



REPUBLIC OF KENYA

MINISTRY OF ENVIRONMENT AND FORESTRY



WORKPLACE POLICY

ON

HIV AND AIDS

APRIL, 2019

Ministry of Environment and Forestry

Workplace Policy

On

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FOREWORD

HIV and AIDS has posed a great challenge in the world while affecting the Human Resource that nations rely on for sustainable development. It affects people mainly in their prime ages, between 15 and 49 years, who constitute the most productive workforce. The loss of skilled manpower, wasted man hours and declining individual wellness amongst other socio-economic challenges have an enormous impact on the national and organizational productivity.

The Ministry of Environment and Forestry which is mandated to promote, conserve, protect and sustainably manage the Environment and Forestry for National Development has a great role in contributing to the realization of the Kenya Vision 2030, the Sustainable Development Goals, the Kenya AIDS Strategic Framework (KASF) and the Big 4 Agenda among other key national plans. It is against this backdrop that the Ministry seeks to address human resource issues that arise from HIV & AIDS such as prevention, stigma, discrimination and gender disparities through this Policy. The Policy stimulates safe and healthy work environment and fair labour practices.

This Policy has been developed in recognition of various legal and regulatory instruments designed to combat the HIV & AIDS pandemic nationally and globally. These include the Constitution of Kenya 2010, 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 as well as the International Labour Organization (ILO) Code of Practice on HIV and AIDS.

The Policy provides guidance for the AIDS Control Unit, the Sub- AIDS Control Unit including managers who deal with the day-to-day HIV and AIDS related issues. It strives to address problems that arise within the workplace and also outlines employee's rights, responsibilities and expected behaviour. The strategies outlined in this Policy aim to minimize and mitigate the effects of the pandemic in the Ministry, Departments and Agencies so as to provide greater efficiency in service delivery.

I acknowledge the contribution and support of our Principal Secretary, the National AIDS Control Council (NACC) and State Department of Public Service and Youth (SDPSY) in the development and production of this Policy.

HON. KERIAKO TOBIKO, SC, CBS
CABINET SECRETARY, MINISTRY OF ENVIRONMENT AND FORESTRY

PREFACE

Since the first diagnosis of HIV and AIDS Kenya has witnessed enormous devastation and erosion of socio-economic gains from its impact. Like other public and private organizations, service delivery at the Ministry of Environment and Forestry has also suffered from the effects of the scourge.

The Policy developed herein will be a handy reference to tackle the challenges brought into the occupational settings by the effects of HIV and AIDS and related challenges. It will guide the Ministry and its constituent organizations to develop workplace programmes to facilitate effective and planned response to the management and prevention of HIV and AIDS. Further, the Policy is a re-affirmation of the Ministry's commitment to intensify its campaign against the spread of HIV among the employees.

This Policy envisages a safe and healthy work environment and fair labour practices. In addition, it lays down the institutional framework for implementation, monitoring and evaluation of HIV and AIDS interventions. It focuses on improving productivity, reducing stigma and discrimination as well as enhancing employee wellness. The Policy is cognizant that a healthy workforce will result to better service delivery to the citizens. In addition, this Policy is meant to be a user-friendly manual and guideline for the management and the employees.

This Policy will be reviewed occasionally to guarantee its responsiveness and relevance to the needs of the Ministry and the national goals regarding HIV and AIDS interventions. Institutions under the Ministry are expected to mainstream this Policy and align it to their specific mandates and programmes. Policy

I therefore commend the Ministry's AIDS Control Unit committee members and the stakeholders for their effort and commitment in the development of this Policy.

Dr. Chris Kiptoo, CBS

PRINCIPAL SECRETARY

GLOSSARY OF TERMS AND CONCEPTS

Affected	A person who is feeling the impact of HIV and AIDS through sickness or Loss of relatives, friends or colleagues, or a person whose life is changed in any way by HIV and AIDS due to the broader impact of the epidemic.
AIDS	Acquired Immune Deficiency Syndrome which results from advanced stages of HIV infection and is characterised by opportunistic infections or HIV related cancers, or both.
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, care, and clinical, physical, nutritional and psychosocial support.
Counselling	A skilled helping relationship in which a counsellor assists client(s) to resolve their issues and/or cope with situations.
Confidentiality	The right of every person, employee or job applicant to have his/her medical or other information, including HIV status kept private.
Employee	Any person under employment by the Ministry of Environment and Forestry
Employer	Ministry of Environment and Forestry
Head of ACU	A person who is charged with coordinating ACU activities.
HIV	Human Immunodeficiency Virus: a virus that weakens the body's immune system, ultimately causing AIDS.
Infected	A person who is living with the virus that causes AIDS.
MAISHA	A slogan used to refer to the prevention and management of HIV and AIDS in Kenya
MAISHA Certification	A compliance and accountability mechanism for the delivery of MAISHA Performance Contract targets for the MCDAs
<u>NCD</u>	<u>Non-Communicable Diseases</u>

Policy	A statement setting out a department's or organization's position on a particular issue.
Positive Living	Self-acceptance of one's HIV + status and adopting positive behaviour Change that enhances quality of life.
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.
<u>UHC</u>	<u>Universal Health Coverage</u>
Sexual Harassment	The act of persistently making unwelcome sexual advances or requests against the wishes of a person.
<u>SUD</u>	<u>Substance Use Disorders</u>
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
ADA	Alcohol and Drugs Abuse
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
CEO	Chief Executive Officer
CS	Cabinet Secretary
D	Director
GIPA	Greater Involvement of People Living with HIV/AIDS
HAPC	HIV and AIDS Prevention and Control
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
KEFRI	Kenya Forestry Research Institute KFS Kenya Forest Service
KMD	Kenya Meteorological Department
KASF	Kenya AIDS Strategic Framework
KWTA	Kenya Water Towers Agency
MEF	Ministry of Environment and Forestry
MIR	Minimum Internal Requirements
MTEF	Medium Term Expenditure Framework
NACC	National AIDS Control Council
NEMA	National Environmental Management Authority
NECC	National Environment Complaints Committee
NETFUND	National Environment Trust Fund
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PS	Principal Secretary
STIs	Sexually Transmitted Infections
VMMC	Voluntary Medical Male Circumcision
MDAs	Ministries Departments and Agencies
MCDAs	Ministries, Counties, Departments and Agencies
HTS	HIV Testing Services

CHAPTER ONE: INTRODUCTION

The Ministry of Environment and Forestry is an established structure in the Public Service Departments and Agencies which include Kenya Meteorological Department National Environment Management Authority, National Environment Complaints Committee, Kenya Water Towers Agency, Kenya Forestry Research Institute, National Environment Trust Fund and Kenya Forest Service. The mandate of the Ministry of Environment and Forestry (MEF) is to promote, conserve, protect and sustainably manage the Environment and Forestry for National Development. The Ministry is classified in the Water, Environment and Natural Resources (WENR) HIV sub-sector of NACC.

Since it was declared a national disaster in 1999, HIV and AIDS constitutes one of the most formidable challenges to development and social-economic progress. The epidemic has adversely affected national development by destabilizing families, workplaces and the society by increasing the health burden, increasing poverty, lowering productivity etc. As a result of the negative impact of HIV and AIDS in the workplace, MEF as a major employer, has the challenge to provide a guide for the prevention, treatment, care and support of the infected and affected in the workplace. This Policy addresses the challenges posed by the epidemic by defining strategies to mitigate its impact in the Ministry. It aims at providing guidance to the management of employees who are infected and affected by HIV and AIDS and prevention of further infections. The Policy also defines MEF's position and practices in response to HIV and AIDS pandemic and provides organizational structures for its implementation.

1.1 Background

According to the National AIDS Control Council HIV profile 2018, Kenya has a generalise epidemic being the 4th HIV 'high burden Country globally with about 1.5 million people living with HIV and national adult prevalence of 4.9%. There is a geographical variation in prevalence in the Counties ranging from as low as 0.1% in Wajir to 21% in Siaya. HIV accounts for 29% of annual adult deaths, 20% of maternal mortality, 15% deaths of children under the age of 5 years. It is estimated that 52,767 new HIV infections amongst adults and about 6,613 amongst children annually (NACC, 2018). Women are more vulnerable being at 5.2% prevalence as compared to men at 4.5% with 44% and 40% of condom use at last high-risk sex for male and female respectively. The epidemic has a negative effect of the economy lowering per capital output by 4.1%. HIV and AIDS profoundly disrupt the economic and social bases of families. It is also affecting the fundamental rights at the workplace, particularly with respect to discrimination and stigmatization of people living with and affected by HIV and AIDS with a national stigma index of 45%.

A HIV and AIDS baseline survey undertaken in the Ministry in 2017 revealed that majority of the staff had good general knowledge, attitudes and perceptions about HIV and AIDS. However, the findings pointed out that a significant proportion of staff lacked in-depth and comprehensive knowledge about HIV transmission and continued existence of misconceptions on HIV and AIDS. The study recommended that activities for continuous awareness on HIV and AIDS knowledge need to be incorporated into HIV and AIDS programmes/ interventions. In addition, workable best practice strategies should also be put in place to strengthen capacity of HIV and AIDS committee for better interventions at all levels. The survey further recommended implementation of support programs for staff living with HIV and establishment of Employee Assistance Programs to cater for staff psychosocial needs.

This Policy has been developed to address the threats posed by the epidemic in the operations of MEF. It provides guidance to the management of employees who are infected and affected by HIV and AIDS and prevention of further infections.

1.2 Rationale

There is a bi-directional link between HIV and AIDS epidemic with the conservation and management of the natural resources. In this regard the Ministry of Environment and Forestry, in developing and implementing this Policy aims at providing a framework for the prevention, treatment, care and support for the infected and affected members of staff and their families.

1.3 Policy Goal, Objectives and Scope

1.3.1 Policy Goal

The Policy provides guidelines and sets standards for addressing HIV and AIDS and related issues in the MEF and her Stakeholders in the delivery of the Kenya AIDS Strategic Framework (KASF 2014/15 – 2018/19) results and targets;

1.3.2 Policy Objectives

Specifically, the Policy aims at:

- a) Forging strategic public, private partnership in HIV & AIDS management in MEF;
- b) Mainstreaming HIV and AIDS in the Strategic Plan, Performance Contracts and annual work plans.
- c) Providing guidelines, approaches and programs aimed at the management of HIV & AIDS at the workplace.
- d) Mobilizing, facilitating and ensuring adequate allocation of resources and their efficient utilization for HIV and AIDS programmes.
- e) Establishing structures, rights-based approaches and promoting programmes to ensure, support, care, non-discrimination and non-stigmatization of the infected and affected.

1.3.3 Scope

This Policy sets standards for managing HIV and AIDS in environment, and forestry conservation and management, meteorological services and climate change. It applies to all employees in the Ministry at the central and decentralized structures

CHAPTER TWO: LEGAL AND REGULATORY FRAMEWORK

This Policy takes cognizant of various national and international statutes and legal documents including HIV and AIDS Prevention and Control Act (2006) Part VIII, Section 31; the Sexual Offences Act (2006) Section 26; Persons with Disabilities Act (2003); Public Officers and Ethics Act (2003); Alcoholic Drinks Control Act (2012); the ILO Code of Practice on HIV and AIDS and World of Work (2001).

This workplace Policy on HIV and AIDS will be implemented within the framework of the Constitution of Kenya, the Public Sector HIV and AIDS Policy (revised 2017), the Kenya AIDS Strategic Framework (2014/15-2018/19), the ACU Terms of Reference (TOR) and any other relevant legislation in place. Policy

2.1 The Constitution of Kenya 2010

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, freedom non-discrimination and universal access to services as below:

- a) Chapter 4 on the Bill of Rights, Article 27 provides for equality before the law, right to equal protection and equal benefit. The state shall not discriminate directly or indirectly against any person on any grounds, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.
- b) Article 31 and 43 provide for the right to privacy, confidentiality and the right to the highest attainable standard of health which includes the right to health care services.
- c) Article 6 (3) provides for national state organs to ensure reasonable access to its services in all parts of the Republic.

This implies that all employees in the Ministry shall be treated equally in accessing HIV related services, and have their rights respected, privacy and confidentiality observed.

2.2 HIV and AIDS Prevention and Control Act (2006)

The HIV and AIDS Prevention and Control Act (HAPC) guided the development of this Policy. 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. Specifically, the Act provides that: -

- a) 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 and 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;
- b) Under section 13, no person shall compel another to undergo a HIV test save where a person is charged with an offence of a sexual nature under the Sexual Offences Act (2006);
- c) Section 22 prohibits the disclosure of HIV test result or any related assessment result of another person without his/her written consent; and
- d) 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.

2.3 Public Service Commission Act 2017

In line with the Public Service Commission Act 2017, Part IV on Appointment, Confirmation of Appointment and Transfers, Section 36 (1), actual or perceived HIV status is not listed as a criterion for selecting candidates for appointment or promotions by the Commission or any other lawful appointing authority.

2.4 Counsellors and Psychologists Act (2014)

The Counsellors and Psychologists Act 2014 outlines the qualifications of a professional counsellor and regulates the counselling practice in line with set standards and code of ethics. Under this provision the Ministry will endeavour to train counsellors from among her employees, to provide counselling services to infected and affected HIV clients in the Ministry.

2.5 Sexual Offences Act NO. 3 (2006)

The relevant sections expressly related to this Policy are 3, 4, 23-26. The Ministry shall adhere to this Act by addressing all forms of sexual offences at the workplace.

2.6 Persons with Disability Act; Cap 133 Revised Edition 2012 (2003)

The Disability Act Section 15(1) prohibits employers from discriminating against people with disability in terms of employment, determination of benefits, and training among others.

2.7 National Labour Laws and Regulations

These are in conformity with the International Labour Standards, ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111), HIV and AIDS Recommendation, 2010 (No. 200) and other ILO Conventions to which Kenya is a signatory. These are as follows:

a. The Employment Act (2007)

The Act stipulates that there shall be no discrimination on the grounds of HIV status, and states in Section 46 (g) that HIV and AIDS does not constitute a fair reason for dismissal or for imposition of disciplinary penalty on an employee.

b. The Labour Relations Act No. 14 (2007)

The Act protects the employee and prospective employee from discrimination based on their real or perceived HIV status (Part II Section 5a) ensuring equal rights to opportunities for the infected and affected in training, employment, promotions and other employment benefits.

c. The Labour Institutions Act, No.12 (2007)

The Act provides for workplace interventions by appropriating the responsibility of providing these services on the employer while the employee is charged with the responsibility of accessing them (Part V Section 37a).

d. Work Injury Benefits Act, No. 13 (2007)

Part VII of the Act, section 45 (1) provides for workplace equipment and service for first aid to employees in case of accidents. In Section 38 (i), it provides for compensation to employees for work related injuries and diseases contracted in the course of their employment. The interpretation of this section provides for Post-Exposure Prophylaxis (PEP) to those who, in line of duty, accidentally come into contact with potentially infectious HIV contaminated material and also sets grounds for reasonable compensation for those who get infected in this way.

e. Occupational Safety and Health Act No 15 (2007)

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 regard 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. This is in recognition that HIV is a workplace occupational hazard.

f. Alcoholic Drinks Control Act 2012

The Act addresses the harm reduction strategies related to alcohol and its role in HIV transmission and management. This is addressed in the Act in Part VIII on education and information (Section 65 – 67).

CHAPTER THREE: GUIDING PRINCIPLES

The Ministry shall comply with the Principles that guide this Policy which are in accordance with International conventions, national laws, policies, guidelines and regulations in implementing HIV and AIDS interventions. These principles include:

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 workplace which being part of the local community, has a role to play in the wider struggle to limit effects of the pandemic.

3.2 Non-Discrimination/Stigmatization

There should be no discrimination and/or stigmatisation of workers on the basis of real or perceived HIV status. Discrimination and stigmatisation of the infected and affected inhibits efforts aimed at promoting HIV prevention.

3.3 Gender Responsiveness

HIV and AIDS affects and impacts on women and men, boys and girls differently due to their biological, social, cultural and economic circumstances. This Policy shall be responsive to their different and specific needs through gender sensitive, responsive and transformative HIV programmes targeting men, women, boys and girls including promotion of equal gender relations and generation of gender data.

Measures shall be taken in or through the workplace to reduce the transmission of HIV and alleviate its impact by:

- (a) Ensuring gender equality, equity and the empowerment of women and men; and
- (b) Ensuring actions to prevent and prohibit sexual harassment, abuse, exploitation and violence in the workplace.

Involvement in these vices shall be treated as gross misconduct and where proven, shall lead to disciplinary action as stipulated in existing Laws and Service regulations.

3.4 Safe and Healthy Work Environment

The work environment should be healthy, safe and adaptable to the state of health and capabilities of workers. The management has the responsibility to minimize the risk of HIV transmission by taking the appropriate First Aid/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, staff and stakeholders, cultivated through dialogue among the parties concerned. Efforts shall be made to promote dialogue, consultations and negotiations on Wellness and HIV related matters.

3.6 HIV Testing or Screening and Fair Labour Practices

HIV and AIDS screening shall not be a requirement for job applicants or persons in employment and as such no employee shall be compelled to undergo a HIV test for promotion, training, deployment or any other workplace benefit. However, the Ministry will promote and facilitate access to HIV testing voluntarily for all employees in line with the HIV and AIDS Prevention and Control Act 2006.

Real or perceived HIV status is not a cause for termination of employment. All employees with HIV related illnesses shall be allowed to work for as long as they are fit to work. The Ministry shall make reasonable accommodation where needed to enable the infected and affected to carry out their job.

When an individual's condition progress and he/she becomes unable to perform their current job, alternative work arrangements shall be considered to allow them to remain in employment for as long as possible.

3.7 Confidentiality

Access to personal data relating to an employee's HIV status shall be bound by the rules of confidentiality consistent with existing ILO code of practice on HIV and AIDS and the World of Work, the Counselling and Guidance Policy (2008) and medical ethics.

3.8 Prevention of New HIV infections

HIV infection is preventable. Prevention of all means of transmission can be achieved through behaviour change, knowledge, treatment, and the creation of a non-discriminatory environment. The Ministry shall embrace awareness creation through vibrant social networks to promote prevention effort, particularly in relation to changing attitudes and behaviour through the provision of information and education.

3.9 Treatment Care and Support for Employees Living with HIV

HIV prevention without treatment, care and support for staff and family members living with HIV is only partially effective. Positive dignity and health programmes and HIV treatment is a more holistic and effective approach in management. The Ministry shall facilitate employees' access to affordable treatment, care and support services and related Employees Assistance Programmes (EAPs) through prevailing provisions of medical insurance, referrals, psychosocial support, income generating activities and other viable options. Measures to redeploy employees with HIV-related illnesses to work reasonably adapted to their abilities, to carry out other duties through training or to facilitate their return to work shall be encouraged, taking into consideration the relevant existing laws and regulations.

3.10 Management Responsibility

The Authorised Officer shall ensure the highest level of leadership in HIV and AIDS interventions in the Ministry.

3.11 Strategic Partnerships

The Authorised Officer shall be responsible and accountable for implementation of this Policy. He/she shall at all times develop effective partnerships, networking, bench-marking and collaboration to enhance the success of the Policy implementation.

3.13 Workplace Ethics

The employees shall adhere to workplace ethics in line with the Human Resource Policies and Procedures Manual 2016. The Ministry shall not tolerate sexual harassment, abuse and exploitation in the workplace.

3.14 Meaningful Involvement of People Living with HIV (MIPA)

The Meaningful Involvement of People living with HIV and AIDS in decision making, formulation and implementation of this Policy and programs shall be promoted at all levels of the Ministry as spelt out in GIPA Guidelines. The Ministry shall implement positive health and dignity programmes and forge strategic partnerships with networks and communities of PLHIV in implementing this Policy.

CHAPTER FOUR: MANAGEMENT OF HUMAN RESOURCE

The Human Resource is the most important factor in achieving the Ministry's mission to promote, conserve, protect and sustainably manage the environment and forest resources for national development. According to ILO, HIV and AIDS is a major threat to the world of work because it affects the most productive segment of the labour force. The Ministry shall in various ways support staff, who confidentially disclose their HIV status, with an aim of improving quality of life of the infected and affected and consequently improve productivity.

The Policy addresses the following Human Resource Management issues:

4.1 Recruitment and Promotion

HIV screening shall not be a requirement for staff recruitment and/or promotion.

4.2 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 case-by-case basis at the discretion of the Authorised Officer for staff living with HIV.

4.3 Flexi Working Hours

Normal working hours will continue to apply for all employees. However, a more flexible approach will be applied for those who are infected on request.

4.4 Guidance and Counselling Services

The Government in recognition of psychological challenges facing public servants has provided the Public Service Guidance and Counselling Policy 2008 Revised 2017. The Ministry will ensure that it has a pool of skilled counsellors and peer educators trained from among the staff to provide counselling and referral services.

4.5 Termination of Employment

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

4.6 Medical Privileges

The normal provision of medical privileges will continue to apply to all irrespective of their HIV status. However, to reduce the negative effects of illness and incapacity on employees, the Ministry shall take steps to improve referral for access to comprehensive care.

4.7 Deployment and Transfers

The Ministry shall base deployments and transfers on the existing Government policies, codes, deployment and transfer practices of employees. In particular, the Ministry shall ensure that:

- a) Where possible, partners and spouses who are living with HIV and have disclosed, shall not be separated to minimise vulnerability and enhance support and care;
- b) Staff requiring access to family support or medical care due to HIV status are deployed appropriately; and
- c) Where fitness to work is impaired by HIV related illness, reasonable alternative working arrangements shall be made.

4.8 Work Performance and Relief Services

The Ministry shall introduce relief workforce programme to offer relief services in essential sections. Where an employee is temporarily unable to perform their current jobs due to ill health relief services, alternative work arrangements, time off for medical appointments, flexible working hours and extended sick leaves shall be provided as may be appropriate. This is intended to allow the PLHIV to work for as long as possible.

4.9 Housing and Accommodation

The prevailing Government Policy on housing will continue to apply. Suitable accommodation for employees requiring institutional housing will be provided, where applicable.

4.10 Training and Development

The Ministry will:

- a) Educate and sensitize all its employees on HIV and AIDS and related issues;
- b) Integrate HIV and related information in staff seminars and induction;
- c) Mainstream HIV and AIDS in all training institutions' curricula and undertake regular updates to respond to the dynamics of HIV and AIDS; and
- d) Ensure there is appropriate recognition of HIV and AIDS related training and development of career paths that encourage staff to work and remain in HIV and AIDS related fields.

4.11 Sexual Harassment, Abuse and Exploitation

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.

4.12 Gender Responsiveness

HIV and AIDS affects and impacts on women and men differently due to their biological, social, cultural and economic circumstances and as such this Policy shall be gender responsive.

4.13 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.

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. However, the presence of a Person Living with HIV shall not be considered a workplace hazard.

4.14 Retirement on Medical Grounds

The service regulations on retirement on medical grounds shall continue to apply. 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 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 for the benefit of the employee.

4.15 Terminal Benefits

The service regulations on payment of terminal benefits shall continue to apply. Whenever an employee retires or dies due to HIV and AIDS complications, the Ministry will facilitate speedy processing of terminal benefits. Accordingly, it will be necessary for both the employer and employee to ensure that the next of kin records are updated regularly.

4.16 Confidentiality and Disclosure

HIV testing and screening is not a prerequisite for recruitment, access to training and promotion. However, it will initiate, promote and facilitate access to voluntary confidential HIV testing and counseling for all employees. All HIV Testing Services (HTS) programmes shall be in line with the HIV and AIDS Prevention Act, 2006. HIV and AIDS is a complex and sensitive issue and disclosure of HIV status shall be on a voluntary basis. Such disclosure shall be handled in a discreet, private and confidential manner and in line with the prevailing legislation. The Ministry shall not take responsibility for personal disclosure to other members of the public and employees and shall not draw unnecessary inferences on perceived or suspected HIV status of colleagues. In addition:

- a) Disciplinary action, consistent with relevant legislation and regulations, will be taken against any employee who discloses a fellow employee's HIV status without his/her written consent.
- b) Creating a climate of openness about HIV and AIDS is an effective prevention and care strategy. The Ministry shall create a working environment in which employees can feel safe to disclose their HIV status voluntarily on awareness of the dynamics of such disclosure.
- c) The ACU shall ensure confidentiality for any disclosures of HIV status made to them individually or as a team by members of staff in the line of their duties.

4.17 Stigma and Discrimination

The Ministry shall reduce the stigma associated with HIV through intensive awareness creation. All employees have the same rights and obligations as stipulated in the

terms and conditions of service and the Constitution of Kenya. 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, affected or perceived to be. Such refusal shall constitute misconduct and necessary disciplinary action will be taken.

4.18 Grievances, Concerns, Care and Support

Kenya established the HIV and AIDS Tribunal under the HIV and AIDS Prevention Control Act (HAPC) of 2016 to hear and determine complains arising out of any breach of the provisions of the Act and hear and determine any matter or appeal as may be made to it in pursuit to the provision of HAPC. The Authorised Officer shall establish and maintain communication channels for employees to raise concerns, grievances and access to care and support relating to HIV and AIDS. The Ministry employees shall be sensitised on functions of the HIV Tribunal and be encouraged to report cases of stigma and discrimination to the Tribunal.

5.0 INTERVENTIONS FOR PREVENTION OF HIV AND AIDS

This section is aligned to the Maisha Performance Contract Guidelines for MCDAs and Maisha Certification System. The proposed interventions for the Ministry of Environment and Forestry for Prevention of HIV and AIDS include:

- a) Adoption and implementation of this workplace Policy on HIV and AIDS;
- b) Promotion, distribution and training on use and disposal of male and female condoms for staff and clients;
- c) Enhancement of comprehensive HIV and AIDS knowledge among employees, their immediate family members and clients through peer education, training fora and establishing a functional HIV information shelf at the workplace.
- d) Conducting periodic surveys on staff knowledge level on HIV and AIDS and implement the survey recommendations;
- e) Facilitation of employees, their immediate family members and clients to access HIV Testing Services;
- f) Sensitisation of staff and clients to reduce stigma and discrimination towards PLHIV;
- g) HIV treatment literacy and promotion of positive health and dignity at the workplace;
- h) Putting in place non-discriminatory workplace benefits such as comprehensive medical insurance cover for all employees;
- i) Referrals for facility-based HIV services such as Pre-Exposure Prophylaxis (PREP), Post Exposure Prophylaxis (PEP), Voluntary Medical Male Circumcision (VMMC), Antiretroviral therapy (ART), Prevention of Mother to Child Transmission of HIV (PMTCT) and HIV Testing and Counselling (HTC);
- j) Linkages for staff wellness and psycho-social assistance for HIV and AIDS, Sexual Gender Based Violence (SGBV), Mental Health, Substance Use Disorder (SUD), nutrition, physical exercise and other health related aspects including glucose, cholesterol, blood pressure and BMI checks;
- k) Sensitization of staff and clients on linkages between Sexual and Gender Based Violence (SGBV) and HIV;
- l) Sensitization of staff and clients on Universal Health Coverage (UHC) for disease prevention and wellness promotion;
- m) Promotion of staff and client's health through creating awareness on Non-Communicable Diseases (NCDs), stress management, Alcohol and Drug Abuse (ADA) and mental Health.

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- | k) Putting in place non-discriminatory mechanisms on gender equality, empowerment of women & men and prohibition of Sexual and Gender Based Violence (SGBV) at the workplace;
- | l) Utilisation of corporate mandates to influence HIV and AIDS policies and programmes;
- | m) Mainstreaming of HIV and AIDS in Projects, Programs and activities of the Ministry; and
- | n) Creation of Public Private Partnerships and Networking in Management of HIV and AIDS.

6.0 FUNCTIONS, ROLES AND RESPONSIBILITIES

6.1 Cabinet Secretary

The **Cabinet Secretary shall** provide Policy direction for the implementation of this Policy.

6.2 Principal Secretary

The **Principal Secretary shall:**

- a. Provide leadership as part of the national campaign to address HIV and AIDS;
- b. Mainstream HIV and AIDS into all Ministry core activities
- c. Constitute Ministry ACU in line with NACC Operational guidelines;
- d. Provide high level leadership and support for the implementation of this Policy;
- e. Provide support to the AIDS Control Committee (ACC);
- f. Build capacity of ACU Committee in HIV and AIDS interventions;
- g. Advocate for HIV and AIDS issues in decision making at all levels;
- h. Mobilize, ensure adequate allocation of resources for HIV and AIDS Interventions and 'ring-fence' the funds.
- i. Monitor and evaluate the implementation of this Policy;
- j. Create partnerships with key partners and stakeholders;
- k. Be informed and updated on the HIV and AIDS epidemic including developments in respect of prevention and treatment;
- l. Submit quarterly reports to NACC in line with the Public Sector Maisha Certification Guidelines.
- m. Facilitate, development, implementation and review of the Ministry HIV & AIDS Policy; and

- n. Take immediate and appropriate corrective action when provisions of this Policy are violated.

6.3 Heads of SAGAs

The Heads of SAGAs shall:

- a) Provide leadership as part of the national campaign to address HIV and AIDS;
- b) Mainstream HIV and AIDS into all Ministry core activities
- c) Constitute Ministry ACU in line with NACC Operational guidelines;
- d) Provide high level leadership and support for the implementation of this Policy;
- e) Provide support to the AIDS Control Committee (ACC);
- f) Build capacity of ACU Committee in HIV and AIDS interventions;
- g) Advocate for HIV and AIDS issues in decision making at all levels;
- h) Mobilize, ensure adequate allocation of resources for HIV and AIDS Interventions and 'ring-fence' the funds.
- i) Monitor and evaluate the implementation of this Policy;
- j) Create partnerships with key partners and stakeholders;
- k) Be informed and updated on the HIV and AIDS epidemic including developments in respect of prevention and treatment;
- l) Submit quarterly reports to NACC in line with the Public Sector Maisha Certification Guidelines.
- m) Facilitate, development, implementation and review of the Ministry HIV & AIDS Policy; and
- n) Take immediate and appropriate corrective action when provisions of this Policy are violated.

6.4 Directors

Directors shall:

- a) Support the implementation of this Policy including integration of its implementation in their relevant activities;
- b) Be informed and updated about HIV and AIDS and continuously support the dissemination of information about HIV and AIDS to the staff under them; and
- c) Facilitate the development of the appropriate capacities to respond to HIV issues at the workplace.

6.5 AIDS Control Unit (ACU)

The ACU will be responsible to the Accounting Officer for implementation of this Policy.

ACU functions will be to, among others:

- a. Coordinate the implementation of this Policy;
- b. Ensure that HIV and AIDS is mainstreamed into the core activities;
- c. Provide information necessary for planning and budgeting for HIV and AIDS programs;
- d. Facilitate provision and linkage of support services for management of HIV and AIDS including counselling, nutrition and care for PLHIV who have voluntarily disclosed their status;

- e. Develop and adopt work plans for the use of allocated resources for HIV and AIDS activities;
- f. Make proposals for resource mobilization to enhance HIV and AIDS Policy implementation;
- g. Conduct periodical surveys and present results for use by Management;
- h. Liaise with other ACUs, National AIDS Control Council (NACC), State Department of Public Service (SDPS), HIV and AIDS Secretariat and other fora for information sharing and best practices in the implementation of this Policy;
- i. Introduce strategies to deal with the dynamics of HIV and AIDS, ADA, SUD, mental health, and NCDs and related issues;
- j. Develop and disseminate HIV and AIDS Information, Education and Communication (IEC) materials on prevention, care, support and treatment;
- k. Ensure all Ministry facilities have been replenished with male and female condoms;
- l. Identify training needs for members of the ACU and recommend capacity building;
- m. Advise the Ministry on Human Resource issues related to HIV and AIDS; and
- n. Undertake review of HIV and AIDS Policy.

6.6 Employee Responsibility

- a. Every employee is encouraged to know their HIV status and take appropriate prevention and care measures to protect him/herself, the family and others to avoid re-infection and infecting others and seek guidance and counselling.;
- b. 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;
- c. Every employee is expected to maintain acceptable behaviour that will promote prevention, enhance health and reduce stigma and discrimination;
- d. Every employee is expected to maintain their preferred level of disclosure when HIV positive; and
- e. Employees shall report to the HIV Tribunal any matter considered to be unfair treatment based on ones' HIV status as described in this Policy.

6.7 Stakeholders shall

The Ministry's key stakeholders include the National AIDS Control Council (NACC), State Department of Public Service and Youth (SDPSY), Development Partners and clients. The Ministry will work with stakeholders to achieve the objective of this Policy.

7.0 MINIMUM INTERNAL REQUIREMENTS

The implementation of the HIV and AIDS prevention interventions is anchored on the following Minimum Internal Requirements (MIR) outlined below to be put in place by the Ministry:

- a) Provision of staff education and training on modes of transmission, measures to prevent exposure and infection including personal protective equipment and referral;
- b) AIDS Control Unit Committee constituted and operational with at least 5 members and with 40% membership drawn from senior and middle level management;
- c) Annual work plans for the implementation of HIV and AIDS interventions targeting staff, their immediate family members and clients developed and submitted to NACC at the beginning of each financial year;
- d) Allocate a budget through MTEF for the HIV activities targeting staff, their family members and clients; and
- e) Submit quarterly reports to NACC using Maisha Certification Guidelines or online reporting tools.

8.0 POLICY IMPLEMENTATION AND INSTITUTIONAL FRAMEWORK

Provision shall be made for the participation of the Ministry staff in designing, implementing, monitoring and evaluation of this Policy. This inclusion will ensure that the staff needs and concerns are fully addressed in order to help create a culture of prevention at the work place. The Institutional framework for the implementation of this Policy is as illustrated herein.

9.0 RESEARCH, MONITORING AND EVALUATION

The Ministry will generate information on staff welfare and service delivery through monitoring, evaluation and research for planning, decision-making, resource allocation and managing the Ministry's response to HIV and AIDS.

9.1 Research

The Ministry shall be involved in carrying out regular research/surveys to determine the level of knowledge in HIV and AIDS, behaviour and attitude change among the employees and submit reports to top management, NACC and other relevant organs.

9.2 Budget allocation

The Ministry shall set out a budget through the MTEF and ring-fence the same for implementation of HIV and AIDS programmes in line with the Policy. In this regard the Ministry will partner with other stakeholders to mobilize resources.

10.0 POLICY REVIEW AND DEVELOPMENT

This Policy will be reviewed after every five years or as need may arise to ensure it remains relevant and responsive to emerging HIV trends and the needs of the Ministry.

