WORKPLACE POLICY
ON
HIV AND AIDS
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1. **KENTTEC BACKGROUND**

Trypanosomiasis is one of the most economically important diseases of man and livestock in Africa. Tsetse flies (*Glossina species*) which are the main vectors of trypanosomiasis infest 38 sub-Saharan African countries which translate to 11 million km².

Tsetse and Trypanosomiasis problem negatively impacts on public health, agriculture, wildlife and tourism. In man tsetse flies transmits sleeping sickness, 60 million people are at risk of infection and more than 40,000 cases are reported annually according to WHO. While out of 178 million cattle in Africa 44.7 million are at risk of nagana. Both Sleeping sickness and animal trypanosomiasis are fatal disease if not appropriately managed.

For the last 100 years Attempts to suppress and control tsetse and trypanosomiasis have been made using various methods and approaches but with limited success. This was attributed to lack of coordination and commitment in the management of tsetse and trypanosomiasis leading to reinfestation in the freed areas.

Sleeping sickness though fatal is one of the Neglected tropical diseases that are considered the diseases of poverty that requires heightened advocacy.

*The African Heads of State and Governments in 2000 in Lome, Togo recognized the negative impact of tsetse and trypanosomiasis and made a commitment to free Africa from these constraint.*

*This declaration* (Decision AHG/156 (XXXVI) of the 36th Assembly of Heads of State and Government) culminated in the birth of Pan African Tsetse and Trypanosomiasis Eradication Campaign (PATTEC) initiative in Burkina Faso in October 2001 and the subsequent establishment of the PATTEC coordination unit at the Commission of the African Union, Addis Ababa Ethiopia to implement the plan of action.

*Kenya is among the first group of 6 countries namely (Burkina Faso, Ethiopia, Ghana, Kenya Mali and Uganda) to implement the PATTEC project through funding from African Development Bank and the Government of Kenya.*

In Kenya, the total tsetse infested area is about 138,000 Km², which translates to 38 out of 47 counties. Eleven million people in endemic areas are at risk of sleeping sickness infection. In animals trypanosomiasis causes abortions, loss of milk, loss of draught power and therefore threatens livelihoods. The animal resource industry in Kenya is worth Ksh 250 billion of which there is 20% loss in productivity attributable to T and t according to epidemiological trends.
Nearly 11 million people are at risk of human sleeping sickness outbreak in the Lake Victoria basin and the Mara-Serengeti ecosystem. The Serengeti-Mara region is a re-emergent foci for the disease which is fatal and costly.

Tourism accounts for 21% of foreign exchange earnings; this sector is negatively affected by tsetse and trypanosomiasis. A reported case of sleeping sickness results in travel advisories, low tourist numbers leading to a loss in tourism earning.

The eradication of tsetse and trypanosomiasis will address the ASDS goal, the livestock sector policy and is in line with the flagship projects of the vision 2030 of creation of the disease free zones and expansion of the tourism circuit, thereby contributing to the economic, social and the political pillars of the vision 2030.

In addition, it will address MDG goals namely extreme poverty and hunger, universal health among others.

PATTEC in Kenya was launched in 2005 with the goal of contributing to improved food security and poverty reduction in the tsetse infested areas. The objective was to create sustainable tsetse-and-trypanosomosis-free areas by integrating suppression, control and eradication approaches while ensuring the reclaimed areas are sustainably, equitably and economically exploited.

PATTEC phase one, which ended in 2012 targeted tsetse eradication in 24,000 Km² spread out three project areas namely Lake Victoria basin, North Rift (Lake Bogoria area) and Central Kenya tsetse belts (Mwea/Meru). In these areas tsetse populations have been reduced significantly from a high of 100 Flies per Trap per Day (FTD) to almost zero and subsequent decrease in the prevalence of trypanosomiasis. This has led to increased acreage of agricultural land, introduction of improved livestock breeds and reintroduction of Rhinos in Ruma national park.

PATTEC-Kenya developed a ten year Strategy for Tsetse and Trypanosomiasis Eradication. The strategy recommended the establishment of an autonomous government agency to coordinate the implementation of all the tsetse and trypanosomiasis eradication activities in the country.

To safeguard the PATTEC achievements the government established the Kenya Tsetse and Trypanosomiasis Eradication Council (KENTTEC) through Legal Notice No. 77 of July 2012 under the State Corporations Act (Cap 446) whose mandate is to coordinate eradication of tsetse
in the country, set standards and mitigate the socio-economic constraints brought by T&T infestation and assume the role previously undertaken by PATTEC.

The HIV and AIDS scourge is important to KENTTEC in that it worsens the livelihoods already ravaged by T&T problem and in most instances the disease has been confused with the sleeping sickness.

2. Background to HIV/AIDS Workplace Policy

Challenges and changes experienced in the implementation of the Workplace Policy on HIV and AIDS 2005 have made it necessary to revise this policy. Despite the significant gains achieved from its implementation, the HIV/AIDS pandemic continues to impact negatively with profound socio-cultural and economic consequences. Some of these challenges include: changes in the legislative environment, spread of new infections, need to deliver adequate integrated quality services to the affected and infected, among others.

The government has demonstrated both concern and commitment by taking concrete steps in the management of the pandemic and providing guidance in the development of sector specific programmes. Towards this end, the government has enacted various legal and regulatory acts desired to fight the HIV/AIDS pandemic. These include the Sexual Offences Act 2006, the HIV/AIDS Prevention and Control Act 2006, Employment Act 2007 and the Occupational Safety and Health Act of 2007, among others. Further, the government has enhanced provision of adequate care and support services to the infected and affected.

To realise Kenya’s Vision 2030 and combat HIV/AIDS (under Millennium Development goal six), the government is committed and determined to implement this policy. The policy is intended to address human resource issues in the workplace that arise from HIV/AIDS such as prevention, stigma, discrimination and gender disparities. It engenders safe and healthy work environment and fair labour practices. In addition, it lays down the institutional framework in the implementation, monitoring and evaluation of the policy.

HIV/AIDS remains a major challenge in the Public Service. The impact of the epidemic continues to adversely affect service delivery. It is against this background that the government adopted a coordinated approach in the fight against the pandemic in the public sector by developing a Public Sector Workplace Policy on HIV and AIDS in 2005. During the implementation of the policy various challenges have been experienced necessitating the review
of the policy to incorporate the emerging issues in the management of HIV and AIDS. Consequently, the Ministry of State for Public Service, in collaboration with key stakeholders undertook the review of the Public sector Work Place Policy on HIV and AIDS (2005).

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

This policy will assist KENTTEC in mainstreaming of HIV/AIDS in their core functions. It will guide each division on implementing workplace programmes to facilitate effective and appropriate response to the management and prevention of HIV and AIDS at the workplace.

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 citizenry. This will lead to improved livelihoods for the public servants and their dependants.
3.0 RATIONALE

HIV/AIDS present the greatest challenge to the development in Kenya and has put immense pressure in the workplace. It has led to 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. It has also caused discrimination and loss of institutional memories, high training and replacement costs, among others. Consequently, the country suffers economic loss due to decreased productivity and increase in health care costs.

As a result of the negative impact of HIV/AIDS in the workplace, the Government of Kenya, being a major employer, recognised that a workplace policy framework on the pandemic is central to putting in place and implementing effective workplace programmes. Such a policy framework for action was formulated in 2005, thereby demonstrating the Government’s concern and commitment in taking concrete steps in the management of HIV/AIDS pandemic and providing guidance on the development of sector-specific workplace policies. However, because several issues have emerged, including the enactment of the HIV/AIDS Act in 2006, the Government, through the Ministry of State for Public Service, undertook to review the 2005 policy to incorporate the emerging policy issues as well as align it with the newly enacted and/or revised employment-related laws and regulations. These include the Employment Act 2007, Sexual Offences Act 2006, the Persons with Disability Act, Occupational Safety and Health Act of 2007 and the Revised Code of Regulations, among others. At the same time, it is anticipated that the implementation of this policy will demonstrate the Government's commitment to effective and sustainable programming and align the efforts with the national long-term development strategy as spelt out in the country’s Vision 2030.
4.0 GUIDING PRINCIPLES
The principles that guide this policy are in accordance with international conventions, national laws, policies, guidelines and regulations. These principles are:

4.1 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.

4.2 Fighting stigma and discrimination
HIV and AIDS affects the fundamental human rights at work, especially with regards to stigma and discrimination of workers living with the virus and those affected. 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/AIDS is key to the success of efforts aimed at promoting HIV prevention.

4.3 Attention to Gender issues
The gender dimensions of HIV/AIDS will be recognized in KENTTEC. Women are most likely to become infected and are more often adversely affected by the HIV/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/AIDS.

4.4 Safe and Healthy Work Environment
The KENTTEC will strive to provide a work environment healthy and safe and adapted to the state of health and capabilities of workers, HIV-infected or not. All divisions have a responsibility to minimise the risk of HIV transmission by adopting appropriate First Aid/Universal infection control precautions at the workplace.

4.5 Social Dialogue
The Council recognizes that a successful HIV/AIDS policy requires co-operation, willingness and trust between employers, employees, Government and other stakeholders, cultivated through dialogue among the parties concerned.
4.6 **Screening for purpose of Employment/Recruitment**

HIV and AIDS screening will not be a requirement for job seekers, recruitment or persons in employment. Testing for HIV will be carried out voluntarily at the workplace except as specified in the HIV and AIDS Prevention and Control Act with regards to HIV testing and screening.

4.7 **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/AIDS and medical ethics.

4.8 **Continuation of Employment Relationship**

HIV infection is by itself not associated with any limitation in fitness to work and will, therefore, not be a cause for termination of employment. Persons with HIV-related illnesses will 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.

4.9 **Prevention**

The Council is aware that infection of HIV is preventable. 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. Social partners are 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.

4.10 **Care, Support and Treatment**

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

4.11 **Management Responsibility**

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

4.12 **Fair Labour Practices**

Every person, whether infected or affected, has the right 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/AIDS Prevention and Control Act 2006 and other existing labour laws.

4.13 **Workplace Ethics**
There will be zero tolerance to sexual harassment, abuse and exploitation in KENTTEC.

4.14 **Greater involvement of People Living with HIV and AIDS (GIPA)**
The involvement of people living with HIV/AIDS in decision making, formulation and implementation of public policies in educating and informing other workers shall be promoted at all levels of the public sector and in line with GIPA principles as spelt out in GIPA Guidelines.
5.0 POLICY GOAL, OBJECTIVES AND SCOPE

5.1 Goal
The goal of this policy is to provide a national framework for addressing HIV/AIDS in KENTTEC and ensuring that the Public Service is able to sustain the provision of adequate quality services despite the challenges posed by HIV/AIDS.

5.2 Objectives
Specifically, the policy aims at providing a framework for:

- Contributing to national efforts aimed at improving the quality of life of Kenyans by minimising the spread and assuage the impact of HIV/AIDS;
- Setting Minimum Internal Requirements (MIR) for managing HIV/AIDS in the public sector;
- Establishing structures and promoting programmes to ensure zero-tolerance to HIV and AIDS-related stigma and discrimination in the workplace;
- Ensuring adequate allocation of resources to HIV and AIDS interventions;
- Guiding employers, managers and employees on their rights and obligations regarding HIV/AIDS; and
- Mainstreaming this policy in KENTTEC activities

5.3 Scope

This policy sets standards for managing HIV/AIDS in KENTTEC. It applies to all employers and employees and other stakeholders.
6.0 Legal and Regulatory Framework

It is recognised that an enabling legal and regulatory environment is imperative to create the desired impact in the fight against HIV/AIDS pandemic. Kenya has a number of statutes that (either explicitly or implicitly) responds to HIV/AIDS related issues in the workplace. The current HIV/AIDS Prevention and Control Act (2006) specifically addresses itself to discriminatory acts and policies in the workplace in its Part VIII, Section 31. The Sexual Offences Act (2006), while not specific to HIV/AIDS, also addresses itself to the pandemic in Section 26. Other legislation include People with Disabilities Act (2003), Public Officers, Ethics Act (2003), Children and Young Peoples Act, and Drugs and Substance Abuse Act. It is, therefore, clear that the Government remains committed to the fight against the pandemic as evidenced by the above legislative reforms, which are responsive to the needs of HIV/AIDS infected and affected persons. This is in line with international obligations, including the ILO Code of Practice on HIV and AIDS and World of Work (2001). At the same time, this workplace policy on HIV/AIDS 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:

6.1 The Constitution of Kenya

The Constitution of the Republic of Kenya 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.

6.2 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 (PSC) 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.

Under Regulation 19, the Act provides that if a public officer is incapable by reason of any infirmity of mind or body of discharging the functions of his public office, he/she may present himself/herself before a Medical Board with a view to it being ascertained whether or not he/she is incapable as aforesaid.
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.

Further, under Part IV of the PSC Regulations, an officer must be informed and given a chance to respond and appeal to the PSC in accordance with the provisions laid down in the Regulations in respect of disciplinary proceedings or any termination of employment. No punishment shall be inflicted on any public officer, which would be contrary to any law. These provisions cover other public officers under their respective service commissions in accordance with the relevant regulations. This implies that no employee should be discriminated against on the basis of his/her actual or perceived HIV status.

6.3 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. The employer shall provide proper healthcare for his/her employees during serious illness. The employer can only discharge this function if the employee notifies the employer of the illness. The Act implies that there should be no discrimination on the grounds of HIV/AIDS status, and states in Section 46 (g) that HIV/AIDS does not constitute a fair reason for dismissal or for imposition of disciplinary penalty on an employee.

The HIV and AIDS Prevention and Control (HAPC) Act was gazetted in January 2007 and greatly guided the review of this policy. The KNASP III observes that the enactment of this Act was an important step in strengthening the human rights framework necessary to support universal access to services. The Act makes specific reference to HIV/AIDS in relation to provision of education and information in the workplace, discrimination, privacy, confidentiality and personal rights. Specifically the Act provides that:-

- Under sections 4 and 7, the government – through its various ministries, departments, authorities and other agencies - shall promote public awareness about the causes, means of transmission, consequences and means of prevention and control of HIV and AIDS.
through a comprehensive nationwide educational and information campaign at all places of work and ensure the provision of basic information and instructions on HIV/AIDS prevention and control to all public sector employees. Section 7 further notes that such information to be provided shall cover issues of confidentiality in the workplace and attitudes towards infected employees and workers;

- Under section 13, no person shall compel another to undergo an HIV test save where a person is charged with an offence of a sexual nature under the Sexual Offences Act (2006);

- Section 22 prohibits the disclosure of an HIV test result or any related assessment result of another person without his/her written consent; and

- In Part VIII, the Act makes it an offence for any person to be discriminated against on the grounds of actual, perceived or suspected HIV status, in relation to employment, access to education, credit, insurance, healthcare, travel, habitation or seeking public office.

### 6.5 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.

The Act requires of the occupier and employer to ensure the safety, health and welfare at work of all persons in the workplace. Section 16 (1) prohibits persons from engaging in any improper activity or behaviour at the workplace, which might create or constitute a hazard to that person or any other person. The implication of this Act, with regards to HIV, is that the employer must ensure the safety of the workplace so that employees are not at risk of infection at the workplace.
7.0 MANAGEMENT OF HUMAN RESOURCE

The human resource is the most important factor of production in any organisation as it controls all the other resources. Success or failure of an organisation depends largely on the work force and there is, therefore, need to examine the issues that affect it. According to the ILO, beyond the suffering it imposes on individuals and families and the profound effects it has on the socio-economic fabric of societies, HIV/AIDS is a major threat to the world of work because it affects the most productive segment of the labour force. It is imposing huge costs on enterprises in all sectors through declining productivity and earnings, increasing labour costs and loss of skills and experience. It has also led to high staff turnover, high costs in training and replacement, high health care and employee welfare costs including funeral expenses.

In this regard, heads of divisions in KENTTEC have a particularly important role to play in an organisation’s response to HIV/AIDS. It is their responsibility to address the problems caused by HIV/AIDS in the workplace at both organisational and individual levels. The dichotomy between organisational requirements and those of individuals living with or affected by HIV/AIDS makes this a challenging task.

The policy also provides the framework for ensuring that the responses put in place are aligned to the national strategic direction and plans, thereby contributing to the attainment of the country’s national goals and aspirations regarding the fight against the pandemic. To this extent, therefore, the policy addresses the following human resource management rights and issues:

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

7.2 Sick Leave
Sick leave will be provided for as stipulated in the relevant service regulations. However, additional sick leave days will be decided by the employer on a case-by-case basis at the discretion of the authorised officers/chief executives.

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

7.4 Counselling Services

The Government will ensure that each ministry/department/state corporation has a pool of skilled counsellors trained from among the staff to provide counselling and referral services.

7.5 Termination of Employment

The policies and service regulations and procedures 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.

7.6 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/AIDS, the Government will take steps to improve access to comprehensive care.

7.7 Deployment and Transfers

The Government shall continue to review current policies, codes and deployment and transfer practices of employees. In particular, the Government 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.

7.8 Relief Services

The Government shall introduce workforce programmes to offer relief services in essential sectors. Where an employee is temporarily unable to perform essential duties, reasonable alternatives through employee relief services shall be made. Further, special consideration will be given to employees with prolonged illness, especially during performance contracting evaluation.
7.9 **Training and Development**

The KENTTEC will:

- Educate and sensitise all its employees on HIV/AIDS related issues;
- Monitor and evaluate human resource so that there is adequate supply of appropriately skilled manpower to meet the needs for service delivery;
- Mainstream HIV/AIDS in all training institutions’ curricula and undertake regular updates to respond to the dynamics of HIV/AIDS; and
- Ensure there is appropriate recognition of HIV/AIDS-related training and development of career paths that encourage staff to work and remain in HIV/AIDS-related fields.

7.10 **Sexual Harassment, Abuse and Exploitation**

There shall be zero tolerance to sexual harassment, abuse and exploitation in KENTTEC. Involvement in these vices shall be treated as gross misconduct and where proven, shall lead to disciplinary action.

7.11 **Gender Responsiveness**

HIV/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 should be provided for prevention and impact mitigation services that target women.

7.12 **Exposure at the Workplace**

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

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

7.13 **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 Government will hasten the retirement process.
7.14 Terminal Benefits
Whenever an employee retires or dies due to HIV/AIDS or other reasons, the Government 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.

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

7.16 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.
- Public sector institutions will be expected to actively seek to reduce and address the stigma associated with HIV/AIDs through intensive awareness creation.

7.17 Grievances, Concerns, Care and Support
All Authorised officers/chief executives shall establish and maintain communication channels and fora for employees to raise concerns and grievances and access care and support relating to HIV/AIDS.

7.18 Management Responsibility
A manager has an obligation and a 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/AIDS to all employees; and
• Mainstream HIV/AIDS workplace issues in the organisation’s Strategic Plan and other operational documents.

7.19 **Employee Responsibility**

• It is the responsibility of an employee to take appropriate action on being informed about HIV/AIDS, to protect him/herself and the family from infection and seek guidance and counselling where necessary.
• All employees must comply with the HIV/AIDS workplace policy. In addition, all employees are required to attend, lend support to and participate in all activities aimed at combating HIV/AIDS.
• It is the moral responsibility of every employee to know their HIV status.
8.0 HIV AND AIDS PROGRAMMES IN THE WORKPLACE
The main thrust of this policy revolves around initiating and carrying out appropriate HIV/AIDS programmes in the workplace, within the public sector. Due consideration will be given to people living with disabilities during the implementation of the policy and programming. The programmes will include, but will not be limited to, the following:

8.1 Prevention and Advocacy
The programmes will be sector-specific and will involve provision of information, creation of HIV/AIDS awareness and promotion of positive cultural and behaviour change among employees. Some of these are:

- Promotion of HIV testing and counselling and support programmes in the workplace including PMTCT, HBTC and PITC.
- Provision of information on safe sex practices;
- Promotion of attitude and behaviour change;
- Establishment of HIV/AIDS resource centres and CT facilities.
- Incorporation of HIV/AIDS education curricula in training institutions;
- HIV/AIDS peer education and counselling programmes at the workplace;
- Creating a pool of resource persons on HIV/AIDS intervention programmes;
- Promotion of voluntary medical male circumcision;
- Sensitisation on PEP;
- Promotion of TB screening and treatment;
- Continuous education for service providers from various intervention programmes; and
- Prevention with positives.

8.2 Treatment, Care and Support of the Infected and 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 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;
• Strengthening institutional health facilities where available;
• Provision of counselling and other support services at the workplace;
• Provision of drugs for opportunistic infections and food supplements.

8.3 Social Protection Programmes
The programmes will address the plight of people with special needs including most at risk populations and people with disabilities. This will include, but will not be limited, to:
1) Social Support to people living with HIV.
2) Post-exposure prophylaxis services.
3) Support to survivors of sexual violence.
4) Social or cash transfer especially to Orphans and Vulnerable Children (OVC).
5) Addressing human rights issues such as right to property ownership by PLWHA.
6) Stigma and discrimination reduction programmes.
7) Seeking legal redress especially by PLWHA whose rights have been violated.

9.0 Implementation of the Policy
The ultimate goal of this policy is to ensure that the public service is able to sustain the provision of adequate quality services in spite of the challenges posed by HIV/AIDS. The success of this policy will, therefore, depend on its effective implementation and a coordinated effort of stakeholders. All authorised officers/chief executives are responsible and accountable for implementing this policy and development of appropriate HIV/AIDS programmes and practices in 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:

9.1 Institutional Framework
A HIV/AIDS Committee will be established in KENTTEC to be strengthened and sustained by designating officers on full time basis to coordinate HIV/AIDS activities and policy implementation.

9.2 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. Its main responsibilities are:
• Mobilise resources;
• Co-ordinate HIV/AIDS intervention in all sectors;
• Develop policies, strategies and guidelines;
• Support the development of sector specific programmes;
• Develop national Management Information Systems (MIS) for monitoring control of HIV/AIDS interventions;
• Collaborate with local and international agencies;
• Develop mechanisms and guidelines for implementing agencies on prioritisation and selection of activities and monitoring and evaluation of activities; and
• Play a leadership role in advocacy for the HIV infection, prevention of spread and provision of treatment, care and support to those infected and affected.