



SMARTWORK

The Workplace Response to AIDS

THE FEDERAL REPUBLIC OF NIGERIA COMPONENT OF AN
INTERNATIONAL HIV/AIDS WORKPLACE EDUCATION PROGRAM

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LIST OF ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Project
DFID	Department for International Development
EATSET	Emergency Auto-Blood Transfusion
FCT	Federal Capital Territory
FHI	Family Health International
FMOH	Federal Ministry of Health
FMLP	Federal Ministry of Labor and Productivity
HEAP	HIV/AIDS Emergency Action Plan
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IAP	Interim Action Plan
IDA	International Development Association
IoD	Institute of Directors
ILO	International Labor Organization
JAAIDS	Journalists Against AIDS
LACA	Local Government Area Action Committee on AIDS
LGA	Local Government Area
LDDs	Long Distance Drivers
MAP	Multi-Country AIDS Program
MTP	Medium Term Plan
NAA	Nigeria AIDS Alliance
NACA	National Action Committee on AIDS
NEACA	National Expert Advisory Committee on AIDS
NECA	Nigeria Employers' Consultative Association
NASCP	National AIDS and STD Control Program
NIPRD	National Institute of Pharmaceutical Research Development
NGOs	Non Governmental Organizations
NLC	Nigeria Labor Congress
NUBIFIE	National Union of Banks Insurance and Financial Institutions Employees
OPS	Organized Private Sector
PABA	People/Persons Affected by AIDS
PCA	Presidential Committee on AIDS

PLWHA	People/Persons Living with HIV/AIDS
PPFN	Planned Parenthood Federation of Nigeria
PSA	Personal Service Announcement
SACA	State Action Committee on AIDS
SASCP	State AIDS and STD Control Program
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
PSP	Private Sector Partnership
SFH/PSI	Society for Family Health/Population Services International
SMARTWork	Strategically Managing AIDS Responses Together
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USDOL	United States Department of Labor
VCT	Voluntary Counseling and Testing

PROBLEM STATEMENT

In the Federal Republic of Nigeria, HIV/AIDS has become widespread. The first diagnosis of AIDS was in a 13-year old girl in 1986 and since then the rise has been steady from 1.8% (1993) to 3.8% (1994), 4.5% (1996), 5.4% (1999) and currently is estimated to be 5.8% (2001).¹ With a population of approximately 120 million people, an annual growth rate of 2.9% and a prevalence of 5.8%, Nigeria is one of the most populous nations that have crossed the 5% prevalence threshold. Hence, while the HIV prevalence may appear low, in terms of actual numbers of individuals infected, Nigeria is experiencing one of the largest HIV/AIDS epidemics globally—fourth only to India, Ethiopia and South Africa. Clearly, the country is in the explosive phase of the epidemic with potentially grave consequences. The population estimate and the HIV prevalence have been used to estimate the size of the infected population. In 1990, approximately 500,000 were infected with HIV; in 2000 the estimate had risen to 3.26 million, and by the year 2005, over 4 million are anticipated to be HIV-positive.

It is worrisome that the epidemic and its impact are for the most part still ‘hidden’ because of its prolonged latency period. The precise number of individuals living with AIDS is unknown. Nevertheless, it is estimated that close to 1.2 million Nigerians had developed AIDS as of the end of 2001. The 2001 estimate shows that the reported number of AIDS cases represent only the visible part of the epidemic; and that there are many more cases that go unreported, thus it is regarded as “hidden epidemic.”² Most of the people living with HIV (mainly from age 15-49) are unaware of their infection.

In sum, the total HIV/AIDS burden in Nigeria is estimated at 3.47 million Nigerians (2001 Estimate). It is equally important to note that subgroups like female sex workers (FSWs), patients with tuberculosis, and those with sexually transmitted infections have much higher rates than the general population. Long distance drivers, miners, other itinerant workers and injecting drug users have also been identified as high-risk groups.

While the median national prevalence is 5.8%, there is a considerable amount of variation across the six geo-political zones and the 36 States ranging from 3.3% in the Northwest zone to 7.7% in the South-South zone. The national prevalence of HIV is not necessarily an urban phenomenon, figures from the South-West, North-East and South-South zones show that infection rates in the rural areas are higher than what prevails in the urban areas.

HIV affects all age groups, however, it is taking a particularly high toll on those in the prime of life (that is, teenagers {15-19 years old} and young adults {20-29 years old}) where the infection rate ranges from 6-6.5%. The economic tragedy that HIV/AIDS is creating in Nigeria is reflected in the following quote by the Governor of the state most affected by the pandemic, “We are particularly concerned that HIV/AIDS, which has no known cure at the moment, targets most especially the sexually active, vibrant and productive segment of the society. This scenario

¹ Technical Report on the 2001 National HIV/Syphilis Sentinel Survey Among Pregnant Women Attending Antenatal Clinics in Nigeria

² HIV/AIDS in Nigeria Overview of the Epidemic March 2002

portends danger not only to the economic growth, but to the very existence of the Nigeria nation.”³

Four major crippling effects of HIV/AIDS on labor being experienced in Nigeria include: increasing operating costs; reduced productivity- particularly as result of absenteeism; diversion of resources in search of cures; and threats to sources of income. One key element in Nigeria’s efforts to fight the further spread of HIV/AIDS and its devastating impact is to develop a sound workplace prevention and education intervention vis-à-vis other programmatic efforts.

³ “Scourge of HIV/AIDS on Nigerian Labour”, *Sunday Tribune*, June 2, 2002

BACKGROUND

In 1987, the Federal Government of Nigeria established an AIDS/STI's Control Program (NASCP) under its first Medium Term Plan.⁴ Specific donors had been effective in working with private sector NGOs in establishing HIV/AIDS networks previously, but the National Policy on HIV/AIDS/STIs came into being only in December 1997. This National Policy is presently being reviewed and updated.

With the 1999 election of a democratic government, HIV control efforts have received unprecedented support by the government, with the President himself playing an active role (through the Presidential Council on AIDS) in the campaign against the infection. A multi-sectoral response (The National Action Committee on AIDS, NACA) is in place under a revised national HIV/AIDS control implementation framework signaling the beginning of new era in efforts for the prevention of HIV/AIDS and the mitigation of its impact Nigeria.

The HIV/AIDS efforts in Nigeria have been described under three periods: (1) *the era of denial and tentative actions* (1986-92), characterized by some degree of denial and skepticism as well as establishment of the initial implementation structure and action to combat epidemics. (2) *The awareness era* (1993-98), marked by increased information, education, communication and advocacy efforts, increased civil society organizations' involvement in HIV prevention activities, and more systematic data gathering and analysis but little willingness by the top echelon of government to associate closely with prevention and; *the strategic expansion era* (1999- to date).⁵

In the strategic expansion era, a National Expert Advisory Committee on AIDS (NEACA) was set up with the mandate to ascertain the magnitude of HIV challenges and to advise the Government. This marked the beginning of Nigeria's government response to HIV/AIDS. The period from 1999 witnessed increased consolidation, strategic re-focusing and expansion of the scope of control efforts, increased political will to implement HIV control programs, and the personal commitment of the President, Olusegun Obasanjo, to increase the national response, as well as carry the campaign for more effective AIDS control beyond the nation's border. The environment for the response can now be described as more enabling and conducive.

A re-engineering of the framework and institutional arrangement for the implementation and coordination of a national response against HIV was undertaken by the Federal Government, resulting in the inauguration of two new bodies: President Committee on AIDS (PCA) and the National Action Committee on AIDS (NACA). PAC is the highest decision-making body on AIDS in Nigeria and is personally headed by the President and the Vice-President as the Deputy Chair. NACA is responsible for coordinating the entire national response to HIV/AIDS through relevant agencies and partners. The pioneer Chair of NACA was a top health and HIV/AIDS professional designated as Special Assistant to the President (on HIV/AIDS). The current Chairman, appointed in August 2002, is equally a seasoned public health physician and former Dean of the College of Medicine in the nation's premier university and World Bank Nigeria

⁴ HIV/AIDS Emergency Action Plan (HEAP) February 2001 pg 1

⁵ The Milestone in AIDS/STD control in Nigeria, 1986-2000 cited in Nigeria Common Country Assessment, UN System in Nigeria March 2001.

HIV/AIDS Project Manager with whom the USDOL/AED Mission Team had useful discussions on April 30, 2002 in Abuja. NACA ensures that all those entities responsible for the implementation of a specific activity receive the financial, organizational, and human resources support required to undertake and complete assigned activities in a multi-sectoral environment.

The Federal Ministry of Health (FMOH) has been the primary lead on the response to HIV/AIDS, and focuses essentially on health-related aspects of the epidemic. The FMOH coordinates its efforts through the existing outfits: the National AIDS and STD Control Program (NASCP) at the national level and their State and Local Government counterparts (SASCP and LGA AIDS Action Committees respectively). In order to ensure effective coordination of the multi-sectoral, multilevel response at all levels, efforts are presently on-going to put in place equivalents of NACA at the state and LGA levels- State Action Committee on AIDS (SACA), and LGA Action Committee on AIDS (LACA).

The primary objectives of the national response to HIV/AIDS/STD in Nigeria are:

- Prevention of further transmission and spread of HIV/AIDS/STIs in Nigeria;
- Reduction of impact and burden of the HIV/AIDS/STI's epidemic on people living with HIV and AIDS (PLWHA), people affected by AIDS (PABA), and the general society; and
- Coordination and mobilization of national and international resources for effective HIV/AIDS/STI's response.⁶

NACA developed an Interim Action Plan (IAP) with other partners including UN agencies and Bretton Woods Institution (BWI);⁷ to cover the 2001/2002 period as the groundwork for the formulation of a National Strategic Plan was being put in place. The IAP is a comprehensive, multi-sectoral and multi-level plan which focuses on priority issues in HIV/AIDS control in Nigeria. Overall, the focus is: the prevention of further transmission of HIV infection; provision of care and support; and, the removal of barriers to large-scale responses to HIV/AIDS. Ultimately, the implementation of the IAP is expected to dovetail into the National Strategic Plan.

Despite ongoing public awareness, as well as accurate knowledge about the transmission, the prevention of HIV infection remains low. Stigmatization and discrimination toward PLWHA is high and constitutes a significant barrier to accessing HIV/AIDS services.⁸ Regional and ethnic heterogeneity, coupled with a large population and weak infrastructure of public agencies are major challenges to mounting an effective response to the HIV/AIDS epidemic in Nigeria.

⁶ Nigeria Common Country Assessment, UN System March 2001, pp 151-152.

⁷ UN System (ibid) [Bretton Woods is part of World Bank (International Monetary Fund and World Bank make up Bretton Woods Institution)].

⁸ USAID/Nigeria (2001) HIV/AIDS: USAID/Nigeria's Response to the Epidemic: Successes and Challenges.

The United States Agency for International Development (USAID) Response to the HIV/AIDS Epidemic In Nigeria

USAID funding of HIV/AIDS programs increased considerably from about \$2.6 million in 1999, to \$8.1 million in 2000, and to \$12.3 million in 2001. The programs' focus is on building a supportive policy environment, promoting condom use, and reducing risk behavior nationwide. Telephone hotlines are used to provide confidential HIV/AIDS counseling to youth nationwide. In addition to programs with nationwide coverage, there are community-based projects in 58 Local Government Areas in 14 states.

Family Health International (FHI), Population Services International (PSI), Johns Hopkins University, Center for Communication Programs (JHU/CCP), Center for Population and Development Activities (CEDPA), AFRICARE, The Futures Group International, International AIDS Alliance and EngenderHealth are the implementing partners of USAID/Nigeria HIV/AIDS activities.

USAID uses the following intermediate results to monitor its programs to ensure an effective and sustained response: 1) Capacity building at national and sub-national levels to facilitate delivery of high quality HIV/AIDS services; 2) Creation and or facilitation of an enhancing policy environment at national and sub-national levels, 3) Increased knowledge of HIV/AIDS prevention and transmission which creates demand for services and reduces stigma and discrimination of PLWHA; and 4) Increased accessibility and availability, and ultimately use, of HIV/AIDS services.

Challenges to Effective HIV/AIDS Prevention and Impact Mitigation Efforts in Nigeria

Key challenges to effective HIV/AIDS prevention and impact mitigation efforts in Nigeria include:

- Ensuring political willingness at all levels and adequate funding of the program on a continuous basis;
- Strengthening policy formulation to involve relevant stakeholders, including states and Civil Societies Organization (CSO). Among others, existing gaps and contradictions in the policy realm need to be addressed. These include the development of clear regulatory framework mechanism in relation to announcement and verification of HIV cures, and reviewing the breastfeeding policy to ensure its continued appropriateness;
- Monitoring media outputs to ensure that, despite their commercialization, they do not become instruments for misinformation of the public regarding the nature and claims of an HIV/AIDS cure, as well as ensuring that prevention messages are culturally appropriate and sensitive;
- Ensuring effective and transparent program management at all levels of government;
- Continuing information, education and communication efforts to sustain and improve level of awareness of HIV/AIDS;
- Ensuring continued regular availability of modern family planning commodities in public sector facilities and other outlets;

- Promoting appropriate reproductive health information to young people in the country through in-school and out-of-school programs including curricula (population and family life education) approaches, and increasing access to adolescent-friendly health services, including counseling and clinical services;
- Adequately addressing the driving forces of the HIV/AIDS epidemics in Nigeria, including poverty and housing;
- Increasing access to voluntary HIV counseling and testing geographically, culturally and economically;
- Providing appropriate support and care for PLWHA and PABA, including counseling and legal support for the enforcement of their human rights and access to good health care including anti-retroviral (ARVs) drugs;
- Preventing maternal-to-child-transmission of HIV (MTCT) through proper education of the populace and health workers, and availability of ARVs and nutritional substitutes and supplements for babies of PLWHA under appropriate policy;
- Ensuring adequate coordination of a multi-level and multi-sectoral program within the Nigerian environment.

The HIV/AIDS Emergency Action Plan (HEAP) designed to promote a multi-sectoral, participatory response to HIV/AIDS prevention and impact mitigation represents the “Battle Plan” in the fight against HIV/AIDS. The HEAP documents the intention of the Nigerian Government to support access to affordable and effective ARVs for those already infected while also supporting initiatives aimed at developing viable vaccine(s) through collaborative local and international efforts. The plan is the product of a consultative participatory process involving all sectors, states, all tiers of government in the six geo-political zones, and strong partnership with stakeholders.⁹ The priority strategies are:

- The removal of socio-cultural and informal barriers to catalyzing community-based responses;
- Preventive interventions targeted at high-risk populations and the general population;
- Care and support of PLWHA and PABA.

The magnitude and impact of determinants of the HIV/AIDS epidemic varies considerably from state to state and from community to community in Nigeria. The HEAP partners plan to aggressively and proactively respond to the following key determinants:

- *Social Determinants*: The role and impact of: commercial sex workers, of non-acceptance by religious and conservative groups of many proven HIV preventive methods, of stigma and discrimination against PLWHA, of peer pressure for high-risk behavior, of culturally-dictated subjugation and subordination of women, of weaknesses in the legal and political framework, and lack of support for out-of school youths;
- *Behavioral Determinants*: Unprotected sexual behavior among mobile population groups, unwillingness to acknowledge infection and seek assistance, and deterioration of traditional social discipline and norms of behavior; and
- *Biological determinants*: Uncontrolled proliferation of infection associated with sexually transmitted diseases and both unsafe and unregulated blood transfusions.

⁹ President Olusegun Obasanjo, April 9, 2001. Cited in Foreword to the HIV/AIDS Emergency Action Plan (HEAP) February 2001 Edition.

World Bank Support To The HEAP¹⁰

The International Development Association (IDA) credit of more than \$ 90 million is the single largest facility to support system wide HIV/AIDS programs in Nigeria. The project represents the Bank's contribution to the HEAP as part of its Multi-Country AIDS Program (MAP) for Africa. The first year will expand existing high-impact activities (e.g., information campaigns, condom social marketing, NGO activities targeted to high risk groups, Government activities targeted to the armed forces), process-test new mechanisms for community mobilization and building up local response, strengthen capacity in planning, implementation, and monitoring and evaluation. New activities will be phased in over time as capacity increases and agencies become more capable of implementing larger programs.

The project has three components (each of which will be operated at the federal and state levels):
Component 1: Capacity Development (US \$ 30.56 million)
Component 2: Expanding the Public sector Responses
Component 3: The HIV/AIDS Community Fund (US \$ 33.87 million)

Private Sector Partnership Against HIV/AIDS

No comprehensive overview of HIV/AIDS workplace activities is available to the corporate sector in Nigeria. There is little or no information about lessons learned from pilots in the areas of HIV/AIDS and workplace. Also, it has been observed that there is no systematic flow of information on program results from other stakeholders in the UN Theme Group for use in new products/policies and feedback into program quality on HIV/AIDS in the workplace. The corporate sector and its workforce also need well coordinated planning and reporting systems, and engagement of management to be able to make decisions on HIV/AIDS and the workplace.¹¹ The Nigeria Labor Congress (NLC), in collaboration with NACA, organized what has been called Nationwide Grassroots Multisectoral AIDS rallies. At these rallies, Information, Education and Communication/Behavior Change Communication (IEC/BCC) materials were distributed to the general public. The objective was to sensitize the Nigerian public about the problem of the pandemic with a view to championing the fight in their homes, workplaces, and the community at large. Amongst the bodies and organization mobilized for the planning and implementation of the rallies were the Nigeria Employers' Consultative Association (NECA), State Governor Offices nation-wide, FMLP, State Health Ministries, State Action Committee on AIDS (SACA), representatives of PLWHA and the United Nations Development Programme (UNDP).

Within the Organized Private Sector (OPS), NECA in collaboration with the International Labor Organization (ILO) has undertaken a series of activities aimed at combating the HIV/AIDS pandemic in the workplace. These activities include:

¹⁰ UNAIDS Nigeria (2001) Annual UN Retreat, The HIV/AIDS Theme Group Nigeria: Chairman's Report December 2000-December 2001).

¹¹ Costantinos, BT (March 2001) Private Sector Partnership Against HIV/AIDS – a resource paper and working document on establishing Policies and Strategies for Mapping and Relating to the Private Sector NACA-UNAIDS Abuja, Nigeria.

- A survey to ascertain the extent and impact of HIV/AIDS on the world of work, employment, and productivity, cost profile, profitability as well as turnover;
- Capacity-building of employers to prevent and manage HIV/AIDS in the workplace; and
- Formation of a strategic alliance with sector-specific employers' organizations, and other trade groups, that will aim at sectoral initiatives for combating the pandemic at the workplace.

While external resources are crucial to the HEAP, private sector supported development must acknowledge the need for all partners to broaden their perception of the pandemic and realize that the key to sustainable livelihood is with the people.¹² The objectives of private sector partnership (PSP) are hinged on principles of cost-effectiveness, opportunity for added value, up scaling and efficiency, based on development of an appropriate PSP strategy, and/or strategic alternatives that emerge out of the analysis of the corporate environment.

The most notable potential contributions of PSP to the HEAP would be direct participation of the corporate sector in program management, implementation, and other business-related activities (e.g., tracking, free media space and airtime, subsidized drug provision). However, in addition to the general economic challenges faced by businesses in Nigeria, lack of HIV/AIDS awareness among employers in the corporate sector could hinder extensive PSP resource mobilization to meet the financial contributions envisioned in HEAP.

Rather than working within a nationally negotiated and agreed upon strategic agenda, actors in the fields of prevention and mitigation have tended to address HIV/AIDS as an area for designing and implementing multiple, often small-scale projects, with their own objectives, management, monitoring and evaluation systems. In light of this, SMARTWork will strive to build upon what is already on the ground in Nigeria while seeking to build better coordination.

Workplace Policies and Programs Related to HIV/AIDS

HIV/AIDS-related workplace issues feature prominently in the HEAP. In light of this, NACA and its implementing partners are planning to develop sensitization programs for the public and private—as well as formal and informal—work sectors. The HEAP sector strategy 5.7 focuses on workplace policies and programs, with the objective of preventing HIV infection and providing care and support for workers who are infected and affected by HIV/AIDS. The lead coordinating line ministry is the FMLP.

Activities planned for in the realization of objectives under HEAP sector strategy 5.7 are to:

- Develop and produce tripartite (Employers, Labor, and Government) policy and guidelines for design and of HIV/AIDS/STIs interventions;
- Develop, produce, and disseminate an operational manual on HIV/AIDS ethical human rights issues to the workplace;

¹² Costantinos, BT (ibid).

- Identify categories of migrant workers at high-risk based on locations, movements, profiles, existing migrant networks, and vulnerability factors for proper targeting and developing content of awareness and sensitization campaigns;
- Conduct HIV/AIDS sensitization for migrant workers (such as nomads, seasonal farmers, fishermen) in the informal sector;
- Conduct advocacy meetings with chief executives, managers, and trade unions officials in the workplace;
- Integrate HIV/AIDS messages into occupational safety and health policy;
- Support the establishment of associations and networks of PLWHA within the workplace; and
- Provide support to the training of peer educators in the workplace.

Within its budgetary limitations, SMARTWork activities will be planned and executed to dovetail with the implementation of activities under the HEAP sector strategy 5.7.

PROGRAM APPROACH AND STRATEGY

USDOL awarded the Academy for Educational Development a US\$ 9 million cooperative agreement to implement the HIV/AIDS Global Workplace Program, Strategically Managing AIDS Responses Together (SMARTWork) in six countries (Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam, and Zimbabwe). SMARTWork/Nigeria will provide assistance to establish effective HIV/AIDS prevention education, care and support programs, and appropriate policies, for the workplace that are sustainable, achievable and build upon existing government, labor, and employer policies and practices.

SMARTWork's primary project components are to:

- Prepare company and union profiles that are representative of the three main corporate structure types and that may serve as models for workplace intervention, and/or highlight the opportunities for organizations to establish HIV/AIDS programs and policies. The Ministry of Labor may also be included as an organization profiled during the needs assessment phase.
- Mobilize a national tripartite effort to expand HIV/AIDS programs and policies to reduce stigma and discrimination in the workplace, bringing together government, labor, and business. Other sustainable, in-country networks that can assist and support workplace-based programs, will also be encouraged as appropriate.
- Provide materials that can guide and assist in the creation of workplace HIV/AIDS programs and policies, reduce stigma and discrimination, and contribute to behavior change.
- Work collaboratively with (and train as needed), government, employers, labor and other partners to establish or improve HIV/AIDS related workplace programs and policies, principally through presentations, workshops, and follow-on technical assistance.
- Work collaboratively with government, employers, labor and other partners to strengthen their capacity to offer follow-on assistance to organizations creating workplace programs and policies.

As evidenced in the Project Matrix, the overall aim of the SMARTWork Project Nigeria is to catalyze a sustainable workplace-focused response to HIV/AIDS that will serve to increase the number of comprehensive and effective workplace programs to reduce the spread of HIV/AIDS, and policies that serve to reduce stigma and discrimination towards those who are infected with HIV or affected by HIV/AIDS. An essential part of SMARTWork's efforts will be capacity building technical assistance to the tripartite partners.

SMARTWork/Nigeria generally will focus on strategies that will encourage employers, labor, and government leaders to increase their awareness of the existing and growing danger of the pandemic, and to establish workplace HIV/AIDS prevention programs to address HIV/AIDS in the workplace. Partners will be encouraged to establish bipartite or tripartite workplace committees in an effort to develop workplace policies on stigma and discrimination against PLWHA. In order to enhance sustainability, follow-on technical assistance will be provided to

the tripartite partners under the umbrella of the Tripartite Advisory Board (TAB) established by SMARTWork. A support process will be created by the TAB to foster an actionable process of social dialogue among the tripartite framework, and with the aim of facilitating a national model workplace policy/legislation. Working with partners, the National Assembly Committees on Labor, Health and HIV/AIDS will be encouraged to initiate bills/legislation on the protection of the rights of PLWHA in the workplace so as to discourage all forms of discrimination and stigmatization.

In partnership with the Journalists Against AIDS (JAAIDS), and the Nigeria AIDS Alliance (NAA), SMARTWork will help facilitate regular media forums to bring to fore the problems associated with discrimination and stigmatization of PLWHA in the workplace. The forum will also be a platform for those who have embraced HIV/AIDS intervention within their workplaces to share experience and best practices with others who may be undecided.

Trade unions will provide peer educators for training, awards for best practices among employers, and assistance to the Ministry of Labor to disseminate existing materials regarding HIV/AIDS in the workplace. Apart from being part of the training team, FMLP, NLC and NECA will be involved in the enterprise/company advocacy and mobilization drive to enable them embrace the principles of the SMARTWork project.

Follow-On Technical Assistance

After the program launch, as part of delivering various trainings and presentations, a mechanism will be put in place to enhance sustainability of campaign efforts in the workplace in accordance with the Tripartite Agreement. The tripartite partners will be encouraged to form a coalition/network, to ensure social dialogue on HIV/AIDS in the workplace (e.g. sick leave, productivity and collective bargaining issues) not only to ensure the continuity of the project, but also to share experiences and learn from each other. A major motivator for peer educators will be recognition of their work through the receipt of such things as certificates, caps, and T-shirts. Bi-annual, follow-up/refresher courses/training will be conducted for peer educators to update them about the latest lessons learned in the world of HIV/AIDS in the workplace, improve their capacity to counsel PLWHA on a one-on-one or group basis, and to complement Voluntary Counseling and Testing (VCT) programs.

Members of the Nigeria AIDS Alliance will be fully involved to provide follow-on technical assistance to workplaces interested in putting in place a VCT program (whether provided at the workplace or made available nearby). They will also assist in facilitating support groups for PLWHA in the workplace. JAAIDS and other partners will be involved in a series of Roundtable Discussions as part of the advocacy process for the formulation of a national model policy/legislation in the workplace.

SMARTWork, in collaboration with JAAIDS will publish a regular (preferably bimonthly) newsletter targeting the media, labor groups and corporate bodies. This will provide a constant source of news, not only on SMARTWork, but also on workplace interventions in-country. Examples/models from other nations will also be highlighted. The forum will be utilized to document the successes and challenges of SMARTWork Nigeria. JAAIDS will assist

SMARTWork Nigeria Country Office to set up its resource center with workplace materials to enable journalists and members of the public to have easy access to them for research and other purposes.

The Society for Family Health/Population Services International (SFH/PSI) will provide promotional condoms to be distributed via the peer educators and the workplace health centers/clinics. SMARTWork will also liaise with SFH to help in facilitating follow-on training in condom logistics to identified employees in the collaborating workplaces under the program. Enterprises will be enlisted to help meet the cost of supplying free condoms to employees, which can be placed in toilets and clinics for those who need them.

As part of its commitment towards improving the health of PLWHA, GlaxoSmithkline (GSK), one of the world's largest research-based pharmaceutical and health companies, has taken steps to reduce the prices of its ARVs in order to enable wider access to such drugs.¹³ Presently, the ARV program is implemented as a pilot study in 25 centers nationwide to form the basis for the major study. Due to the high cost of tests and drugs for a national ARV program, NACA has solicited funds towards this end from the Global Fund on HIV/AIDS and World Bank Project on HIV/AIDS. Funds provided by The Global Fund for HIV/AIDS will be focused on creating access to ARV drugs, prevention of mother to child transmission and building the capacity of communities at the grassroots level to respond to HIV prevention and care.¹⁴ Linkages will be encouraged by the project in order that beneficiaries/enterprises have continuous access to ARVT. The FMLP and NLC will take the lead in order to realize this objective.

SMARTWork is based on four separate goals with corresponding objectives as follows:

PROJECT GOAL 1: INCREASE UNDERSTANDING OF THE EXISTING WORKPLACE HIV/AIDS PREVENTION EFFORTS AND POLICIES IN KEY SECTORS OF THE ECONOMY AND PREPARE COUNTRY NEEDS ASSESSMENT.

Objective 1.1: *Profile existing practices across twenty companies and trade unions (encompassing policies and programs) in a sample of major organizations to be targeted by the program.*

The profiles will work to demonstrate how current practices that do not include effective HIV/AIDS programs and policies put enterprises at risk, and outline the opportunities and benefits that may accrue from establishing good programs and policies. The following are contemplated for profiling: *Afprint PLC or the Nigeria Textile Mill, Textile; Nemeith International Pharmaceuticals PLC, or GlaxoSmithkline (GSK) Health Care; Nigeria Breweries PLC, Food and Beverages; Nigerite PLC, Building; Standard Chartered Bank Limited, Banking; Peugeot Automobile Nigeria, Automobile; Sheraton Hotels and Towers, Ikeja, Lagos, Hotels and Personal Services; UNILEVER Nigeria PLC, Conglomerates; Lafarge Cement PLC, Construction; and the following labor unions: Nigeria Labor Congress, National Union of*

¹³ "HIV infection: GSK reduces cost of drugs" *Vanguard*, Tuesday, May 7, 2002. Page 28.

¹⁴ Muanya C (2002) "18 states may get \$90.3 m World Bank HIV/AIDS Grant" *Guardian* Friday May 3, 2002 page 3.

Banks, Insurance and Financial Institution, National Union of Hotel and Personal Services Workers and the National Union of Textile Garment and Tailoring Workers of Nigeria).

The choices were informed by the exemplary work that the organizations have done regarding HIV/AIDS programming in the workplace, the commitment and positive attitudes of some of the Chief Executive Officers (e.g. *Nemeith International Pharmaceuticals PLC*); visible evidence of management support (*Standard Chartered Bank Limited*); and on-going HIV/AIDS Workplace interventions., *UNILEVER Nigeria PLC, Nigerite PLC, Nigerian Breweries PLC, NLC and NUBIFIE.*

The organization profiles will be developed following the guidelines, and using the research instruments, contained in the SMARTWork Needs Assessment Guide. Based on the company profiles - presentations, workshops, and follow-on technical assistance will be tailored to help enterprises and unions in Nigeria establish HIV/AIDS policies and prevention programs.

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

A review of the literature on worker knowledge and prevention practices in Nigeria will be conducted. This will be supplemented by focus group discussion with workers in chosen enterprises.

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

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

PROJECT GOAL 2: MOBILIZATION OF NATIONAL LEVEL TRIPARTITE EFFORT TO ESTABLISH AND EXPAND HIV/AIDS PROGRAMS AND POLICIES TO REDUCE STIGMA AND DISCRIMINATION IN THE WORKPLACE.

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

Working in close collaboration with NACA and under the umbrella of the FMLP, SMARTWork will strive to achieve the adoption of a Tripartite Collaborative Agreement (TCA) among employers, labor, and government. The agreement will be formally inaugurated at a Launch

event in order to enhance the visibility of the tripartite arrangement. In addition to this, the TAB will meet on a regular basis, and opportunities will be provided for social dialogue through established networks (If feasible, the TAB will be formed from existing tripartite arrangements existing in the country. The TAB will serve as an advisory body for effective implementation of the project. FMLP, NAA, NECA, NLC, and PPFN will be fully involved in the planning, facilitation, and evaluation of training activities. During the various training workshops anticipated, the ILO will be involved as a resource in presenting its Code of Practice on HIV/AIDS and the world of work to employers and labor.

The TCA should enhance the operations of the already established HIV/AIDS unit within the Ministry with a view to enhancing widespread dissemination of the HIV/AIDS workplace policy and a media campaign to make its provision known. A major initiative of the TAB, with leadership by the HIV/AIDS unit within the Ministry, will be the improvement/development of a national HIV/AIDS policy framework (SMARTWork will provide technical assistance to help the FMLP and its partners to pursue these objectives, but will not have direct responsibility for their actualization).

Objective 2.2: Encourage the development of – and the adherence to – a national workplace HIV/AIDS policy within the framework of the HIV/AIDS National Strategic Plan.

In collaboration with NACA, a draft policy statement that will eventually be approved by all parties under the tripartite arrangement will be developed. Also, the distribution of model workplace policies to enterprises, NGOs and labor groups entering prevention programs or training will be ensured. As part of the strategies to encourage development of national workplace policy, the TAB will put incentives in place. How will this be included in the follow on TA- might be helpful to outline in this section.

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

This objective is to be achieved through encouraging the expansion of a prevention department within the FMLP; as well as through the creation of a cadre of trainers within NECA, FMLP and NLC and among other relevant organizations (such as Planned Parenthood Federation of Nigeria, (PPFN). They will provide advisory and training services to enterprises, labor organizations, and even public health sector agencies. The other major effort to strengthen capacity is the development of mechanisms through which employers and labor organizations will seek financial cost-sharing from NACA. SMARTWork will support tripartite partners with equipment such as a computer, printer and LCD projector, in order to accommodate technology used in the global program.

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

In order to recognize the success of individual workplaces in implementing model workplace programs and policies, annual awards will be determined by the TAB and award ceremonies will be conducted. Tripartite recognition of these successes and the ensuing media attention that will stem from this will support the achievement of SMARTWork Nigeria's goals at the enterprise level will give significance and focus public attention on the combined efforts of business, labor, and government in their efforts to reduce the impact of HIV/AIDS on the country's workforce and economy. Workshop participants will also be presented with certificates of participation, recognizing individual commitment.

PROJECT GOAL 3: INCREASE THE NUMBER OF ENTERPRISES (INCLUDING BUSINESS, LABOR UNION, AND FEDERAL MINISTRY OF LABOR WORKPLACES) THAT HAVE EFFECTIVE WORKPLACE HIV/AIDS PREVENTION AND SUPPORT PROGRAMS AND POLICES THAT SERVE TO REDUCE STIGMA AND DISCRIMINATION.

Objective 3.1: *Adapt, as needed, project material to country context.*

Needs Assessment Guide, Facilitators Guide (for presentation and Workshops) Managers Guide, and other relevant SMARTWork materials including follow-up, monitoring and evaluation provision will be adapted.

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

Presentations will be made to at least 30 employer groups from sectors such as Automobile, Banking and Insurance, Building, Breweries, Conglomerates, Construction, Textiles, Health Care, Hotels and Personal Services, and Labor Unions: NLC, NUBIFIE, Textile and Garment Workers Union and National Union of Hotel and Personal Services workers. At least 12 workshops will be held (reaching a total of 250 employers/labor organizations) to explore the impact of HIV/AIDS on the enterprises and to assist managers and labor representatives in the development of policies and prevention programs for the workplace.

The oral presentations will be 20-40 minutes in length, aimed at highlighting the critical business reasons for effectively responding to AIDS and utilizing data collected in the needs assessments and profiles. After each presentation, participants will be canvassed for interest in developing polices and prevention programs for their respective enterprises. They will also receive documentation on SMARTWork to stimulate their further exploration of the subject and to provide the required information for follow-up. Two-day workshops will be conducted as feasible (otherwise, trainers will use a compressed curriculum to be developed). The workshops will provide a more in-depth learning experience and analytical exercise for business managers and employee representatives. The length will be tailored to meet the organization's needs and it is expected that 3-4 people (possibly Human Resource Manager, Medical Staff and union

representatives) from several enterprises will attend. The Tripartite Collaborative Agreement should facilitate access to employers, labor groups, and associations meetings for presentations. SMARTWork will also seek to sign collaborative agreements with representative entities within the chosen sectors. The aim is to use these collaborative agreements as a means to reach the business managers and labor leaders.

Presentations will be free of charge. The employers will share workshop costs if feasible. Government and Labor will be consulted to make in-kind contributions (donation of staff time and office space for meetings and project use for example) to ensure that employers do not see the arrangement as an un-equal cost-share). In general, the efforts are to be concentrated on large employers with over 200 employees, as these are the most likely to embrace implementation of policies and programs. Nevertheless, promising small enterprises like the private transport companies will be carried along.

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

Following workshops, technical assistance will be tailored to meet the needs of individual enterprises and could encompass areas such as provision of workplace-related HIV/AIDS peer education, condom distribution logistics, the place of HIV/AIDS prevention within the broad field of occupational health and safety, etc. The project will work with partners to expand the availability and sustainability of follow-up technical assistance to enterprises. Labor union members/shop stewards would constitute the majority of peer educators, and/or at least be an integral part of Identifying peer educators to be trained. The FMLP will also receive this assistance to assess the existing program and work to improve it.

Interested workshop participants will be encouraged to come together as a network/coalition to continue meeting to share their lessons of experience and to assist each other in implementing workplace programs and policies. The project will help facilitate their follow-up meetings, and will provide technical assistance, as appropriate and available.

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

With the provision of presentations, workshops, and follow-on technical assistance by the Project and its partners, employers and labor are expected to develop and implement workplace programs and policies. It is expected that at least 20 major enterprises will adopt workplace HIV/AIDS policies and at least 15 will establish comprehensive prevention programs.

Objective 3.5: *Increased knowledge about HIV/AIDS, decreased risk behavior, and reduction in stigma and discrimination among workers and managers of organizations targeted by the Project.*

Evaluation instruments developed by AED will be applied to workers and management in the target enterprises to determine the degree to which stigma and discrimination is reduced and knowledge and risk-reducing behavior is enhanced. AED staff in conjunction will do the administering of these evaluation instruments with relevant partners.

PROJECT GOAL 4: DEVELOP (AND/OR ADAPT) AND DISTRIBUTE INFORMATION, EDUCATION, AND COMMUNICATION (IEC) MATERIALS TO SUPPORT HIV/AIDS WORKPLACE PREVENTION EFFORTS, REDUCTION OF STIGMA AND DISCRIMINATION, AND BEHAVIOR CHANGE.

Objective 4.1: *Disseminate workplace related materials that will increase employers' participation.*

Dissemination will be accomplished through various channels. First, the SMARTWork Joint Manager & Labor Guide and other relevant materials will be distributed to enterprises through workshops, on the SMARTWork web site, Nigeria AIDS e-forum of the JAAIDS and elsewhere. Second, budget permitting, a video documentary will be produced showcasing an exemplary local company's policies and prevention program.

Objective 4.2: *In collaboration with NECA, NLC, PPFN and others, encourage and achieve widespread utilization of relevant IEC materials that will increase worker awareness and their ability to protect themselves from HIV infection.*

Using the results of baseline survey, some of the messages that will form the bedrock of the IEC materials will be geared towards promotion of reduced risk through emphasis on sexual abstinence, mutual fidelity and reduction of sexual partners; promoting condom use as well as improved STI management; promotion of compassion and non-discrimination for the infected staff and their relations. The following media mix will be used to send out messages to workers and their relations: brochures, handbills, leaflets, posters, pamphlets, t-shirts and face caps with HIV/AIDS messages that increase workers awareness and their ability to protect themselves from HIV infection.

T-shirts and face caps will be produced and distributed amongst peer educators as part of the incentives for being involved in SMARTWork at the workplace level. In addition, enterprises will be encouraged to produce other materials with HIV/AIDS messages such as outdoor adverts, lapel pins, block pads, t-shirts and caps that can be customized for company use.

Dissemination strategies include distribution of materials at workshops, seminars, company-level presentations, special events like the World AIDS Campaign, Valentine Day, Workers Day, integration of HIV/AIDS preventive messages into workplace newsletters, journals and other

periodicals and so on. Folk media can be utilized vis-à-vis poetry, drama, folk dances, and puppet shows during Health and Safety week of the collaborating workplace.

In general, since workplace-based HIV/AIDS cannot be restricted only to employees within the workplace, the communities within which enterprises operate need to be targeted, albeit indirectly. SMARTWork may collaborate with popular stations like the Rhythm 93.7 and TV stations like Africa Independent Television (AIT) targeting community youth, leaders, settlers, female sex workers and dependants of the employees. Partnering and/or sponsorship arrangements will be explored that could make these various media outreach mechanisms available to the project and its tripartite partners without cost (under sponsored arrangements of other willing corporate bodies). In order to reach the community, SMARTWork may also facilitate regular couples counseling sessions, family sessions, and youth sessions for children of employees. Alternatively, some special events will be organized at the workplace during Health and Safety week for example designated as “family days” at work where employees bring families for HIV/AIDS related education, etc. These events would be promoted by the media.

INSTITUTIONAL AND MANAGEMENT FRAMEWORK

The AED Nigeria country office, with the guidance and direction of AED/Washington, will implement the program in full consultation with the USDOL. The main Nigerian government counterparts are to be NACA and FMLP, with whom collaboration is to be maintained on a continuing basis throughout the life of the project. Other stakeholders, line ministries, and relevant government agencies will be informed about the execution of SMARTWork on an on-going basis over the life of the project. This will happen through a number of mediums such as regular meetings, presentations at national conferences, mass media, and memorandums of cooperation (e.g. with the NLC). SMARTWork Nigeria will also participate in UN Theme Groups and meetings, U.S. Embassy initiated meetings, and cooperate with international projects and agencies like USAID and its contractors, Department for International Development (DFID), MacArthur Foundation, Ford Foundation, International Labor Organization (ILO), Solidarity Center and others.

AED recognizes that no effective international strategy will succeed unless it places partners on an equal level based on mutual respect and common determination of priorities of work, planning, and implementation. From previous experience, AED also acknowledges the fact that no prescribed solutions are sustainable unless developed in the context of partnership. Against this background, SMARTWork's implementation will bring together employers, labor, and government to support the creation and expansion of workplace-based HIV/AIDS prevention and education programs and establish sound policies to reduce stigma and discrimination.

In light of the foregoing, a tripartite and collaborative agreement will be facilitated. The program design has been developed in consultation with key partners; program management will maintain close communications with government, labor, and employers. This is seen as an essential element to creating a sense of ownership of the project by the various national bodies involved to make SMARTWork successful in Nigeria.

Representing the government is the FMLP—the line ministry for labor and productivity. It is charged with regulating labor, employment, and productivity matters both for the public and Organized Private Sector (OPS). The Nigeria Employers Consultative Association (NECA) represents the employer arm of the tripartite project arrangement. NECA, formed in 1957, is the umbrella organization of employers in the OPS. It provides the forum for the government to consult with private sector employers on social and labor policy issues. NECA is a platform for the private sector employers to interact with government, labor, and other relevant institutions in Nigeria for the purpose of promoting industrial harmony – an essential factor in the creation of an enabling environment in the workplace.

The umbrella body of the trade unions, the Nigeria Labor Congress (NLC) is the third tripartite partner under the SMARTWork project. NLC coordinates and manages the affairs and activities of all its affiliates both in government and in the OPS. As an association, it works for the empowerment and enhancement of better conditions for its members. It is also responsible for the protection of workers rights in Nigeria.

The three pillars will constitute not only SMARTWork's most important sources of institutional support, but also a consultative body, which can be called upon to guide Program Policy in instances when that becomes necessary. (The Tripartite Collaborative Agreement (TCA) will institutionalize this as a standing Advisory Board). The mechanism is expected to introduce enough flexibility to insure that stakeholders concerns are being addressed effectively by the Project. FHI, SFH/PSI, PPFN and other NGOs will also be SMARTWork/Nigeria's potential partners and can assist with the coordination of training workshops and providing technical assistance. The Nigeria AIDS Alliance, (group of positive people) will be involved as peer consultants to provide support to employees facing stigmatization and/or discrimination at work or those affected by HIV/AIDS in their workplaces.

Responsibility of the day-to-day management will rest with the Country Coordinator. A Program Associate and an Administrative Assistant will assist this position. The Country Coordinator will report to the SMARTWork Project Director in Washington. Another important role to be played by the Country Coordinator is the orchestration of the collaborative agreements to be signed by the program partners (in consultation with the Project Director and USDOL, as appropriate). The bulk of the Country office work will concentrate on enterprises and unions, helping them develop effective HIV/AIDS policies and prevention programs.

Technical Assistance will be provided to collaborating workplaces and tripartite partners, aimed at increasing their capacities to provide for peer education training, voluntary confidential counseling and testing, design and production of HIV/AIDS IEC materials for use in the workplace, establishment of PLWHA support groups, condom logistics, improvement of STD management in the workplace (because of the link between HIV and STI), encouraging safer sex practices, and facilitation of access to ARV therapy among others. In order to enhance sustainability, volunteers from among the workers will be empowered through various training opportunities to be provided over the life of the SMARTWork project.

Training periods have to be negotiated with partners under the tripartite arrangement from the onset. As part of sustainability process, trained peer educators will be encouraged to keep management and labor leaders informed of their activities so that the normal work period is not disturbed and they are not seen as "just doing their own thing." Organizations will also be encouraged to provide sufficient time during work hours, at the worksite, for peer educators to be able to conduct their work, as experience shows that programs have limited success if trained educators are not afforded time and other resources to undertake their activities. It is equally crucial for peer educators to always look for innovative ways of presenting information to colleagues in order to avoid boredom and complacency. To sustain co-workers interest, leaflets will be periodically distributed and relevant video shows organized from time to time. Use of suggestions boxes will be encouraged for clarifying issues related to HIV/AIDS in the workplace and these will be emptied at a time to be agreed by the workplace HIV/AIDS prevention education committee. Health care workers in the company clinics and health centers will also be empowered to counsel workers living with HIV/AIDS and other affected by HIV/AIDS.

There will be significant networking with the five other SMARTWork project offices with a view to facilitating cross learning and global project progress benchmarking. SMARTWork/Nigeria will (within budgetary limits) maintain a pool of consultants who, as the

need arises, will assist in coordinating/conducting/facilitating seminars, training programs, and consultations to employers along with project staff. The consultants will be expected to keep professional notes and write reports that will assist with the implementation and management of the project in Nigeria.

It is expected that the Country Office will not only build strategic partnership with relevant multilateral agencies, it will also develop special ties to the USAID-funded HIV/AIDS and Reproductive Health projects. It is anticipated that in some cases, the projects could converge in the implementation and financing of given activities. It is also expected that the Country Office will liaise as necessary with other international donors and agencies. The Country Coordinator will work collaboratively with the FMLP to work with the Nigerian media to publicize the project.

TARGET GROUPS AND PARTNERS

The primary targets of the project will be workers and their families in the formal, and to some extent, the informal sector of the economy, principally in the textile, pharmaceuticals, food and beverages, building, banking, oil and gas, automobile, hotel, conglomerates, construction and agro-industrial sectors.

SMARTWork/Nigeria will be implemented in the following locations:

- Lagos, in the South West;
- Abuja, the Federal Capital Territory;
- Kaduna in the North Central;
- Enugu in the South East; and possibly
- Port Harcourt in the Niger-Delta Area.

The direct beneficiaries of SMARTWork will be civil servants, employers and workers organizations, enterprises and community-based organizations, NGOs and the civil society. The secondary target groups will be enterprises that will benefit from prevention and support programs and policies through the reduction of absenteeism, worker deaths, and associated costs of recruitment/replacement and retraining.

The main government partners will be FMLP and NACA. SMARTWork Nigeria will closely collaborate with UNAIDS, World Bank Nigeria Country Office, international projects and agencies like USAID/Nigeria and its contractors such as Family Health International/Nigeria, The Policy Project, The Johns Hopkins University/CCP-Nigeria, and The Society for Family Health/Population Services International. Others include the Department for International Development (DFID), Macarthur Foundation, Ford Foundation, the Solidarity Center, International Labor Organization (ILO) and others.

The project will also work with NGOs, employers and professional bodies like Journalists Against AIDS, Silverbirds Communication Limited (Owners of Rhythms 97.3 FM Station), Africa Independent Television, Planned Parenthood Federation of Nigeria, Manufacturers Association of Nigeria and Institute of Directors.

SUSTAINABILITY

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

- *A participatory approach:* All Program activities will be designed and planned in full consultation with representatives of the intended beneficiaries and the implementing partners (e.g. Tripartite Advisory Board).
- *Local ownership:* The emphasis of the program design will focus on the identification of problems and solutions at the local level.
- *Capacity building:* Improving knowledge and skills and strengthening existing infrastructures through training and other capacity-building interventions. The co-funding mechanism with NACA would be an additional result in this area.
- *Tripartite Advisory Board (TAB):* As suggested in the Institutional and Management Framework section, the TAB will have broad representation from all relevant government agencies, employers and workers organizations, and concerned NGOs.
- *Situational analysis:* All elements to be incorporated into the SMARTWork program particularly the training activities, will be based on careful analysis to ensure their long-term viability.
- *Advocacy:* A fundamental element of the program will be to protect human rights and prevent discrimination.
- *Awareness-raising:* Sensitization will be a core aspect of the program addressing awareness-raising with the aim of changing attitudes leading to behavioral change.
- *Integration:* All activities will be planned in such a way as to facilitate integration into ongoing NACA efforts in Nigeria.
- *Harmony with National Legislation:* Maximum efforts will be made to ensure that the policy framework governing the Program activities will positively influence and be in harmony with national policy on STI/HIV/AIDS and particularly the HEAP sector strategy 5.7.
- *Linkage:* Synergy will be sought with all on-going national and international HIV/AIDS projects, particularly those sponsored by USAID and UNAIDS.