenced by two documents:

- The Swaziland *National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014*
- *HIV/AIDS Business Coalitions: guidelines for building business coalitions against HIV/AIDS* published by the World Bank.

SWABCHA is very grateful to all who have provided advice, support, and encouragement to the process.



EXECUTIVE SUMMARY

The Swaziland Business Coalition on HIV and AIDS (SWABCHA) was formed in 2001 under the auspices of the Federation of Swaziland Employers and Chamber of Commerce (FSE&CC). In 2008, SWABCHA registered as an independent, non-profit organisation. This Business Plan 2009-2012 marks an important step in the coalition's evolution. It defines SWABCHA strategic, financial, and organisational priorities for the next three years. In this way it provides a framework against which the feasibility and logic of new opportunities and additional plans can be checked and a valuable tool in the process of forming new and/or stronger and clearer strategic partnerships with government, implementing bodies, technical support providers, service providers and other development partners (including donors).

Wherever possible, this Business Plan links directly to the *National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014* (NSF). In the NSF, SWABCHA is designated as the coordinating/umbrella body for the private sector response to HIV and AIDS.

The SWABCHA vision statement presents the coalition's dream. **The vision of SWABCHA is that all employees in the private sector have access to comprehensive HIV prevention, care, and support and the private sector fully contributes to the HIV and AIDS response.**

The SWABCHA mission statement explains why the coalition exists and its main ways of working. **The mission of SWABCHA is to scale-up the private sector response to HIV and AIDS through coordination and collaboration with stakeholders.**

The goal of SWABCHA's Business Plan is: **25% of workers reached with at least a minimum HIV workplace programme by 2012.**

To achieve this goal, there are three strategic objectives. Strategic objective 1 is **to coordinate the private sector response to HIV and AIDS.** SWABCHA will do this by:

- Bringing stakeholders together to share information, ideas, and lessons
- Working with government and stakeholders to define a minimum package for workplace programming, publicising the package and train companies to use it
- Facilitating stakeholders to analyse the private sector response at national, regional and local levels, in order to identify overlaps and gaps and address these inadequacies
- Being a two-way communication channel for best practice and policy information, monitoring and research data, progress data

SUMMARY

VISION

All employees in the private sector have access to comprehensive HIV prevention, care, and support and the private sector fully contributes to the HIV and AIDS response

MISSION

To scale-up the private sector response to HIV and AIDS through coordination and collaboration with stakeholders

NICHE ROLE

The *National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014* designates SWABCHA as the coordinating body for the private sector response to HIV and AIDS

SWABCHA's niche role is to scale-up the private sector response to HIV and AIDS. 'Scaling-up' means achieving 'more' and 'better' workplace programming. SWABCHA will do this through effective coordination. Collaboration, and by ensuring that companies are supported – by SWABCHA and others – to create and improve workplace programmes

GOAL

25% of workers reached with at least a minimum HIV workplace programme by 2012

STRATEGIC OBJECTIVES

- 1 To coordinate the private sector response to HIV and AIDS
- 2 To increase and improve workplace HIV and AIDS programmes
- 3 To strengthen SWABCHA capacity

2009-2012 FINANCIAL PROJECTIONS

- Expenditure E 6.5 million
- Income (existing sources and membership drive) E 3.7 million
- Fundraising target for new relationships with development partners E 2.87 million

- Monitoring the private sector response
- Helping to link companies requiring support to potential providers of support
- Ensuring the voice of the private sector at regional/national planning and coordination fora (e.g. REMSHACC and NERCHA meetings).

Strategic objective 2 is **to increase and improve workplace HIV and AIDS programmes**. SWABCHA will provide or ensure that companies receive the technical support they need for training, mentoring, technical review, programme start-up and programme expansion. In particular, SWABCHA will provide direct support to at least 50 companies to create workplace programmes (using the SWABCHA toolkit) and at least 25 companies will be assisted to review and improve their existing workplace programmes. SWABCHA will also work with partners to ensure the production and dissemination of information to support the scale-up process, advocate for the business response to HIV, and work to ensure access to and scale-up of HIV-related services, particularly for underserved areas and/or sectors of the economy.

Strategic objective 3 is **to strengthen SWABCHA capacity**. SWABCHA will achieve this by increased resource mobilisation (including through an expanded membership), building the capacity of both individual staff members and the organisation itself (i.e. improving management, financial management and human resources, building capacity in M&E and communications, and securing sufficient and appropriate infrastructure)

Success in meeting objectives will be determined by SWABCHA's own actions and capacities, as well as the strength and effectiveness of its relationships with strategic partners, including companies and unions, NERCHA, technical support providers, service delivery actors, development partners.

The Business Plan budget is estimated at 6.5 million Emalangeni (E) across three years. SWABCHA's main sources of income at this stage are from membership subscriptions, additional fundraising from the private sector, and contributions from development partners including NERCHA. Across the three years of the Business Plan, this income is estimated at E 3.7 million leaving a funding deficit of E 2.87 million. This deficit provides a minimum target for fundraising efforts, including new funding relationships with development partners.

1. INTRODUCTION

1.1. Background

The Swaziland Business Coalition on HIV/AIDS (SWABCHA) was formed in 2001 under the auspices of the Federation of Swaziland Employers and Chamber of Commerce (FSE&CC). The coalition has always been envisaged as collaboration between employers and employees to tackle HIV and AIDS in the workplace. However, the perception that SWABCHA 'belongs' to FSE&CC has proved a barrier to achieving that ambition, and a perennial shortage of funds has meant that SWABCHA has struggled to play its full role in the multi-sectoral response. In 2008, SWABCHA took the first important steps towards tackling these challenges. The coalition registered as an independent, non-profit organisation and a founding Board of Directors was created. A search for alternative office space (away from FSE&CC) also began. Then, this Business Plan was developed in early 2009 with support from UNAIDS.

In developing this plan, SWABCHA consulted diverse stakeholders including staff and Board, SWABCHA Technical Committee and Finance Committee, NERCHA, SNAP, REMSHACC coordinators, union representatives, UN representatives, and civil society organisations. These discussions focused on SWABCHA's niche role, capacity, opportunities, current and potential partnerships.

SWABCHA also studied closely the country's new *National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014* (NSF), to a) understand fully what is expected of the private sector response to HIV and AIDS, b) clarify the responsibilities explicitly placed on the coalition, and c) ensure harmonisation between national plans and frameworks and planning by SWABCHA.

With support from UNDP, SWABCHA also commissioned a survey of the private sector¹. This survey explored the prevalence of workplace programmes, companies' knowledge of and relationships to SWABCHA, and the technical support companies would need to develop workplace programmes. Another important input from the UN was the guidance provided by the World Bank in *HIV/AIDS Business Coalitions: guidelines for building business coalitions against HIV/AIDS*.

Building directly on these inputs, this Business Plan clarifies the coalition's niche role and priorities and targets over the next three years. Since SWABCHA's capacity and funding base need to be strengthened, the Business Plan proposes that for the next three years the coalition focuses on delivering its most important contributions to the multi-sectoral response, i.e. coordinating and scaling-up the private sector response to HIV and AIDS. The Business Plan is designed to be realistic and highly achievable.

1.2. Contents

This first section has provided a brief introduction to SWABCHA and the process leading to this Business Plan. **Section 2** provides contextual information, covering HIV and AIDS in Swaziland, the private sector response, and a rapid assessment of SWABCHA capacity. **Section 3** presents the Strategic Plan. This includes SWABCHA's vision, mission and the principles that will govern its work. It also covers the organisation's niche role, goal, strategic objectives, and critical tasks. **Section 4** is the operational plan, providing details of governance, structure and staffing, partnerships and performance measurement. The financial plan – expenditure projection, resource mobilisation, and funding gap - is presented in **Section 5**. The appendices contain reference materials cited in the text.

¹ *Organisation Assessment and Evaluation of HIV/AIDS Response by the Private Sector in Swaziland*. LCC Capital 2009

2. CONTEXT

This section provides information about the context, i.e. the HIV and AIDS situation in Swaziland, the scale and nature of the private sector response, the role for SWABCHA delineated in the NSF, a mapping of actors working to support the private sector response, and a SWOT analysis of SWABCHA. At the end of each sub-section, a box highlights the main implications for the SWABCHA Business Plan.

2.1. HIV and AIDS in Swaziland

Swaziland is experiencing a hyper-epidemic of HIV and AIDS. All regions, sections and age-groups of the society are affected. The 2006-7 Demographic and Health Survey found 26% of all people aged 15-49 living with HIV (with women showing significantly higher prevalence than men). The majority of those infected with HIV do not know their status. The table below – taken from the NSF – summarises key national data.

Summary of HIV epidemic in Swaziland²

Adult HIV prevalence, 2007	26%
Estimated number of adults and children living with HIV, 2007	Range between 171 000 to 187,937
Women as percent of adults living with HIV/AIDS	59%
Annual rate of new HIV infections in adults aged 15 to 49	3%
Projected number of new infections in <i>adults</i> in 2008	13,060
Projected number of new infections in <i>children</i> in 2008	3,147
Projected AIDS deaths amongst <i>adults</i> in 2008	9,247
Projected AIDS deaths amongst <i>children</i> in 2008	2,711
Estimated number of orphans in 2008	Range between 110 460 to 117 373

Implications for SWABCHA Business Plan:

- HIV and AIDS poses a severe threat to social and economic development
- HIV-related morbidity and mortality among adults of working age is high
- The multi-sectoral response – including that of the private sector - needs to be further strengthened

2.2. HIV and AIDS and the private sector

There are around 223,000 economically active people in Swaziland, distributed as follows³:

Main economic sector	Percentage	Total employment
Public sector	19.6%	43,701
Private sector - Formal	53.9%	120,131
Private sector - Informal	17.7%	39,472
Domestic households	2.1%	4,692
Other		14,775
TOTAL EMPLOYMENT		222,771

² Sources: NERCHA and UNAIDS (2007a); SDHS (2007); Swaziland Housing and Population Census preliminary results, 2008

³ Swaziland Labour Force Survey 2007/08, Ministry of Enterprise and Employment

The national picture of HIV and AIDS in the private sector workforce is not clear, nor is the impact of HIV and AIDS in particular sectors of the economy. Relatively few specific studies have been undertaken and made public. Extrapolating from national prevalence data, it is assumed that roughly one quarter of workers are living with HIV. Anecdotal evidence and service delivery records provide further information:

- Anecdotal evidence – mobile/migrant/seasonal workers are particularly vulnerable and/or at risk. Such workers are employed in large numbers in certain sectors of the economy, including textile manufacture, agriculture, etc.
- Service records - SWABCHA's mobile VCT service working exclusively with the private sector workforce found 30% of all people tested in 2008 were HIV positive (28% of men and 31% of women; total tested was 1440).

In addition, some of the largest companies in Swaziland have conducted their own surveillance research. This data is not publicly available – an indicator of the sensitivities that persist.

Implications for SWABCHA Business Plan:

- Since the focus of SWABCHA's work is the formal private sector, their target population numbers roughly 120,000 employees
- Roughly a quarter of all workers are thought to be HIV positive
- Vulnerability and/or risk thought to be particularly high among seasonal and mobile workers

2.3. Private sector response

The private sector in Swaziland comprises a relatively small number of large companies (workforce of 50 and above) and a mass of small and medium sized enterprises (SMEs)⁴. Regardless of size, all companies are expected to contribute to the national response to HIV and AIDS. The National Strategic Framework states:

it is imperative that ... private sector employers protect their workers against HIV transmission to augment the support and information that these persons will receive in their communities through other HIV prevention programmes

The response of individual companies has been extremely varied. A small number of the largest companies have established gold standard programmes and services that often extend beyond the workforce to include entire communities⁵. A larger group of companies have developed a basic workplace programme (e.g. HIV awareness and condom promotion). The majority, however, are thought to have done little or nothing to address HIV and AIDS as yet. In this latter group, some have even responded negatively through retrenchments and measures to pass the burden of HIV and AIDS onto individuals and the community.

SWABCHA's own calculations suggest that just fewer than 12% employees are currently being reached by workplace programmes⁶.

The SWABCHA/UNDP survey conducted in late 2008 provides another useful snapshot of the private sector response⁷. The survey found that nearly two-thirds of companies did not have a HIV workplace programme (only 30% did), though a third of companies expressed interest in setting one up if they could be assisted to

⁴ Government defines enterprises: micro 1 to 3 people, small 4 to 10 people, medium 11 to 50 people, large more than 50 people.

⁵ Including awareness and condom distribution, counselling and testing, access to ARV treatment, STI treatment, TB treatment, care and support, nutritional support, OVC programmes, water and sanitation, etc.

⁶ SWABCHA records show 107 companies with workplace programmes. These companies have 14053 employees, i.e. 11.7% of the total formal private sector workforce.

⁷ This was a rapid exercise. 1,900 questionnaires were issued and 656 responses obtained, i.e. a 34% response rate.

do so. Three quarters of all companies did not know of SWABCHA, though when SWABCHA’s role was explained to respondents nearly half expressed an interest in collaboration.

Many more companies need to be encouraged and supported to develop effective workplace responses. This is a priority role for SWABCHA, both as a direct provider of technical support and as a sector coordinating or ‘umbrella’ body. The NSF clarifies what is expected of SWABCHA and other such sector coordinating bodies:

Non-governmental sectors include civil society and private sector umbrella bodies. Umbrella organisations are coalitions or groupings of civil society or private sector institutions that share common goals or ideals. They will be expected to play a key role in sectoral coordination, and in particular facilitate liaison and coordination between them and NERCHA, regional coordinating institutions, government sectors, and development partners. For NGO coordinating structures to be effective in their coordination role, they must focus on their core business and mandate i.e. coordination among others and decentralise implementation of interventions to their affiliates at regional and community level. ... The private sector will be coordinated through the Swaziland Business Coalition on HIV and AIDS

An operational definition of coordination is provided by NERCHA⁸:

the process of bringing together and supporting stakeholders to efficiently and effectively achieve the common goals articulated (in the National Strategic Framework)

Diverse stakeholders are involved in the private sector response, either as providers of technical support or services. Mapping by SWABCHA has identified the following actors contributing in the following ways:

Actors contributing to the private sector response to HIV and AIDS

Producing and/or supplying information to support the private sector workplace response		
✓ SWABCHA	✓ NERCHA	✓ ICW
✓ National HIV and AIDS Information and Training Centre	✓ UNAIDS	✓ SNYC
✓ ILO	✓ PSI	✓ TASC
✓ MOH	✓ SWANNEPHA	✓ By email: ActionAid, FHI, IOM, World Economic Forum
✓ FLAS	✓ NATICC	
	✓ SAfAIDS	
	✓ AMICAALL	
Providing technical support on workplace programming to private sector companies		
✓ SWABCHA	✓ NERCHA	✓ AMADI
✓ PSI	✓ ILO	✓ Skillshare
✓ TASC	✓ Mananga College	✓ Pact
✓ FLAS	✓ IDM	✓ UN partners
✓ AMICAALL		
Providing HIV- and AIDS-related services to workers and companies in the private sector		
✓ SNAP/MOH	✓ MSF	✓ AMICAALL
✓ PSI	✓ SWAPOL	✓ Private doctors and clinics
✓ TASC	✓ IOM	✓ Individual companies
✓ FLAS	✓ NATICC	✓ Hospice at Home
Undertaking HIV-related advocacy on private sector workplace issues		
✓ SWABCHA	✓ WILSA	✓ AMICAALL
✓ Unions	✓ SWAGAA	✓ FSE&CC
✓ NERCHA		

⁸ NERCHA publication entitled *What is NERCHA?*

<u>Sharing resources and expertise within the private sector response</u>		
✓ FSE&CC (legal issues)	✓ KPMG (accounts and audit)	✓ Standard Bank (marketing)
✓ Tums (venue)		
<u>Providing funding for the private sector response</u>		
✓ Government of Swaziland	✓ UNDP	✓ Pact/PEPFAR
✓ Individual companies	✓ EU	✓ Rotary Club of Swaziland
✓ FSE&CC	✓ World Bank	✓ UNFPA
✓ NERCHA	✓ USAID	

Implications for SWABCHA Business Plan:

- The majority of the workforce in Swaziland is employed in small and medium sized enterprises
- The private sector has an important role in the multi-sectoral response
- There is great scope to scale-up the private sector response
- Companies require technical support to initiate and scale-up responses
- SWABCHA needs to be better known among its target audience
- NERCHA requires SWABCHA to coordinate the private sector response and liaise between the private sector and NERCHA, regional structures, government and development partners
- Coordination involves bringing stakeholders together and supporting them to contribute to the achievement of the NSF
- Strategic partners can greatly assist SWABCHA to achieve its strategic goal.

2.4. Rapid assessment of SWABCHA

The table below summarises SWABCHA’s strengths, weaknesses, opportunities and threats, as assessed by diverse stakeholders⁹.

SWABCHA strengths, weaknesses, opportunities and threats

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Clear mandate on the formal private sector response to HIV and AIDS • Known to many stakeholders • Has supported many companies on HIV workplace policies and programming • Provides important services to companies, including training, technical support 	<ul style="list-style-type: none"> • Long-running financial crisis and under-achievement • Lack of strategic plan • Inadequate staff capacity • Long-running tensions with some unions • Office location fuels continued perception that SWABCHA ‘belongs’ to FSE&CC

⁹ Stakeholders include: SWABCHA staff and Board, SWABCHA Technical Committee, NERCHA, SNAP, REMSHAC coordinators, union representatives, UN representatives, civil society organisations, etc. In addition, UNDP funded a consultancy, part of which included an organisational assessment.

<p>STRENGTHS continued ...</p> <ul style="list-style-type: none"> • SWABCHA Toolkit for creating workplace policies and programmes • Established core membership/supporters • Raises money from membership subscriptions • Involvement of some unions • Established, positive relationships with some actors supporting the private sector response • Relationships with larger companies through linkages and history with FSE&CC • Technical committee ensures relevant technical input and effective consultation structure • Management and finance skills among Board members • Support from NERCHA, i.e. explicit definition of SWABCHA role, financial contribution • Regional and international recognition as the coordinating body for the private sector response to HIV and AIDS • Relationships with other business coalitions for information exchange 	<p>WEAKNESSES continued ...</p> <ul style="list-style-type: none"> • Lack of infrastructure • ‘Narrow’ membership – primarily large companies • Has sometimes viewed strategic partners as competitors
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Scope for expansion of membership • Potential new donor partners • Coordination and collaboration with strategic partners, e.g. ILO, PSI, FLAS, TASC • Strengthen information exchange with other national business coalitions 	<p>THREATS</p> <ul style="list-style-type: none"> • Continued perception that SWABCHA ‘belongs’ to FSE&CC • Impact of global economic downturn on SWABCHA – donor fatigue, potential loss of members, or reduced membership subscriptions • Inability to mobilise additional funds • Withdrawal of NERCHA financial support • Inability to forge and sustain good partnerships with unions

Implications for SWABCHA Business Plan:

- SWABCHA needs to address some perennial problems, in particular sustainability/resource mobilisation, relationship/ownership issues, demonstrating its effectiveness
- SWABCHA needs to strengthen its capacity
- There is potential to expand the membership base
- There is great potential to scale-up strategic partnerships with other actors

3. STRATEGIC PLAN

In this section, SWABCHA's vision, mission and principles are defined in the context of the nation's multi-sectoral response and national strategic framework on HIV and AIDS. The Strategic Plan continues by explaining the niche role of SWABCHA, its goal and strategic objectives, as well as priority activities.

3.1. Vision

The SWABCHA vision statement presents the coalition's dream:

The vision of SWABCHA is that all employees in the private sector have access to comprehensive HIV prevention, care, and support and the private sector fully contributes to the HIV and AIDS response.

3.2. Mission

The SWABCHA mission statement explains why the coalition exists and its main ways of working:

The mission of SWABCHA is to scale-up the private sector response to HIV and AIDS through coordination and collaboration with stakeholders.

3.3. Principles

The core principles of the 2009-2014 National Strategic Framework will guide SWABCHA's work, namely:

- Focus on describable and measurable impact and outcome level results
- Use available evidence to inform the choice of interventions
- Address gender equality and equity
- Mainstream HIV and AIDS ... to ensure effective internal and external response ...
- Promote meaningful involvement of PLHIV
- Adopt and mainstream the three ones principles at all levels of the response
- Support knowledge management related to HIV and AIDS
- Support and strengthen Swaziland's efforts to address its regional and international HIV and AIDS related obligations

In addition, SWABCHA's work is guided by the principles contained in the ILO Code of Practice on HIV/AIDS and the World of Work:

- Recognition of HIV/AIDS as a workplace issue - HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic
- Non-discrimination - There should be no discrimination or stigmatization of workers on the basis of real or perceived HIV status
- Gender equality - More equal gender relations and the empowerment of women are vital to successfully preventing the spread of HIV infection and enabling women to cope with HIV/AIDS
- Healthy work environment - The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers
- Social dialogue - A successful HIV/AIDS policy and programme requires cooperation and trust between employers, workers, and governments
- Screening for purposes of employment - HIV/AIDS screening should not be required of job applicants or persons in employment and testing for HIV should not be carried out at the workplace except as specified in this code
- Confidentiality - Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice

- Continuing the employment relationship - HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions
- Prevention - The social partners are in a unique position to promote prevention efforts through information and education, and support changes in attitudes and behavior
- Care and support - Solidarity, care and support should guide the response to AIDS at the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

In addition to sharing these NERCHA and ILO principles, SWABCHA is committed to:

- Promote the meaningful involvement of the private sector in the response to HIV and AIDS
- Develop and sustain an effective tri-partite partnership between government, private sector companies and unions
- Fully contribute to the development and success of public-private partnerships.

3.4. Niche role

A niche refers to the particular or specific role of an organisation within the response to HIV and AIDS. SWABCHA's niche role is to scale-up the private sector response to HIV and AIDS. 'Scaling-up' means achieving 'more' and 'better' workplace programming. SWABCHA will do this through effective coordination and by ensuring that companies are supported – by SWABCHA and others – to create and improve workplace programmes. It will also do this through advocacy, capacity-building and programme management.

The responsibility for coordination is central to SWABCHA's niche role in the multi-sectoral response. SWABCHA is mandated by NERCHA to coordinate the private sector, but cannot and does not wish to command or control the work of others. Rather, coordination is achieved by means of facilitation and information exchange.

For SWABCHA, coordination means:

- Bringing stakeholders together to share information, ideas, and lessons
- Working with government and stakeholders to define a minimum package for workplace programming, publicising the package and train companies to use it
- Facilitating stakeholders to analyse the private sector response at national, regional and local levels, in order to identify overlaps and gaps and address these inadequacies
- Being a two-way communication channel for best practice and policy information, monitoring and research data, progress data
- Monitoring the private sector response
- Helping to link companies requiring support to potential providers of technical support and funding
- Ensuring the voice of the private sector at regional and national planning and coordination fora (e.g. REMSHACC and NERCHA meetings).

Effective coordination is a major catalyst to scaling up workplace programming however it is not on its own sufficient. Companies in Swaziland have a massive unmet need for relevant, quality technical support and often find it hard to access HIV-related services. Where the need for technical support goes unmet by other stakeholders, and especially in geographical areas or sectors of the economy that are generally under-served, SWABCHA will assist companies directly. Where companies find it difficult to ensure their employees have access to HIV-related services, SWABCHA will help to improve the situation by sharing information, coordinating with other stakeholders and advocating for services.

This niche role requires SWABCHA to stay focussed on the private sector workplace whilst other bodies focus on the public sector workplace (i.e. PSHACC) and other parts of the multi-sectoral response. Critically, it means establishing, maintaining and supporting the relationships that will facilitate necessary action. It means working actively with all parts of the private sector economy, all sizes of company, and all regions. It means collaborating with employers and their representatives (e.g. FSE&CC), employees and their representatives (i.e. unions), as well as government, civil society organisations, and development partners. It also requires SWABCHA to achieve and sustain a level of capacity and infrastructure to deliver the goods.

3.5. Results pyramid



3.6. Goal

The overall goal of the SWABCHA Business Plan is: **25% of workers reached with at least a minimum HIV workplace programme by 2012**, i.e. within three years to double the number of workers being reached by HIV workplace programmes.

SWABCHA is committed to work with partners to clarify the minimum package (see strategic objective 1 below). However, as a starting point, SWABCHA believes that the minimum is likely to comprise at least the following elements: social and behaviour change communication, access to condoms, and access to HIV counselling and testing. SWABCHA is also committed to workplace HIV programmes including coverage of TB.

Achievement of this goal will contribute to achievement of the National Strategic Framework result targets under the thematic areas of prevention, treatment care and support, and response management (see Appendix 1).

3.7. Strategic objectives and critical tasks

In order to achieve its goal, SWABCHA has defined three strategic objectives and a list of critical tasks. A graphic display of this results framework is presented overleaf. Operational detail is then added in the work breakdown in section 3.8.

3.7.1. Objective 1: to coordinate the private sector response

SWABCHA will do this by:

- Facilitating information exchange, participatory assessments, joint planning activities and collaboration (see Appendix 2)

- Providing referrals for technical support
- Operationalising a minimum package for workplace programmes
- Monitoring the private sector response
- Representing the private sector at regional and national planning and coordination fora

3.7.2. Objective 2: to increase and improve workplace programming

SWABCHA will do this by providing directly or ensuring access through collaboration and strategic partnerships to:

- Technical support for training, and mentoring, technical review, programme start-up and expansion, etc. Includes:
 - Referrals to strategic partners supporting workplace programmes
 - Direct support from SWABCHA using the SWABCHA toolkit (see Appendix 3)
- Materials such as templates, guidelines, toolkits, manuals, etc.
- Advocacy, in particular:
 - Explaining and promoting the 'business case for workplace HIV programmes'
 - Lobbying for effective coordination and collaboration
 - Specific campaigns on policy issues and financing of the private sector response
- HIV-related services, particularly for underserved areas and/or sectors of the economy.

3.7.3. Objective 3: to strengthen SWABCHA capacity

SWABCHA will do this by:

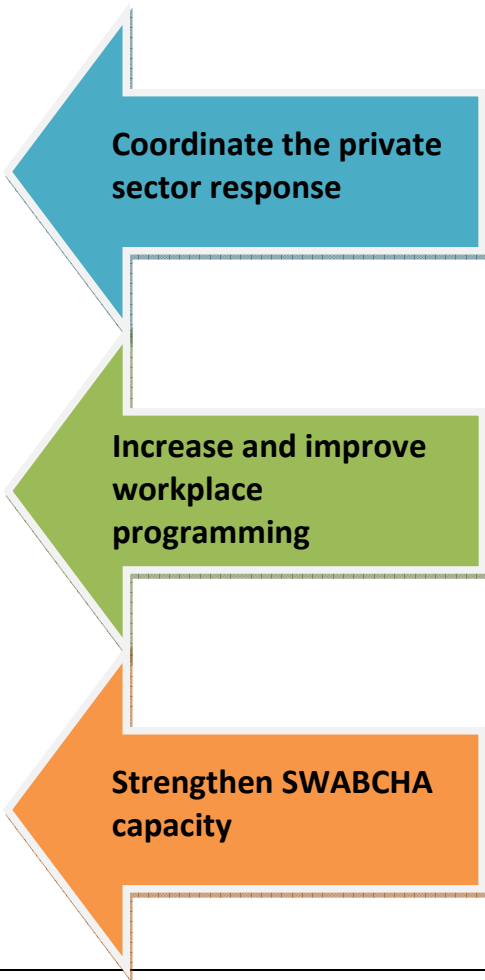
- Increasing financial sustainability through resource mobilisation
- Expanding membership (see Appendix 4)
- Increasing staff capacity
- Strengthening organisational capacity in key areas of: management, financial management, HR, M&E, communications
- Securing sufficient and appropriate infrastructure
- Effective collaborations and strategic partnerships with other stakeholders.

SWABCHA results framework

GOAL

25% of workers reached with at least a minimum HIV workplace programme by 2012

STRATEGIC OBJECTIVES



CRITICAL TASKS

- Facilitate information exchange, assessments, joint planning activities and collaboration
 - Provide referrals for technical support
 - Operationalise a minimum package for workplace programmes
 - Monitor the private sector response
 - Represent the private sector at regional and national planning and coordination fora
-
- Provide/ensure technical support to assist creation/improvement of workplace HIV policies and programmes
 - Produce/ensure access to relevant materials to support scale-up of workplace responses
 - Advocacy (including the business case for workplace programming)
 - Ensure services where/when required
 - Effective collaborations and strategic partnerships with other stakeholders
-
- Increase financial sustainability through resource mobilisation
 - Increase organisational capacity – staff, Board, systems and procedures
 - Secure sufficient and appropriate infrastructure
 - Effective collaborations and strategic partnerships with other stakeholders

3.8. Work breakdown

The work breakdown explains the activities for each critical task of each objective. It also clarifies who is responsible, and states the indicators that will be used for monitoring. The table is designed to be adapted for use as an annual work plan and monitoring tool (by adding timings, targets and a column for progress).

Objective 1: To coordinate the private sector response			
Critical tasks	Activities	Responsible	Indicator
1.1 Information exchange	1.1.1 Convene private sector HIV and AIDS forums (for different sub-sectors of the economy)	Programmes Director	Number of forums Number of participants
	1.1.2 Convene ad hoc consultation and collaborative planning meetings	CEO Programmes Director	Number of meetings
	1.1.3 Share quarterly SHAPMOS results	M&E Officer	Quarterly feedback
	1.1.4 Publicise/share new policy information and best practices	CEO Programmes Director National HIV and AIDS Information and Training Centre/SafAIDS	Number of resources disseminated Number of resource centre users
	1.1.5 Maintain and disseminate directory of resources and services supporting workplace programming (soft copy EXCEL format)	M&E Officer National HIV and AIDS Information and Training Centre/SafAIDS	Development of directory Number of directories disseminated
	1.1.6 Regular information exchange meetings (NERCHA, UNAIDS)	CEO Programmes Director	Number of meetings
1.2 Minimum package	1.2.1 Collaborating with stakeholders to define a minimum package for workplace programmes	Programmes Director	Minimum package defined
	1.2.2 Disseminating/publicising minimum package (soft and hard copy)	Programmes Director	Number of (soft and hard) copies disseminated
1.3 Monitoring	1.3.1 Collate private sector monitoring data for national monitoring (i.e. SHAPMoS) ¹⁰	M&E Officer	Quarterly returns to NERCHA
	1.3.2 Coordinate regular survey of private sector response (every 3 years)	CEO M&E Officer	Completion of survey Dissemination of results
	1.3.3 Identify under-served areas and sectors of the economy	M&E Officer	Survey report identifies under-served areas and sectors
	1.3.4 Quarterly M&E meetings with NERCHA	Programmes Director M&E Officer	Number of meetings
1.4 Representation	1.4.1 Represent the private sector at national planning and coordination fora (NERCHA, CCM, SNAP Workplace Coordinating Committee)	CEO Programmes Director	Attendance at national meetings
	1.4.2 Represent private sector in regional coordination/REMSHACC meetings	Programmes Director	Attendance at REMSHACC meetings
	1.4.3 Represent private sector in technical committees and working groups	CEO Programmes Director	Attendance at technical meetings

¹⁰ Including number of workers covered by workplace HIV programmes

Objective 2: To increase and improve workplace programming			
Critical tasks	Activities	Responsible	Indicator
2.1 Direct technical support to companies	2.1.1 Taking companies through the SWABCHA toolkit process. 50 companies assisted to develop minimum package workplace programmes	Programmes Director	Number of companies developing new workplace programmes Number of workers covered by workplace programmes
	2.1.2 Advisory services: 25 companies assisted to review existing workplace programmes	Programmes Director	Number of companies reviewing their workplace programmes
	Technical support: up to 25 companies assisted to improve existing workplace programmes	Programmes Director	Number of companies improving their workplace programmes
2.2 Referred technical support to companies	2.2.1 Referral arrangements with strategic partners supporting workplace programmes (PSI, ILO, FLAS, National HIV and AIDS Information and Training Centre/SAFAIDS) (reference to 3.4)	CEO Programmes Director	Number of partnership/referral agreements
	2.2.2 Referrals to partners	Programmes Director	Number of referrals
2.3 Materials	2.3.1 Minimum package (see above)		
	2.3.2 Develop and disseminate SWABCHA brochure	CEO	Number brochures disseminated
	2.3.3 Develop and disseminate SWABCHA technical support materials (i.e. templates, guidelines, toolkits, manuals)	Programme Director M&E Officer	Number of materials disseminated Number of companies receiving materials
	2.3.4 Disseminate technical support materials produced by partners	Programme Director M&E Officer	Number of materials disseminated Number of companies receiving materials
	2.3.5 Strategic partnership with National HIV and AIDS Information and Training Centre and SAFAIDS	CEO Programme Director	Partnership agreement
2.4 Advocacy	2.4.1 Explaining and promoting the 'business case for workplace HIV programmes'	CEO Programme Director	Number of presentations
	2.4.2 Lobbying for effective coordination and collaboration	CEO Programme Director	Number of meetings with NERCHA, REMSHACCS, government and partners
	2.4.3 Publicise under-served areas and sectors of the economy and advocate for relevant response	CEO Programme Director	Dissemination of survey report (reference to 1.3.3)
	2.4.4 Specific campaigns on policy issues and financing of the private sector response	CEO Programme Director	Number of campaigns
2.5 Referred HIV-related services	2.5.1 Referral arrangements with strategic partners providing HIV-related services to workplace programmes (PSI, FLAS, TASC, AMICAALL)	CEO Programmes Director	Number of partnership/referral agreements
	2.5.2 Referrals to partners	Programmes Director	Number of referrals

Objective 3: To strengthen SWABCHA capacity			
Critical tasks	Activities	Responsible	Indicator
3.1 Membership	3.1.1 Develop and disseminate SWABCHA membership pack	CEO M&E Officer	Number of membership packs
	3.1.2 SWABCHA membership drive	CEO Programmes Director	Number of members
3.2 Resource mobilisation	3.2.1 Collect annual subscriptions from members	Finance Officer	Number paid
	3.2.2 Develop summary handout of Business Plan	CEO	Summary produced and disseminated
	3.2.3 Disseminate Business Plan to development partner donors	CEO	Number of copies
	3.2.4 Mobilise funds from <u>donors</u> to finance Business Plan	CEO	Funds raised
	3.2.5 Mobilise funds from <u>private sector</u> to finance Business Plan	CEO	Funds raised
	3.2.6 Mobilise in-kind resources from private sector to implement Business Plan	CEO	In-kind donations
	3.2.7 Annual donors meeting	CEO	Annual event
3.3 Staff capacity	3.3.1 At least 2 staff workshops per year for teambuilding, collective planning, in-house training, mentoring and supervision	CEO	Number of workshops
	3.3.2 Appraisal of staff	CEO Programmes Director	Quarterly appraisals
	3.3.3 Staff development (needs highlighted in staff appraisals)	CEO	Staff development plans and activities
3.4 Organisational capacity	3.4.1 Annual work plan and budget	CEO	Annual plan and budget produced on time and to appropriate standard
	3.4.2 Mid-year review of work plan and budget	CEO	Mid-year review completed Revisions made (as required)
	3.4.3 Annual external audit	Finance Committee	Audit conducted
	3.4.4 Internal auditing for financial control	CEO Finance Officer Finance Committee	Internal audits conducted
	3.4.5 Contract suitably skilled and experienced staff and consultants, as required, according to established procedures	CEO Programmes Director Finance Officer	Suitable staff and consultants recruited
	3.4.6 Develop strategic partnerships with key implementing partners	CEO Programmes Director	Number of partnership agreements
	3.4.7 Secure sufficient and appropriate infrastructure	CEO Finance Officer	Functional office environment

4. OPERATIONAL PLAN

The Operational Plan provides details of SWABCHA governance, organisational structure and staffing, the partnerships that will be maintained/developed to achieve objectives, and the way the Business Plan will be monitored and evaluated.

4.1. Governance

The role of the Board: 'Responsible for setting (or at least approving) strategic direction, resource development and mobilisation, advocacy efforts as well as monitoring progress. The Board also ensures the coalition complies with legal and ethical requirements, and communicates effectively with stakeholders'¹¹.

The initial Board of Directors for SWABCHA numbers 20 people, drawn from private companies and parastatals, bodies representing unions and employers, NERCHA, Ministry of Labour, UNAIDS and civil society organisations. All Board members have an identified alternate, should the designated Director be unavailable. The Chair of the SWABCHA Technical Committee (see section 5.3 below) also attends Board meetings. SWABCHA's Board meets quarterly.

The Board has established one committee, the Finance Committee, which also meets quarterly. This is comprised of seven members (SWABCHA CEO, SWABCHA Finance Officer, and five Directors, one of whom is Chair). Responsibilities of the committee span both finance and administration issues, including:

- Give the SWABCHA Board and Secretariat direction, support and advice on finance issues
- Plan and give input on how best SWABCHA can manage its finances
- Monitor SWABCHA finances
- Appoint auditors
- Put in place and monitor a fundraising strategy
- To set structures on issues relating to
 - Human resource recruitment, remuneration, maintenance, support, termination, benefits and other related issues
 - Accounting policy
 - Procurement policy
 - Transport and travelling policy
 - Asset registration and insurance
 - Accounts signatories

In light of this Business Plan and linked to SWABCHA's ongoing evolution, governance will be reviewed during 2009. The process will seek to ensure that SWABCHA's Board is highly functional, contains the right skills and experience mix among Directors, has clear TORs and provides the coalition with the strategic direction and oversight that is required.

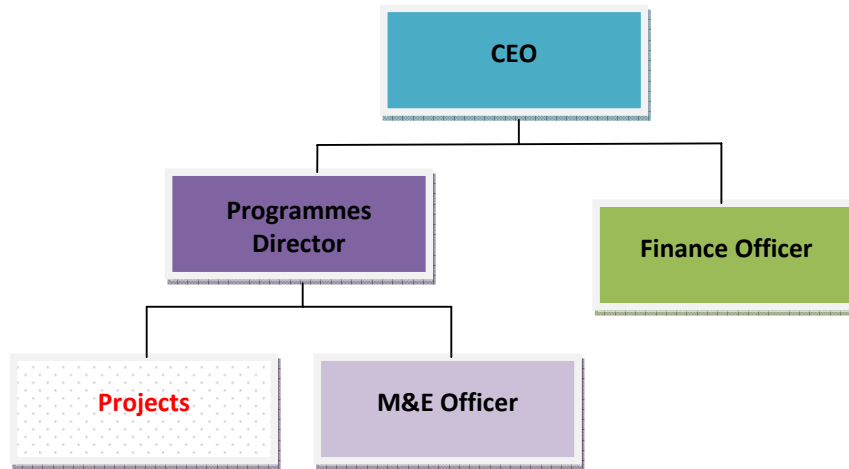
4.2. Secretariat structure and staffing

The role of the Secretariat: 'In addition to managing and implementing the day-to-day activities of the coalition, secretariat members work with the Board to set strategic direction and coordinate activities, products and services. ... responsible for maintaining records and other secretarial duties on a day-to-day basis'¹².

¹¹ Adapted from *HIV/AIDS Business Coalitions: guidelines for building business coalitions against HIV/AIDS*, World Bank.

¹² *HIV/AIDS Business Coalitions: guidelines for building business coalitions against HIV/AIDS*, World Bank

Four full time members of staff are required to implement the programme of work identified in this plan:



- Chief Executive Officer – to focus on leadership, organisational management including financial management, fundraising and marketing, representation and advocacy, supervision of the Programme Director and Finance Officer, mentoring and assessment of all staff
- Programmes Director – to manage the delivery of SWABCHA’s programme work, provide technical leadership and technical support to companies, supervise the M&E Officer, ensure proactive communication and coordination between SWABCHA, the private and the REMSHACCs, and provide overall supervision to any funded projects that emerge
- Finance Officer – to focus on bookkeeping, payments, budgeting, preparing financial reports, procurement and administration
- M&E Officer – to organise and report monitoring data, manage regular surveys of private sector response, provide technical support to companies on M&E of workplace programmes, and marketing of SWABCHA.

4.3. Advisory structures

SWABCHA has established a Technical Committee to provide guidance on programming matters. Committee members include company HIV and AIDS focal persons, private sector doctors, and representatives of the Ministry of Labour, unions, SWANNEPHA, CANGO, UNAIDS, and NERCHA. The Technical Committee meets once per month and is tasked to:

- Provide expert advice and problem-solving on technical matters
- Develop relevant protocols for SWABCHA activities
- Plan, support, evaluate and update SWABCHA programmes
- Collaborate with relevant stakeholders to develop recognition for SWABCHA.

The composition and role of the Technical Committee also requires review in light of the Business Plan. This will be conducted during 2009.

4.4. Partnerships and resources

To achieve its goal, SWABCHA must be successful in partnering with other stakeholders. Partnerships provide the coalition with resources (financial and in-kind) and facilitate effective coordination. Through partnerships SWABCHA will be able to build its own expertise and ensure more companies have access to technical support and HIV-related services. Advocacy work will be strengthened and made possible by

working with partners. SWABCHA envisages the following contributions from and collaborations with different stakeholder groups¹³:

Resources derived from partnerships

Nature of contributions / focus of collaboration	Stakeholder group							
	Government / NERCHA	SWABCHA Board	Companies	Unions	UN	Other development partners	NGOS	Other business coalitions
Financial	✓		✓		✓	✓		
In-kind		✓	✓		✓			
Coordination	✓		✓	✓		✓	✓	
Technical support	✓	✓	✓	✓	✓	✓	✓	✓
Service delivery/implementation			✓	✓			✓	
Advocacy	✓	✓	✓	✓	✓	✓	✓	✓

4.5. Monitoring, research, and evaluation

SWABCHA's M&E is part of a system. This system involves data collection, dissemination, collation and reporting by SWABCHA itself, individual companies, implementing partners (i.e. organisations delivering technical support and/or delivering services to the private sector), REMSHACCS, and NERCHA. The starting point and constant reference point for all such actors is the M&E framework of the NSF and the SHAPMoS system.

4.5.1. Monitoring

SHAPMoS guidelines¹⁴ clarify that the role of coordinating bodies, such as SWABCHA, is to:

- Ensure that all implementers of HIV and AIDS services who are members of the coordinating bodies, have been trained in SHAPMoS
- Encourage implementers of HIV and AIDS services to appoint SHAPMoS Focal Persons, collect routine data, and submit SHAPMoS Forms
- Support the Regional HIV and AIDS Coordinators in carrying out participatory supervision visits
- Identify constituent members that struggle with SHAPMoS reporting, and report their names to the Regional HIV and AIDS Coordinators for mentorship and participatory supervision
- Receive SHAPMoS Forms from their constituents and use these for their own management purposes

¹³ This mapping process is described in the World Bank resource *HIV/AIDS Business Coalitions: guidelines for building business coalitions against HIV/AIDS*.

¹⁴ *Guidelines for Swaziland's HIV and AIDS Programme Monitoring System (SHAPMoS)*, May 2006. Updated guidance is expected in 2009

- Support the Regional HIV and AIDS Coordinators in the organisation of quarterly feedback workshops
- Attend the regional HIV and AIDS feedback workshops organised by the Regional HIV and AIDS Coordinators, where the quarterly service coverage report for the previous quarter will be discussed.

SWABCHA will collect monitoring data for a range of indicators for internal use, i.e. to monitor progress against work plan targets. These indicators are specified in the work breakdown in section 3.8 above.

Some of the indicators in the work breakdown are also for external sharing, i.e. contribution to SHAPMoS and for dissemination to stakeholders. These include:

- Number of workers reached by a workplace HIV programme
- Number of companies with a workplace HIV programme.

4.5.2. Research and evaluation

SWABCHA is committed to commission regular surveys of the private sector response. These surveys serve both organisational and national needs. For SWABCHA, the surveys will chart companies' awareness of the coalition and understanding of its role and contribution. For SWABCHA and the national response, the surveys will help to provide a picture of the number of workers, and number of companies, covered by workplace programmes, i.e. information that feed directly into reporting progress on SWABCHA's goal, and which contribute to national reporting against the performance measurement framework of the NSF.

In addition, SWABCHA is committed to measuring its own progress. It will commission a mid-term review in early 2011 and a more detailed evaluation towards the end of the Business Plan period, i.e. in early 2012. The mid-term review will assist refinement of the Business Plan; the evaluation will inform the design of the next Business Plan.

5. FINANCIAL PLAN

The Financial Plan provides details of how much the Business Plan will cost to implement, sources of income and projected levels income, and fundraising target.

5.1. Expenditure projection

Delivery of this business plan is estimated to require a total of E 6.5 million across three years.

5.2. Income projection

SWABCHA's main sources of income at this stage are projected to be:

- Membership subscriptions – projected to raise E 1.6 million over three years
- Fundraising (additional donations from members, ad hoc donations from non-members, fundraising events) – projected to raise E 625,000 over three years
- Development partners (NERCHA contribution and Global Fund grant) – representing E 1.4 million over three years

5.3. Projected funding deficit

The overall deficit for the Business Plan is E 2.87 million over three years

The funding deficit is defined as: expenditure projection minus income projection. The deficit provides a minimum target for fundraising efforts, particularly new funding relationships with development partners. SWABCHA will proactively approach development partners seeking, in order of priority:

- Financial support for the implementation of the SWABCHA Business Plan
- Project funds for new/additional project activities.

5.4. Business Plan summary budget 2009-2012

	2009-2010	2010-2011	2011-2012	2009-2012
PROJECTED INCOME	1,119,250	1,247,000	1,313,025	3,679,275
Subscriptions	477,500	540,250	606,275	1,624,025
Fundraising	165,000	230,000	230,000	625,000
Development partners (already committed)	476,750	476,750	476,750	1,430,250
PROJECTED EXPENDITURE	1,967,934	2,136,827	2,443,510	6,548,272
Capital & one-off	89,000	20,000	20,000	129,000
Personnel	977,934	1,075,727	1,183,300	3,236,962
Programme running costs	272,000	349,200	479,120	1,100,320
Office administration costs	629,000	691,900	761,090	2,081,990
PROJECTED DEFICIT	-848,684	-889,827	-1,130,485	-2,868,997

Programming-related costs (i.e. programme personnel and programme running costs) are estimated at 50% of total projected budget in 2009-2010. This is not unreasonable for a small organisation that acts as a secretariat, and the proportion will reduce as additional projects are added to the core programme of the Business Plan.

APPENDIX 1: PRIVATE SECTOR CONTRIBUTIONS TO NSF RESULTS

The tables below reproduce the NSF results framework, i.e. targets for national action 2009-2014. The private sector is only one of the sectors involved in the multi-sectoral response. Within the private sector response, SWABCHA is one of many stakeholders and actors. However it is useful to identify which national targets the private sector response and SWABCHA will contribute to, even if indirectly and partially. **In the tables below, national results targets that the private sector response and SWABCHA will contribute to are highlighted in red.** Explanations and references for all the results/targets are to be found in the NSF document itself.

Prevention

National Impact Level Result	Prevention Impact Level Results	Outcome level Result	Output Level Results
Swaziland Human Development Index (HDI) is improved from 0.5 in 2008 to 0.55 in 2014	5.2 (a) The rate of HIV incidence per year is reduced from 3% to below 2.3% by 2014. 5.2 (b) % of young people aged 15-19 (10% for women and 2% for men) who are HIV infected is reduced from 9% in 2007 to 5% by 2014	<u>Social and Behaviour Change Communication</u>	
		5.2.1 (a) Comprehensive knowledge of HIV and AIDS among women and men aged 15-49 years is increased from 52% in 2007 to 78% by 2014	5.2.1.1 (a) 65% of people aged 15-49 are reached with quality BCC/SCC interventions by 2014
		(b) % of people aged 15-49 who had multiple concurrent partners in the last 12 months is reduced from 2% to 1% for women and 23% for men to 6% for men by 2014.	5.2.1.1 (b) 80% of community leaders & other popular opinion leaders have spoken against MCPs at public meetings at least twice in past 12 months by 2014
		(c) % of women and men aged 15-24 years who had sexual intercourse before age 15 is reduced from 7% for women and 5% for men in 2007 to less than 2.5% for women and men by 2014	5.2.1.1 (c) 100% of young people (in and out of schools) aged 15 to 24 have been provided with life skills based HIV education in the last year by 2014.
		<u>Male Circumcision</u>	
		5.2.2 % of men aged 15 – 24 who are circumcised is increased from 8.2% in 2007 to 80 % by 2014	5.2.2.1 (a) The capacity of all health facilities is strengthened to provide male circumcision procedures by 2014 5.2.2.1 (b) 50% of newborn boys have been circumcised within 5 days after birth
		<u>PMTCT</u>	
		5.2.3 (a) % of HIV infected infants born to HIV+ mothers is reduced from 21.5% in 2007 to 5% by 2014 (b) % of HIV positive pregnant women who received a course of ARV prophylaxis to reduce MTCT in the last 12 months is increased from 65% in 2007 to 100% by 2014	5.2.3.1 (a) 100 % of HIV-positive women have accessed dual contraceptives (contraception and condoms) by 2014 5.2.3.1 (b) 100 % of health facilities are offering PMTCT and ART services.

SWABCHA Business Plan 2009-2012

National Impact Level Result	Prevention Impact Level Results	Outcome level Result	Output Level Results
		<p>Condom Use and Distribution and Management</p> <p>5.2.4 (a) % of young people 15-24 reported using a condom during first sex is increased from 43% for women and 49% for men in 2007 to 70% by 2014</p>	<p>5.2.4.1 (a) The number of available male and female condoms is increase by 25% by 2014</p>
		<p>(b) % of men with multiple concurrent partners who have reported using a condom during the last sex has increased from 26% in 2007 to 70% by 2014</p>	<p>5.2.4.1 (b) The number of available male and female condoms is increase by 25% by 2014</p>
		<p>HIV prevention for Key Populations at Risk</p> <p>5.2.5 % of key populations at risk who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission is increased from 46.2% in 2008 to 70% in 2014</p>	<p>5.2.5.1 50% of workers reached with a minimum package of HIV prevention programmes by 2014</p>
		<p>HIV Counselling and Testing</p> <p>5.2.6 % of people aged 15-49 tested for HIV in the last 12 months and know their status increased from 22% to 50% for women and 9% to 40% for men by 2014</p>	<p>5.2.6.1 Cumulative number of persons aged 12 and older who have tested for HIV at voluntary counselling and testing sites in the last 12 months</p>
		<p>Blood safety</p> <p>5.2.7 100% of donated blood units screened for HIV in a quality assured manner</p>	<p>5.2.7.1 100% blood units are screened for HIV in accordance to international quality-standards by 2014</p>
		<p>Post-Exposure Prophylaxis</p> <p>5.2.8 100% of people in need of PEP have received PEP services as per national guidelines by 2014</p>	<p>5.2.8.1 100% facilities offering ART & PMTCT also provide prophylaxis for PEP to those who qualify under the PEP national guidelines</p>
		<p>Sexually Transmitted Infections</p> <p>5.2.9 The prevalence of genital ulcers is reduced from 20% in 2007 to 15% by 2014.</p>	<p>5.2.9.1 100% of health facilities are offering treatment for genital ulcers conditions</p>

Treatment, care and support

National Impact Level Result	Treatment, care and support Impact Level Result	Outcome level Result	Output Level Results
<p>Swaziland Human Development Index (HDI) is improved from 0.5 in 2008 to 0.55 in 2014</p>	<p>5.3 Quality of life improved from 43.9 years to 48 years as measured in life expectancy by 2014</p>	<p><u>HIV Testing and Counselling</u> 5.3.1 % of people aged 15-49 tested for HIV in the last 12 months and know their status increased from 22% to 50% for women and 9% to 40% for men by 2014</p>	<p>5.3.1.1 Cumulative number of persons aged 12 and older who have tested HIV positive enrolled for pre-ART, ART or PMTCT in the last 12 months.</p>
		<p><u>Pre-ART</u> 5.3.2 At least 80% of people enrolled on pre-ART programme retained on pre-ART by 2014</p>	<p>5.3.2.1 40% of male and female PLHIV aged 15 years and older remain enrolled in pre-ART programme in the past 12 months by 2014</p>
		<p><u>ART</u> 5.3.3 85% of people on ART retained on treatment three years after the initiation of ART by 2014</p>	<p>5.3.3.1 (a) 75% of adults males and females 15 years and above eligible for ART receiving antiretroviral combination therapy (ART) by 2014</p>
			<p>5.3.3.1 (b) 80% of eligible children (under 15) disaggregated by sex receive ART by 2014</p>
		<p><u>Management of Tuberculosis and HIV co-infection</u> 5.3.4 100% of estimated HIV positive incident TB cases that received treatment for TB and HIV by 2014</p>	<p>5.3.4.1 # of patients diagnosed with TB/HIV co-infection enrolled on treatment by 2014.</p>
		<p><u>CBCS / Palliative and Rehabilitative Service</u> 5.3.5 (a) % of people aged 18-59 years who have been very sick or who died within the past 12 months whose households received basic external support to care for them is reduced from 77.8% to 50%</p>	<p>5.3.5.1 (a) The number of households receiving all basic external support is increased by 50% by 2014.</p>
			<p>5.3.5.1 (b) Capacity to provide palliative at health facilities and community level is strengthened.</p>
		<p><u>Care and support for Healthcare workers</u> 5.3.6 The number who have received on-going Psychological support is increased from 7% (2008) to 15% in 2014</p>	<p>5.3.6.1 Provision of care and support for health workers is institutionalised in all health facilities</p>
		<p><u>Care and support by Traditional Health Practitioners</u> 5.3.7 30% of traditional health practitioners provide quality counselling, referral and promote adherence.</p>	<p>5.3.7.1 THP are trained in basic BCC/SCC, counselling, referral and advocacy skills</p>

Impact mitigation

National Impact Level Result	Impact mitigation Impact Level Result	Outcome level Result	Output Level Results
Swaziland Human Development Index (HDI) is improved from 0.5 in 2008 to 0.55 in 2014	5.4 % of households with vulnerable individual, that are able to cope with the impact of HIV has increased from 72% (2008) to 80% by 2014	<u>Food and Nutrition Support for Vulnerable Household</u> 5.4.1 (a) % of children under five who are stunted is reduced from 29% in 2008 to 20% by 2014	5.4.1.1 (a) % of <5 children (disaggregated by sex) who have access to food, nutrition and health care is increased from 0% (2007) to 40% by 2014
		(b) % of women and men aged 15-49 whose BMI 18.5< is reduced from 3% for women and 10% for men in 2007 to 0% for women and 5% for men by 2014	5.4.1.1 (b) 15-49 male and female PLHIV including ART beneficiaries receiving nutritional support increased from 26812 (2008-MoH) to 150,000 by 2014
		<u>Education Support for OVC</u> 5.4.2 School attendance among orphans and among non orphans aged 10-14 is increased from 90% for orphans and 93% for non orphans to 100% by 2014.	5.4.2.1 The % of OVC 10-14 years possessing three basic needs ¹⁵ is increased from 60% to 100%.
		<u>Socialisation and Protection of OVC</u> 5.4.3 % of OVC 0-17 whose household received external support to provide socialisation and protection is increased from 8% in 2007 to 80% by 2014	5.4.3.1 The percent of OVC (disaggregated by sex) who are reached with socialisation and protection support is increased by 10% annually
		<u>Psychosocial Support</u> 5.4.4 % of OVC aged 0-17 whose household receive external emotional support in caring for the OVC is increased from 5% to 50% by 2014	5.4.4.1 The % of OVC (disaggregated by sex) who receive emotional support is increased by 10% annually
		<u>Community Systems Strengthening</u> 5.4.5 % of people considered vulnerable reduced from 28% in 2008 to 14% by 2014	5.4.5.1 (a) 60% of vulnerable households are reached with comprehensive sustainable livelihood support by 2014
			5.4.5.1 (b) Community capacity is strengthened in leadership, planning and implementation of community level interventions in 55 Tinkhundla by 2014
5.4.5.1 (c) Community structures i.e. KaGogo centres and NCPs are strengthened to support community initiatives.			

¹⁵The basic needs are identified as shoes, two sets of clothes, and at a least one meal a day. They are considered essential to enable children attend school

Response management

National Impact Level Result	Response management Impact Level Result	Outcome level Result	Output Level Results
<p>Swaziland Human Development Index (HDI) is improved from 0.5 in 2008 to 0.55 in 2014</p>	<p>5.5 The coordination of the national multi-sectoral HIV and AIDS response is effectively managed mainstreamed and owned by all stakeholders with adequate resources mobilised and partnerships strengthened.</p>	<p><u>Coordination and partnerships</u> 5.5.2 Capacity of regions, sectors, partners and communities strengthened in coordination and management of the multi-sectoral HIV and AIDS response</p>	<p>5.5.2.1 (a) Coordinating structures capacitated to provide leadership with clearly defined roles and responsibilities of the multi-sectoral response, based on the three one principles. 5.5.2.1 (b) Development partners coordination systems are harmonised and aligned with the NSF strategies.</p>
		<p><u>Strategic and Action Planning</u> 5.5.3 The regions and sectors trained on results based management, gender and human rights by 2014.</p>	<p>5.5.3.1 NSF synchronised (aligned) National Action Plans, Sector Plans, Regional Action Plans and Community Plans adopted using RBM, Gender and Human Rights frameworks</p>
		<p><u>Programme development and project management</u> 5.5.4 Adequate and comprehensive HIV and AIDS programmes developed and aligned to NSF priorities by 2014.</p>	<p>5.5.4.1 (a) Specific HIV and AIDS programmes that have mainstreamed gender dimensions are developed to improve quality, and increase access and service coverage using RBM. 5.5.4.1 (b) Programme specific technical working groups, policies, protocols and technical guidelines are reviewed and developed, and aligned to national and international standards</p>
		<p><u>Mainstreaming, Policy Development and Advocacy</u> 5.5.5 Sectors have mainstreamed HIV and AIDS in key and relevant sector policies by 2014.</p>	<p>5.5.5.1 Strategic sectors have reviewed their policies and programs and integrated HIV and AIDS activities in their development programs appropriately in line with the NSF by 2014.</p>
		<p><u>Resource Management</u> 5.5.6 100% of the NSF financial resources mobilised and effectively used by 2014.</p>	<p>5.5.6.1 A strengthened capacity of sectors, regions and communities on resource mapping and tracking; resource mobilisation; resource utilization and management to implement the NAP and RAP</p>
		<p><u>Capacity development</u> 5.5.7 Adequate capacity to implement NSF developed by 2014.</p>	<p>5.5.7.1 A comprehensive sectors, regions and communities capacity assessment undertaken and capacity development framework developed and implemented by 2011.</p>
		<p><u>Monitoring and Evaluation</u> 5.5.8 A functional HIV M&E system provides timely and quality assured HIV data by 2014.</p>	<p>5.5.8.1 (a) A strengthened capacity and functional system for effective data collection, analysis, compilation, reporting and use of strategic information of the NSF at all levels. 5.1.1.1 (b) A national HIV and AIDS research unit and research and evaluation agenda developed and implemented.</p>

APPENDIX 2: SWABCHA COMMUNICATIONS

Which communications strategies will be used by SWABCHA to reach target audiences in order to promote and achieve its objectives? The coalition’s main messages will focus on 1) explaining and promoting the economic/business case for workplace HIV programmes, and 2) the need for effective coordination and collaboration.

Audiences, strategies and products

To be effective, SWABCHA needs to actively communicate with the following audiences:

- Private sector companies that are SWABCHA members
- Private sector companies that are not yet members
- Unions
- Government – NERCHA, SNAP, ministries, REMSHACCs
- Implementing partners
- Development partners
- Other business coalitions
- Private sector health care providers.

The main strategies and products that SWABCHA will employ are:

- SWABCHA brochures
- SWABCHA toolkit
- Regular HIV and AIDS forum events
- Fundraising events
- Media
- Participation in REMSAHCCs
- One-to-one meetings
- Other promotional materials.

Communications activity matrix

Communications strategies and products	Audiences							
	Member companies	Non-member companies	Unions	Government	Implementing partners	Development partners	Other business coalitions	Private health care providers
SWABCHA brochure	✓	✓	✓	✓	✓	✓		✓
SWABCHA toolkit	✓				✓		✓	
HIV and AIDS Forum	✓							✓
Fundraising events	✓	✓		✓		✓		✓
Media – print, radio, TV	✓	✓		✓				
Participation in REMSHACCs	✓	✓	✓	✓	✓			
One-to-one meetings	✓	✓	✓	✓	✓	✓		✓
Other promotional materials	✓	✓	✓	✓	✓	✓	✓	✓

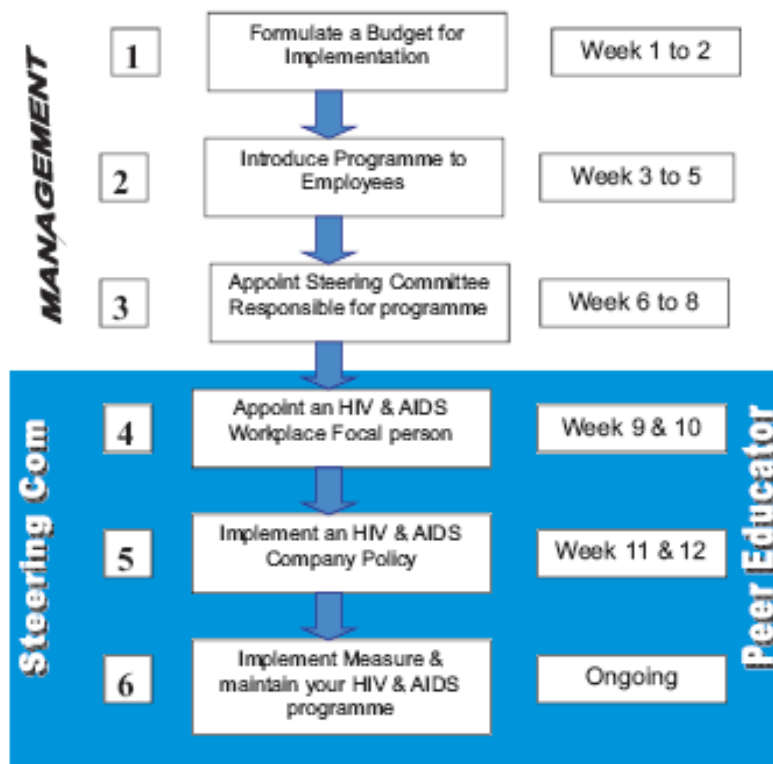
APPENDIX 3: SWABCHA TOOLKIT

Introduction and contents

This toolkit, produced with the support of UNAIDS, provides a step-by-step guide for companies wishing to set up an effective HIV and AIDS programme. The five components of the toolkit are:

1. Management pathway - booklet that explains to the company manager how to set up an HIV and AIDS programme in six steps
2. Steering Committee guide – a file of working documents to be used in Steering Committee meetings to ensure goals are met and that relevant people are always aware of the activities taking place in the company
3. Focal person’s manual – containing reference information for the Focal Person and a training guide that they can use in workplace sessions
4. About HIV and AIDS – set of question and answer information cards
5. Reference material – hard copy materials, video, CD-ROM and posters to assist programme implementation.

SWABCHA roadmap to implementing a workplace programme



APPENDIX 4: SWABCHA MEMBERSHIP

Benefits of SWABCHA membership

Benefits	Members	Non-members
Basic advice on workplace programming	✓	✓
Mobile VCT	✓	✓
Access to information	✓	✓
IEC materials	✓	✓
Access to SWABCHA website (to be developed)	✓	✓
Recognition as SWABCHA member	✓	
Tailor-made assistance to create workplace policy/programme	✓	
Ongoing assistance to review and improve workplace policy/programme	✓	
Links to other coalition members for technical support and mentoring	✓	
Invited to forums, training events, consultation meetings, special events	✓	
Receipt of resource material	✓	
Access to condom supplies from SWABCHA store	✓	

Membership subscriptions

Membership fees - due annually, in June – are linked to the size of company. Where a company joins during the year, a pro-rata membership fee is charged.

Companies	Definition	Subscription
Corporate	More than 50 people	E 15,000
Medium	11 to 50 people	E 10,000
Small	4 to 10 people	E 2,500
Micro	1 to 3 people	E 250
Others		
Affiliate	Not private companies. Examples include: NERCHA, UNAIDS, unions	0

In addition to subscription fees, many members contribute additional donations in cash and in kind.