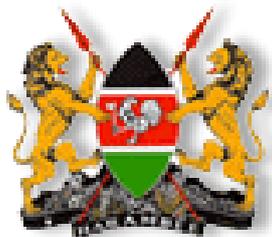


REPUBLIC OF KENYA



THE PRESIDENCY

MINISTRY OF DEVOLUTION AND PLANNING



WORKPLACE POLICY ON HIV AND AIDS

November, 2014

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FOREWORD

The development of this Policy has been necessitated by the challenges posed by HIV and AIDS in the workplace. HIV and AIDS affect people mainly in their prime ages, between 15 and 49 years, who constitute the bulk of the workforce. The illness and subsequent deaths of workers resulting from HIV and AIDS, has an enormous impact on the national productivity and earnings. Resources that would have been used for wealth creation and poverty reduction are diverted to treatment, care and support for HIV and AIDS related illnesses.

The Government as a response to these challenges declared the pandemic a national disaster in 1999. Through Sessional Paper No.4 of 1997 on AIDS in Kenya, the Government put in place a national policy, defined an institutional framework and intensified intervention measures for the prevention, management, control and mitigation of HIV and AIDS impact. The Directorate of Personnel Management developed a workplace policy, Public Sector Workplace Policy on HIV and AIDS to guide public sector response to the pandemic.

The Policy directed that each Ministry come up with a sector specific policy. It is in line with this that my Ministry has developed this Policy. The Policy emphasizes the need for HIV and AIDS activities to be mainstreamed into the core activities of each department. To achieve this, my Ministry will ensure that adequate allocation of budgetary resources for HIV and AIDS programmes.

The purpose of this policy is to provide a national framework to address HIV and AIDS in the Ministry. It will also ensure that the Ministry, in collaboration with other stakeholders, is able to sustain the provision of adequate quality service. This policy is aligned with Pillar II of the Kenya AIDS Strategic Framework (KASF 2014/2015 - 2018/2019), which focuses on mainstreaming HIV and AIDS issues in the core programmes of the Ministry

The Policy will further provide guidance for those who deal with the day-to-day HIV and AIDS related issues and problems that arise within the workplace and also outline employees' rights, responsibilities and expected behavior in the workplace.

The emphasis of the Policy is on improved performance of officers. This is because a conducive workplace will lead to a healthier workforce regardless of the HIV status of officers. I expect that the implementation of this Policy will go a long way in mitigating the impact of the pandemic in the workplace.

**ANNE WAIGURU, OGW
CABINET SECRETARY
MINISTRY OF DEVOLUTION AND PLANNING**

PREFACE

HIV and AIDS remain a major challenge in the public sector. The impact of the epidemic continues to adversely affect service delivery in the public sector.

The purpose of this policy is to provide a national framework to address HIV and AIDS in the Ministry. It will also ensure that the Ministry, in collaboration with other stakeholders, is able to sustain the provision of adequate quality service. This policy is aligned with pillar II of the Kenya National AIDS Strategic Plan (KNASP), which focuses on mainstreaming HIV and AIDS issues in the core programmes of the Ministry.

It has been observed that performance contracting in the Ministry is a vital tool in the process of combating HIV and AIDS. Consequently, targets relating to aspects of HIV and AIDS have been incorporated in the performance objectives of Ministry's service institutions. However, this calls for expanding of targets of HIV and AIDS in Performance Contracts of Departments/Sections to include areas that have a direct and positive impact on the lives of the affected and the infected.

The policy will assist the Ministry in mainstreaming of HIV and AIDS in the core functions. It will guide each Departments/Sections on implementing workplace programmes to facilitate effective and appropriate response to the management and prevention of HIV and AIDS at the workplace. This policy is an affirmation of the Ministry's commitment to intensify its campaign for minimising the spread of HIV and AIDs in line with the public sector HIV and AIDs work place policy.

The ultimate goal of this policy is to have a healthy, productive and cost effective workforce that will provide adequate and quality services to the clients and all stakeholders. This will lead to improved livelihoods for the Ministry staff and their immediate dependants.

We wish to thank the AIDS Control Unit (ACU) for their effort and commitment in the development of this policy.

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GLOSSARY OF TERMS AND CONCEPTS

Accounting officer	Permanent Secretary or Head of Department or Agency, appointed in writing by the Permanent Secretary of the National Treasury to be responsible for the money appropriated to the respective Ministry, Department or Agency by Parliament.
Affected	A person who is feeling the impact of HIV/AIDS through sickness or loss of relatives, friends or colleagues or a person whose life is changed in any way by HIV/AIDS due to the broader impact of the epidemic.
AIDS	Acquired Immune Deficiency Syndrome: a cluster of medical conditions often referred to as opportunistic infections.
Care	Promotion of a person's well-being through medical, physical, psychosocial, spiritual and other means.
Comprehensive Care	A range of services offered to HIV-positive persons including, treatment, clinical, physical, nutritional and psychosocial support.
Counselling	A session where a person with difficulties is assisted to think through the problem(s) to find a possible solution.
Confidentiality	The right of every person, employee or job applicant to have his/her medical/other information, including HIV status kept secret.
Employer Evaluation	Ministry of Devolution and Planning The assessment of the impact of a programme at a particular point in time.
HIV	Human Immunodeficiency Virus: a virus that weakens the body's immune system, ultimately causing AIDS.
HIV Screening	A medical test to determine a person's sero-status.
Manager	A person who is in charge of staff and other resources.
Monitoring	Continuous assessment of a programme.
Pandemic	An epidemic occurring simultaneously over a wide area and affecting many people.

Policy	A statement setting out a department's or organisation's position on a particular issue.
Post Exposure Prophylaxis	Immediate treatment given to a person who is presumed to have been exposed to HIV.
Prevalence of HIV	The number of people with HIV at a particular point in time often expressed as a percentage of the total population.
Prevention	A programme designed to combat HIV infection and transmission.
Programme	A plan of action that includes planning, resource allocation, implementation, monitoring and evaluation.
Sexual Harassment	The act of persistently making unwelcome sexual advances or requests against the wishes of a person.
Support	Services and assistance that are provided to help a person cope with difficult situations and challenges.
Treatment	A medical term describing the steps taken to manage an illness.
Voluntary Counselling and Testing	A process that enables people to willingly undergo a medical test to know their sero-status to help them plan their lives and make informed decisions.
Workplace	Occupational settings, stations and places where workers spend time for gainful employment.
Workplace Programme	An intervention to address a specific issue within the workplace.

ACRONYMS AND ABBREVIATIONS

ACU	AIDS Control Unit
AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral Drugs
GIPA	Greater Involvement of People Living with HIV/AIDS
HAPC	HIV and AIDS Prevention and Control
HBHTC	Home Based HIV Testing and Counselling
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
KDHS	Kenya Demographic House Survey
KNASP	Kenya National AIDS Strategic Plan
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MIR	Minimum Internal Requirements
MSPS	Ministry of State for Public Service
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
PEP	Post-Exposure Prophylaxis
PHDP	Positive Health and Dignity Prevention
PLWHIV	People Living with HIV
PITC	Provider Initiated Testing and Counselling
PMTCT	Prevention of Mother to Child Transmission
PSCK	Public Service Commission of Kenya
TB	Tuberculosis
TOWA	Total War against AIDS
TOR	Terms of Reference
VCT	Voluntary Counselling and Testing

1.0 INTRODUCTION

The HIV and AIDS pandemic is a global crisis and constitutes one of the most formidable challenges to development and social progress. It is eroding decades of development gains, undermining economies, threatening security and destabilising societies.

HIV and AIDS mainly affect people in their prime years of life, the hardest hit being those in their productive ages of between 15 and 49 years of age. It is also affecting the fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV and AIDS. It profoundly disrupts the economic and social bases of families. When a family loses its primary income earner, its survival is severely threatened.

The illness and subsequent deaths of workers resulting from HIV and AIDS, has an enormous impact on the national productivity and earnings. Labour productivity drops, the benefits of education are lost, and resources that would have been used for wealth creation and poverty reduction are diverted to treatment, care and support. Savings are declining, and loss of human capital is affecting production and quality of life. The sum total of these has a negative impact on the National Gross Domestic Product (GDP).

In response to this calamity, the Government of Kenya declared HIV and AIDS a National disaster in the year 1999 and has since adopted a multi-sectoral approach and established the National Aids Control Council (NACC) to provide leadership for the multi-sectoral approach to HIV and AIDS prevention and management in Kenya. In addition, the Government has established a Cabinet Committee for National Campaign against HIV and AIDS under the Chairmanship of His Excellency The President.

The Ministry of Devolution and Planning recognizes the seriousness of the HIV/AIDS pandemic and its impact on the workplace. The Ministry supports national efforts to reduce the spread of the infection and minimize the impacts of the disease. Like other Ministries, the Ministry of Devolution and Planning has borne the brunt of HIV/ AIDS since most of the employees/stakeholders fall within the economically productive, mobile and sexually active age of 15-49 years. Services have suffered due to the impact of HIV and AIDS which manifests in reduced workforce due to deaths, prolonged illnesses, absenteeism and low morale of affected workers and interruption in their work schedule due to social commitments such as seeking medication.

As a result of the negative impact of HIV and AIDS in the workplace, the Ministry recognised that a workplace policy framework for the prevention, treatment, care and support of the infected and/or affected in the Ministry is inevitable.

It is against this background that the Ministry seeks to reaffirm its commitment to intensify its campaign against the spread of HIV and AIDS. This policy aims to provide guidance for the management of employees in the Ministry who are infected and/or affected by HIV and AIDS and prevention of new infections. It also defines the Ministry's position and practices for the multi-sectoral response to HIV and AIDS pandemic and particularly addressing itself to Pillar 2 of Kenya National Aids Strategic Plan (KNASP) on sectoral mainstreaming of HIV.

To this end, this policy provides guidance for comprehensive integration of HIV prevention, treatment, social and economic protection intervention in the Ministry. In addition, it provides guidance for those who deal with the day-to-day HIV and AIDS related issues and problems that

arise within the workplace and outlines employees' rights, responsibilities and expected behaviour in the workplace. The policy will also guide HIV intervention for achieving Millennium Development Goal (MDG) Six.

The policy covers key areas such as guiding principles, legal and regulatory framework, management of human resource, HIV and AIDS programmes at the workplace and implementation.

2.0 RATIONALE

The policy on HIV and AIDS has been necessitated by the challenges of loss of skilled, high-level professionals and experienced workers, loss of man hours due to prolonged illnesses, absenteeism, high employee healthcare costs, reduced performance, increased stress and stigma. The pandemic has also caused discrimination and loss of institutional memories, high cost of training and replacement, and succession management crisis in the public sector.

Due to these challenges caused by the pandemic, the Ministry, through the development of this policy seeks to provide a framework for prevention, treatment, care and support for infected and affected members of staff and their families. The policy provides a clear, consistent and harmonized framework and further demonstrates continued Ministerial concern and commitment in taking concrete steps in the management of HIV and AIDS pandemic amongst the staff.

3.0 GUIDING PRINCIPLES

The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations. These principles are:

3.1 Recognition of HIV and AIDS as a workplace issue

HIV and AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace. This is necessary because it affects the workforce and the workplace. Furthermore, the workforce, being part of the local community, has a role to play in the wider struggle to mitigate the effects of the pandemic.

3.2 Non-stigmatisation and non-discrimination

There should be no discrimination and/or stigmatisation of workers on the basis of real or perceived HIV status. Avoidance of stigma and discrimination in relation to workers living with HIV and AIDS is key to the success of efforts aimed at promoting HIV prevention.

3.3 Gender equality

The gender dimensions of HIV and AIDS should be recognised. Women are most likely to become infected and are more often adversely affected by the HIV and AIDS pandemic than men due to biological, socio-cultural and economic reasons. The greater the

discrimination of women and the lower their position/status in societies, the more negatively they are affected by HIV. Therefore, equal gender relations and the empowerment of women are vital to successful prevention of the spread of HIV infection and are pillars for strengthening women's ability to cope with HIV and AIDS.

3.4 Safe and Healthy Work Environment

The work environment should be healthy and safe and adapted to the state of health and capabilities of workers, HIV-infected or not. The Ministry has a responsibility to minimise the risk of HIV transmission by adopting appropriate Universal infection control precautions at the workplace.

3.5 Social Dialogue

A successful HIV and AIDS policy requires co-operation, willingness and trust between employers, employees, Government and other stakeholders, cultivated through dialogue among the parties concerned.

3.6 Screening for purpose of Employment/Recruitment

HIV and AIDS screening should not be a requirement for job seekers, recruitment or persons in employment. Testing for HIV should be carried out at the workplace as specified in the HIV and AIDS Prevention and Control Act.

3.7 Confidentiality

Access to personal data relating to a worker's HIV status shall be bound by the rules of confidentiality consistent with existing International Labour Organisation (ILO) Code of Practice on HIV and AIDS and medical ethics.

3.8 Continuation of Employment Relationship

Persons with HIV-related illnesses should be allowed to work for as long as deemed medically fit for any available and appropriate work. If fitness is impaired by HIV-related illness, reasonable alternative working arrangements should be made for the infected employees.

3.9 Prevention

Prevention of all means of transmission can be achieved through behaviour change, knowledge, treatment and the creation of a stigma-free and non-discriminatory environment. The workplace is in a unique position to promote prevention efforts, particularly in relation to changing attitudes and behaviour through the provision of information and education and in addressing socio-economic factors that fuel HIV infection.

3.10 Care, Support and Treatment

Solidarity, care and support should guide the response to HIV and AIDS at the workplace. All workers, including spouses and children, are entitled to affordable health services and to benefits from statutory and occupational schemes.

3.11 Management Responsibility

The Ministry will ensure the highest-level of leadership and commitment in the national campaign against the pandemic.

3.12 Partnerships

The Ministry will be responsible and accountable for implementation of this policy and will, at all times, develop and/or strengthen partnerships with other stakeholders to ensure success of its implementation.

3.13 Fair Labour Practices

Every person, whether infected or affected, is entitled to fair labour practices in terms of recruitment, appointment and continued enjoyment of employment, promotion, training and benefits. No employee shall be compelled to undergo an HIV test as a requirement for any of the above. Labour practices should also be in accordance with the HIV and AIDS Prevention and Control Act 2006 and other existing labour laws.

3.14 Workplace Ethics

There will be no tolerance to sexual harassment, abuse and exploitation.

3.15 Greater involvement of People Living with HIV and AIDS (GIPA)

The involvement of people living with HIV and AIDS in decision making, formulation and implementation of public policies in educating and informing other workers shall be promoted at all levels in the Ministry and in line with GIPA principles as spelt out in GIPA Guidelines.

4.0 POLICY GOAL, OBJECTIVES AND SCOPE

4.1 Goal

The goal of this policy is to provide a Ministerial framework for addressing HIV and AIDS at the work place.

4.2 Objectives

The objectives of the policy are:

- To contribute to national efforts aimed at improving the quality of life of the Ministry's staff by minimising the spread and impact of HIV and AIDS;
- To set Minimum Internal Requirements (MIR) for managing HIV and AIDS in the Ministry;
- To establish structures and promote programmes to ensure zero-tolerance to HIV-related stigma and discrimination;
- To ensure adequate allocation of resources to HIV and AIDS interventions;
- To guide the Ministry staff members on their rights and obligations regarding HIV and AIDS.

4.3 Scope

This policy sets standards for managing HIV and AIDS for workplace programmes. It applies to all staff members in the Ministry.

5.0 LEGAL AND REGULATORY FRAMEWORK

This policy shall be implemented within the framework of the Constitution of Kenya and any other relevant legislation in place or to be enacted later. Such legal frameworks within which this policy will be implemented include, but are not limited to the following:

5.1 The Constitution of Kenya (2010)

The Constitution of Kenya 2010 is the supreme Law of Kenya and all other laws must comply with it. The fundamental rights in the Constitution provide every person with the right to equality and non-discrimination.

5.2 Public Service Commissions Act Cap 185 (Revised 1985)

The Act prohibits discrimination in appointment, promotion and transfer of public servants. In particular, the Act provides in Regulation 13 of the Public Service Commission of Kenya (PSCK) Regulations that the appointment, promotion and transfer of a public officer shall take into account only the merit, ability, seniority, experience and official qualifications of the candidate.

Any employee who is ill should seek and obtain permission from the relevant authority for absence from the workplace on account of the ill health. Absence from duty without permission is actionable in accordance with Service Regulations.

5.3 The Employment Act, 2007

The Employment Act sets out the minimum standards applicable for conditions of employment, relating to wages, leave, health and contracts of service including termination of the contract. Under this Act, no employer shall discriminate directly or indirectly against an employee on grounds of race, colour, sex, language, religion, political or other opinion, nationality, ethnic or social origin, disability, pregnancy, mental status or HIV status.

5.4 HIV and AIDS Prevention and Control Act (2006)

The Act makes specific reference to HIV and AIDS in relation to provision of education and information in the workplace, discrimination, privacy, confidentiality and personal rights.

5.5 The Occupational Safety and Health Act, 2007

The Government enacted the Occupational Safety and Health Act in October 2007 with the aim of providing for the safety, health and welfare of workers and all persons lawfully present at workplaces and for matters connected therewith.

5.6. Code of Regulations (COR)

Many of the privileges, rights and obligations of employees in the Civil Service are stipulated in the Code of Regulations (COR) which although not a legal document, operationalises the Service Commissions Act (Cap. 185), Laws of Kenya.

6.0 MANAGEMENT OF HUMAN RESOURCES

Management of human resources is an important aspect of productivity in any organization and therefore, there is need to examine the issues that affect it. HIV and AIDS is a major threat as it affects the most productive segment of the labour force leading to declining productivity, loss of earnings, skills and experience, high staff turnover and high costs of health care for employees.

This policy will therefore guide the management of HIV and AIDS in the workplace through programmes, procedures and rules that are established therein and also provide a framework that ensures that responses and strategies are in place.

The policy addresses the following human resource management issues:

6.1 Recruitment and Promotion

Screening of people for HIV should not be a requirement for staff recruitment and/or promotion.

6.2 Sick Leave

Sick leave will be provided for as stipulated in the Human Resource Policy Manual. However, additional sick leave days will be granted by the employer on a case-by-case basis at the discretion of the Accounting Officer.

6.3 Working Hours

Normal working hours will continue to apply for all employees, as stipulated in the COR. However, a more flexible approach will be applied for those who are infected or affected.

6.4 Counselling Services

The Ministry of Devolution and Planning will ensure that employees have access to counselling services.

6.5 Termination of Employment

The COR pertaining to termination of services will apply equally to all employees. No employee shall be dismissed or have employment terminated based solely on perceived or actual HIV status.

6.6 Medical Privileges

The normal provision of medical privileges will continue to apply. However, to reduce the negative effects of illness and incapacity on employees living with HIV and AIDS, the Ministry will take steps to improve access to comprehensive care.

6.7 Deployment and Transfers

The Ministry will continue to review current policies, codes and deployment and transfer practices of employees. In particular it shall ensure that:

- As much as possible, partners and spouses are not separated to minimise vulnerability;
- Where employees are deployed in remote areas, the period served in such areas is limited to three years. Employees in these areas will also be allowed to make frequent visits to their families;
- Staff requiring access to family support or medical care are deployed appropriately; and
- Where fitness to work is impaired by illness, reasonable alternative working arrangements are made.

6.8 Relief Services

The Ministry will introduce workforce programmes to offer relief services in essential departments. Where an employee is temporarily unable to perform essential duties, reasonable alternatives through employee relief services will be made. Further, special consideration will be given to employees with prolonged illness, especially during performance contracting evaluation.

6.9 Housing and Accommodation

The prevailing Terms and Conditions of service on house allowance will continue to apply.

6.10 Training and Development

The Ministry will:

- Educate and sensitise all its employees on HIV and AIDS related issues;
- Monitor and evaluate human resource capacity so that there is adequate supply of appropriately skilled manpower on HIV issues to meet the needs for service delivery;
- Mainstream HIV and AIDS in all the Ministerial programmes

6.11 Sexual Harassment, Abuse and Exploitation

Pursuant to the Sexual Offences Act (2006), there shall be no tolerance to sexual harassment, abuse and exploitation in the workplace. Involvement in these vices shall be treated as gross misconduct and where proven, shall lead to disciplinary action.

6.12 Gender Responsiveness

HIV and AIDS affects and impacts on women and men differently due to their biological, social, cultural and economic circumstances. Application of this policy should be responsive to their different and specific needs. With the knowledge that women are at a greater risk of infection than men and carry greater burden, special consideration will be provided for prevention and impact mitigation services that target women.

6.13 Exposure at the Workplace

Employees who accidentally get exposed to HIV in the course of their duties will be entitled to immediate Post-Exposure Prophylaxis (PEP) and follow up in the form of treatment in case of infection. All employees will be educated on the concept of PEP including emergency measures to take if an employee has been raped or accidentally exposed to HIV.

Provision will be made to ensure safety and absence of risk to health, arising from the use, handling, storage and transport of articles and substances.

6.14 Retirement on Medical Grounds

HIV and AIDS is not a cause for termination of employment. As with many other illnesses, persons with HIV-related illnesses should be able to work as long as they are medically fit for available and appropriate work or until declared unfit to work by a medical board. Where an employee is medically unfit to continue working, the Ministry will hasten the retirement process.

6.15 Terminal Benefits

Whenever an employee retires or dies due to HIV and AIDS or other reasons, the Ministry will facilitate speedy processing of terminal benefits. Accordingly, it will be necessary for both the employers and employees to ensure the next of kin records are updated regularly.

6.16 Confidentiality and Disclosure

Disciplinary action, consistent with relevant legislation and regulations, will be taken against any employee who discloses a fellow employee's HIV status without consent. Creating a climate of openness about HIV and AIDS is an effective prevention and care strategy. To this end, the Ministry shall create a working environment in which employees can feel safe to disclose their HIV status.

6.17 Stigma and Discrimination

All employees have the same rights and obligations as stipulated in the terms and conditions of service.

- No employee or job applicant shall be discriminated against in access to or continued employment, training, promotion and employee benefits on the basis of their actual or perceived HIV status.
- Employees shall not refuse to work or interact with fellow colleagues on the grounds that the latter are infected or perceived to be infected. Such refusal shall constitute misconduct.

6.18 Grievances, Concerns, Care and Support

The Accounting officer and the Head of Human Resource shall establish and maintain communication channels and fora for employees to raise concerns and grievances and access care and support relating to HIV and AIDS.

6.19 Management Responsibility

The Ministry's management staff will have an obligation and responsibility to:

- Show leadership as part of the national campaign to address the pandemic;
- Be educated and informed about the pandemic including new information and developments in respect of prevention and treatment;

- Implement this policy.
- Continuously disseminate information about HIV and AIDS to all employees; and
- Mainstream HIV and AIDS workplace issues in the Ministry's Strategic Plan and other operational documents.

6.20 Employee Responsibility

It is the responsibility of an employee to take appropriate action on being informed about HIV and AIDS, to protect him/her and the family from infection and seek guidance and counselling where necessary.

All employees must comply with the HIV and AIDS workplace policy. In addition, all employees are required to attend, lend support to and participate in all activities aimed at combating HIV and AIDS.

It is the responsibility of every employee to know their HIV status and avoid infections or re-infections.

7.0 HIV AND AIDS PROGRAMMES IN THE WORKPLACE

The main thrust of this policy revolves around initiating and carrying out appropriate HIV and AIDS programmes in the workplace. The programmes will include, but will not be limited to the following:

7.1 Prevention and Advocacy

The prevention and advocacy programmes will involve the provision of information, creation of HIV and AIDS awareness and promotion of positive cultural and behaviour change among employees and stakeholders. This will include:

- Promotion of HIV testing and counselling and support intervention programmes in the workplace.
- Sensitization on safe sex practices, PEP, TB screening and treatment
- Promotion of attitude and behavior change on HIV and AIDS
- Positive health and dignity prevention (PHDP)
- Promotion of Voluntary Medical Male Circumcision (VMMC)
- Establishment of HIV and AIDS resource centers
- Mainstreaming of HIV and AIDS in Ministry's training programmes
- Promote HIV and AIDS peer education and counselling programmes at the workplace
- Establishing a pool of resource persons on HIV and AIDS intervention programmes

7.2 Treatment, Care and Support of the Infected and/or Affected People

Comprehensive care of the infected and affected people calls for collaborative approaches involving various stakeholders. This will also help mitigate the negative socio-economic impact. Some of the critical components include:

- Establishment of appropriate linkages, networks and referral systems for treatment and comprehensive care and support, including access to Anti-Retroviral Drugs (ARVs), and TB treatment and management;
- Setting up and strengthening of social support structures at the workplace;
- Linking infected employees to support groups and/or formation of such groups where possible;
- Provision of counselling and other support services at the workplace;
- Provision of food supplements based on doctor's prescriptions.

7.3 Social Protection Programmes

The programmes will address the plight of staff and their immediate family members with special needs including most at risk populations and staffs with disabilities and People Living with HIV (PLWHIV). This will include, but will not be limited to:

- Social Support to people living with HIV.
- Post-exposure prophylaxis services.
- Support to survivors of sexual violence.
- Social support to Orphans and Vulnerable Children (OVC).
- Stigma and discrimination reduction programmes.
- Seeking legal redress especially by People Living with HIV/AIDS (PLWHA) whose rights have been violated.

8.0 IMPLEMENTATION OF THE POLICY

The ultimate goal of this policy is to ensure that the Ministry is able to sustain the provision of adequate quality services in spite of the challenges posed by HIV and AIDS. The success of this policy will, therefore, depend on its effective implementation and a coordinated effort of stakeholders. All management staff are responsible and accountable for implementing this policy and development of appropriate HIV and AIDS programmes and practices at their workplaces. They shall also take immediate and appropriate corrective action when provisions of this policy are violated.

The following components will form the implementation modalities:

8.1. Institutional Framework

- An Institutional Framework is necessary for the implementation of the workplace policy particularly with respect to human and financial resource management. This calls for high level commitment by the Permanent Secretary and the senior management in terms of allocation of adequate resources for HIV and AIDS under the Medium Term Expenditure Framework (MTEF) to facilitate effective implementation of this policy.
- An established AIDS Control Unit at the Ministry will co-ordinate all HIV and AIDS activities while Sub-ACUs and SAGAs will be strengthened and sustained to implement the programmes on HIV and AIDS. The ACU will be headed by a Coordinator who will report to the Principal Secretary and National AIDS Control Council (NACC).

According to the 2010 NACC's Terms of Reference (TOR) for ACUs and Sub-ACUs, the ACU structure should:

- a) Be a full-fledged unit/section under the Principal Secretary
- b) Be headed by a senior officer, preferably at Job Group 'M' and above or its equivalent, who is committed to HIV and AIDS issues
- c) Have its head and members appointed in person by the Principal Secretary
- d) Be assigned a minimum number of at least five efficient, consistent and full-time team members depending on the size and coverage of the public institution and in line with the requirements of the Unit. The team should have a strong and consistent representation from the following Ministerial departments for efficiency, continuity, ownership and commitment purposes:
 - Administration
 - Human Resources
 - Finance and Accounts
 - Central Planning and Project Monitoring Units
 - Technical Services/Programmes.

8.2. Roles, Responsibilities and Accountability

The institutions and officers responsible for implementing this policy are: Principal Secretary, Heads of Departments / Directorates, ACUs and Sub-ACUs as detailed in the sections below. Resource mobilization will be a cross-cutting responsibility for all the policy implementing institutions.

8.2.1 Role of NACC

The NACC was established under a Legal Notice No. 170 of September, 1999 to mobilise resources and co-ordinate the multi- sectoral response to the pandemic in Kenya. NACC is responsible for monitoring and evaluation of HIV programmes. Annual work plans and quarterly reports should be submitted to NACC as contained in the performance contracting guidelines.

8.2.2 Role of Ministry of Devolution and Planning

- Mobilize resources.
- Ensure HIV and AIDS workplace policy is implemented fully;
- Ensure formulation and review of HIV and AIDS workplace policy in the Ministry;
- Build capacity in ACUs to implement workplace policy;
- Advocate and strengthen the inclusion of HIV and AIDS issues in decision-making at all levels;
- Ensure allocation of resources and programme-based budgeting;
- Link HIV and AIDS to the MTEF budgeting process;
- Create partnerships with and across ministries/departments, development partners and stakeholders;
- Monitor and evaluate the implementation of this policy.

8.2.3 Role of the Principal Secretary

- Develop, implement and review programmes and strategies within the Ministerial to ensure they are in line with this Policy;
- Advocate for and ensure the inclusion of HIV and AIDS issues in decision-making at all levels;
- Ensure mobilization and allocation of resources and evidence-based budgeting for HIV programmes;
- Monitor and evaluate the implementation of the policy;
- Strengthen and ensure commitment at all levels of management;
- Create partnerships with and across development partners and stakeholders;
- Provide both technical and moral support to the ACU/Sub- ACUs.

8.2.4 Role of AIDS Control Unit (ACU)

The role of the ACU is to facilitate and co-ordinate internal and external mainstreaming of HIV and AIDS into the Ministry's core functions in line with the current KNASP.

The specific functions of the ACU will be to:

- Establish and strengthen Sub-ACUs at the Directorate level;
- Develop and implement HIV and AIDS performance contract indicators, targets and work plans in line with the existing policies.
- Effectively mobilise, allocate and utilise resources/line budgets through the MTEF planning and budgeting for implementation of HIV and AIDS programmes.
- Monitor and evaluate the implementation of HIV and AIDS programmes
- Promote collaboration, partnerships and networking with key stakeholders to ensure advocacy and implementation of HIV and AIDS activities are mainstreamed into the core functions.
- Provide quarterly reports to NACC using the Sectoral HIV Mainstreaming Reporting Tool.

9.0 MONITORING, EVALUATION AND RESEARCH

The Ministry shall generate and maintain a database of information on staff welfare through monitoring, evaluation and research for planning, decision-making and resource allocation.

Reports shall be provided on a quarterly basis,

10.0 POLICY REVIEW AND DEVELOPMENT

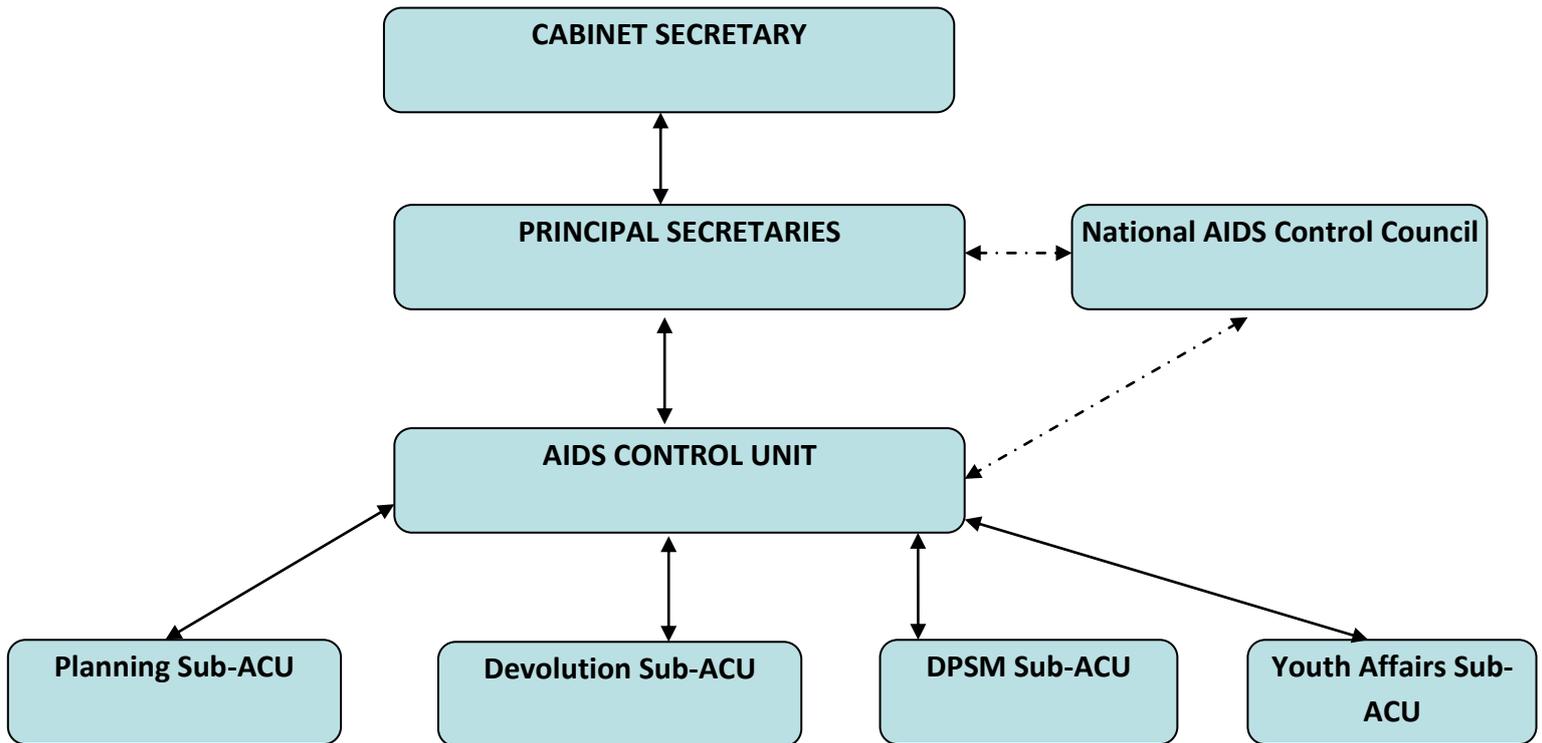
This policy will be reviewed from time to time to ensure it remains relevant to the needs of the Ministry of Devolution and Planning.

ANNEX 1: MINIMUM INTERNAL REQUIREMENTS

The Ministry will be responsible for mainstreaming the HIV and AIDS Workplace Policy and developing an annual HIV and AIDS Work Plan that addresses both the internal and workplace domain clientele. The aspects of the work plan that address the external domain will differ in focus and intensity across workplaces. The internal aspects of the plan will be built upon the foundation of Minimum Internal Requirements (MIR) to be implemented by the Ministry. Additional activities can be planned and implemented based on each workplace's mandate and needs, but the Ministry will be responsible for developing and implementing appropriate activities based on the key areas outlined in the Minimum Internal Requirements below:

- Introduce and intensify appropriate education, awareness and prevention programmes on HIV and AIDS and where possible, integrate those programmes with others that promote the health and well-being of employees;
- Create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive employees;
- Designate an officer or officers with adequate skills, seniority and support to implement provisions of this policy and ensure that the officer(s) so designated is/are held accountable by means of performance indicators in the implementation of the policy;
- Form partnerships with other departments, organizations and individuals who are able to assist with health promotion programmes;
- Establish a HIV and AIDS committee within the Ministry with adequate representation from all the departments and support from all relevant stakeholders;
- Ensure that all programmes include an effective internal communication strategy;
- Collect and disseminate routine information on absenteeism, morbidity and mortality for purposes of Human Resource Planning;
- Provide guidance and counselling services;
- Mainstream HIV and AIDS into the organization's overall strategic plans;
- Develop and enforce workplace policies;
- Allocate adequate human and financial resources to implement the policy; and
- Monitor and evaluate the impact of HIV and AIDS and intervention programmes

ANNEX II: INSTITUTIONAL STRUCTURE



ANNEX III: IMPLEMENTATION PLAN

Objective	Activity	Indicator	Means of Verification
Prevention of new infections - Behavior Change Communication (BCC)	Production of IEC/BCC materials	No. of print materials the Ministry has produced (including in Braille or sign language) ❖ Brochures ❖ leaflets ❖ Posters ❖ Banners	Inventory
	Distribution of IEC/BCC materials	Number of HIV/AIDS BCC/IEC materials the Ministry has distributed	Inventory
	Conduct HIV and AIDS education programmes	No. of people reached by the Ministry on HIV and AIDS awareness messages on the following: ❖ condom use and disposal ❖ PEP ❖ PMTCT ❖ CT ❖ HCBC ❖ ART ❖ VMMC ❖ Discordance ❖ Stigma reduction	Programme, List of Participants, Report and Training Manual
	Promotion of counseling and testing	❖ No. of people facilitated by the Ministry and counseled and tested. ❖ No. of couples counseled and tested	RECORDS
	Conduct stigma reduction forums	Number of new persons who disclosed their status and referred for care and support.	
	Peer education and counselling programmes	No. of people reached through peer education / counselling	Attendance list
	Condom distribution	❖ No. of new condom dispensers installed ❖ Number of condoms distributed	Condoms inventory
Care, Treatment and Support	Education of staff and clients on care, treatment and support	No. of people reached with HIV comprehensive care awareness messages: ❖ Treatment and care ❖ ART ❖ HBCB ❖ Nutrition ❖ Adherence Counseling	Participants List, Programme,

	Provide support to staff living with HIV	<p>No. of PLHIV staff and clients provided with the following support areas</p> <ul style="list-style-type: none"> ❖ Food and nutrition ((<i>macro-nutrients –real food</i>) support ❖ Counseling ❖ food supplements(micro-nutrients) based on doctors’ prescriptions ❖ Material support 	Distribution List and other relevant records
	Support formation and operationalization of PLHIV support groups	<ul style="list-style-type: none"> ❖ No. of new PLHIV support groups formed and supported ❖ No. of new persons who joined a support group 	Groups formed
Support Services: Capacity Building and advocacy	Strengthen and support sub-ACUs	<p>Number of sub-ACUs supported and operationalized</p> <ul style="list-style-type: none"> ❖ County ❖ Districts 	Operational sub ACUs
	Capacity building for HIV and AIDS Mainstreaming	<p>No. of persons trained in the following areas by the Ministry:</p> <ul style="list-style-type: none"> ❖ HIV and AIDS mainstreaming ❖ HIV and AIDS Project Management ❖ Work planning, budgeting and financial accounting ❖ Monitoring and Evaluation ❖ Peer Education ❖ Guidance and Counseling ❖ Adherence counseling ❖ Peer counselors and educators 	No. Of people trained
	HIV and AIDS Guidance and Counseling programme	<p>No. of people referred by the Ministry and received the following services</p> <ul style="list-style-type: none"> ❖ PEP ❖ Services ❖ VMMC ❖ STI ❖ ART ❖ PMTCT ❖ VCT 	Records
Non-routine activities	Domesticate a workplace policy on HIV and AIDS	Existence of a domesticated work place policy guidelines	Document
	Develop an implementation	Existence of implementation framework	

	framework and action plan		Document
	Establish an HIV and AIDS resource centre	Resource Centre established and operational	Resource centre
	Hold quarterly meeting of the ministerial steering Committee	Quarterly HIV & AIDS Ministerial Steering Committee meetings held	Minutes
	M&E of HIV and AIDS Mainstreaming programmes	Baseline/Situation analysis surveys conducted and report available	Document
		Impact assessment and response analysis conducted and report available	Document
		Impact of HIV and AIDS intervention assessed (Programme review and evaluation)	Document
		No. of ACU support supervisory visit to sub ACU (including counties and sub-counties)	Reports