



**THE NATIONAL CODE OF PRACTICE ON  
HIV & AIDS  
IN THE WORKPLACE**

July 2009

## ACKNOWLEDGEMENTS

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Effective implementation of workplace HIV policies and programmes developed with this National Code as the starting point, will no doubt give hope to many Kenyans.



## ABBREVIATIONS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>CHL</b>	Crystal Hill Ltd
<b>COTU</b>	Central Organization of Trade Unions
<b>FKE</b>	Federation of Kenya Employers
<b>GIPA</b>	Greater Involvement of Persons Living with AIDS
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education, and Communication
<b>ILO</b>	International Labour Organization
<b>KAIS</b>	Kenya AIDS Indicator Survey
<b>KDHS</b>	Kenya Demographic & Health Survey
<b>KHBC</b>	Kenya HIV & AIDS Private Sector Business Council
<b>KNASP</b>	Kenya National AIDS Strategic Plan
<b>MARPs</b>	Most-at-risk populations
<b>M &amp; E</b>	Monitoring and Evaluation

<b>MIPA</b>	Meaningful Involvement of People with AIDS
<b>MOL</b>	Ministry of Labour
<b>NACC</b>	National AIDS Control Council
<b>NEPHAK</b>	National Empowerment Network of People Living with HIV and AIDS in Kenya
<b>OIs</b>	Opportunistic Infections
<b>PLHIV</b>	People Living with HIV
<b>PMTCT/PMCT</b>	Prevention of Mother to Child Transmission
<b>PwP</b>	Prevention with Positives
<b>STIs</b>	Sexually Transmitted Infections
<b>TORs</b>	Terms of Reference
<b>UNAIDS</b>	United Nations Joint Program on AIDS
<b>VCT</b>	Voluntary Counselling and Testing

## DEFINITION OF TERMS

**AIDS:** Acquired Immunodeficiency Syndrome; this is the cluster of conditions which a person who is HIV infected presents with when their disease progresses and their body defences begin to fail.

**ART:** Antiretroviral Therapy; this is the combination, usually three drugs, used for the effective management of HIV to reduce virus multiplication and allow the body's defences to recover enough to deal with common opportunistic infections.

**HIV:** Human Immunodeficiency Virus; this is the virus that cause AIDS in those it infects.

**Incidence:** The term refers to new infections occurring annually in the country or specific region

**KAIS:** Kenya AIDS Indicator Survey; this is a HIV related study done in the country every five years to try to shed light into the varying character of the epidemic including the modes of transmission, factors responsible for the patterns seen, condom use, knowledge of HIV status, other sexually transmitted diseases, the availability and access to HIV services etc.

**KDHS:** Kenya Demographic & Health Survey; this is a population based survey done every five years to document various indicators including size of various age groups, gender, literacy levels, household incomes, disease patterns, access to health services, health seeking behaviour etc and meant to inform planning for services etc. The KDHS, 2003, has served as the baseline for comparing various HIV related indicators in relation to KAIS, 2007.

**MARPs:** Most-at-risk populations; these are groups of people identified through research as being at a heightened risk of HIV

infection or transmission in relation to the general population and often classified as such by UNAIDS to facilitate the development and implementation of HIV interventions targeting them to reduce their own risk of transmission and/or infection. MARPs include men having sex with men, migrant workers, displaced persons, persons in discordant relationships etc.

**MIPA:** Meaningful Involvement of People with AIDS; this term is replacing GIPA (Greater involvement of people living with AIDS) in response to calls by PLHIV to all stakeholders to move from tokenism to real involvement at all stages of the HIV response.

**OIs:** Opportunistic Infections; these are infections that could occur in any individual but which often take advantage of the weakened immunity of the HIV infected and are responsible for their frequent ill health. In the HIV infected, OIs are both more aggressive and frequent, and unless diagnosed and treated in earnest could lead to death.

**PEP:** Post exposure prophylaxis; this is the treatment (anti-retrovirals) given within hours of accidental exposure to potentially HIV contaminated material to reduce the risk of infection. A good example is anti-retrovirals given to a health worker after a needle prick while attending to a HIV infected client.

**Peer Educator:** A peer is a person with whom someone shares certain attributes or characteristics including rank in the workplace, educational background, department, social status, age etc. A peer educator in the context of HIV and AIDS is a volunteer with the right skills, who supports others in their environment (including staff) to reduce their risk of HIV infection and transmission, and to whom one can seek HIV services if they are infected and/or affected.

**PLHIV:** People Living with HIV; this is the recently recommended term by UNAIDS for use in reference to people living with HIV. It is



replacing PLWHA in HIV lingo.

**PMTCT/PMCT:** Prevention of Mother to Child Transmission; these are interventions intended to reduce the risk of HIV transmission to the child and include use of anti-retrovirals during pregnancy, caesarean section, and not breastfeeding if the mother is infected.

**Prevalence:** This is the percentage of people infected i.e. (the number of those infected by HIV in a population divided by the total population) x 100%

**PwP:** Prevention with Positives; this term refers to interventions intended to help the HIV infected to reduce their risk of transmitting the virus to others. This new strategy is driven by the basic knowledge in infectious disease epidemiology, that more can be achieved with less overall resource allocation if all strived to limit HIV transmission from its source.

**STIs:** Sexually Transmitted Infections; these are communicable diseases spread from one person to another through any form of sexual intercourse. i.e. penetrative or not; oral, vaginal or anal.

**World of Work:** This is a term used to refer to the workplace and all its attributes including employers, employees, policies and practices etc.

## JOINT STATEMENT BY COTU, FKE AND MOL

HIV and AIDS poses a clear and present threat to workers, employers, organisations and the economy in Kenya. This fact is known and understood by the Government of Kenya, FKE and COTU, as is the need to take initiatives to deal with HIV and AIDS through workplace policies and programmes that are evidence-based and grounded in good business management practices that respect human rights and the laws of the land. It is the joint duty of the tripartite partners, namely the Ministry of Labour, FKE and COTU to ensure that all those involved in the world of work; whether employers or workers, public or private, corporate or informal, understand this threat and the necessary response as we do. Through this joint effort in producing a National Code of Practice on HIV and AIDS in the Workplace we are working together to achieve this unified response.

The tripartite partners have worked separately and in collaboration in advocating and supporting HIV and AIDS programmes in the workplace. These efforts have included drafting and publishing of several editions of the FKE Code of Conduct on HIV and AIDS in the Workplace. The latest version of this was produced in 2007 following extensive consultations with a wide range of experts and stakeholders working in the HIV/AIDS sector. This code is widely used in the sector along with several other policy guidance documents such as the ILO Code of Practice on HIV/AIDS and the World of Work and the Public Sector HIV/AIDS Workplace Policy amongst others:

In 2005, the Ministry of State for Public Service, then Directorate of Personnel Management came up with a Public Sector Workplace Policy on HIV and AIDS which was to guide the public sector in implementing HIV and AIDS activities.

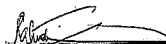
The Ministry of Labour domesticated this policy and it has served as a tool for many workplaces looking to develop their own policies. The policy recognises the need for tripartite participation in HIV workplace interventions and therefore supports this tripartite initiative of coming up with a National HIV Code of Practice.

As the representative of Kenyan workers, COTU (K) has long advocated for workplace programmes and policies that fully cater for the worker's needs. In doing this, COTU has shared experiences and collaborated with the other social partners in the spirit of dialogue for industrial peace and harmony.

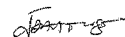
COTU(K) is deeply concerned that HIV and AIDS poses a major challenge to achieving decent work as it affects people's ability to work and earn good livelihoods hence exacerbating poverty. The impact of HIV and AIDS on workers is one of the most important considerations as some employees may, themselves, be HIV infected and others may be facing increasing medical, funeral, food, and education expenses as they become responsible for sick family members or the children of deceased relatives. When sick they may find it difficult to maintain full-time employment, often resulting in reduced household income and increased financial vulnerability. Many children have become orphans and remain vulnerable to HIV and AIDS. Businesses will also be affected, as they need a productive labour force to succeed. The mandate to improve and promote workers welfare is enshrined in COTU's constitution.

All partners can clearly see the benefits of cementing their commitment to dialogue and collaboration in producing such an important document with broad ownership and all encompassing view of the workplace. This will provide substantial strengthening to this aspect of the war on HIV and AIDS which will, in turn, lead to improvements in the oversight and measurement of progress at organizational level and across the workplace as a whole.

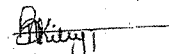
The challenge ahead, which is well described in the text, is to take this document from mere words and to translate the guiding principles into fully mainstreamed strategies and actions that will help us win the war on AIDS.



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## STATEMENT FROM THE DIRECTOR OF NATIONAL AIDS CONTROL COUNCIL

The Government of Kenya's long term policy to fight HIV and AIDS is expressed in the National Session Paper number 4 of 1997 on HIV and AIDS. The Government has since then put in place structures and programmes to combat the HIV and AIDS epidemic through the sectoral approach. One of the key structures was the establishment of the National AIDS Control Council (NACC) in 1999 to spearhead the national response on HIV and AIDS. The Council's mandate includes provision of leadership, policy direction and coordination of the multi-Sectoral approach in the Public, Private and Civil Society especially in planning for the fight against HIV and AIDS in the country.

The country is in the process of launching the Kenya National Strategic Plan III. One key strategic thrust of the strategic plan is to ensure that long term programmes address both the root causes and effects of HIV and are mainstreamed into the key sectors of the economy. This will enable the Public and Private Sectors to address the causes and effects of HIV and AIDS in an effective and sustainable manner through their normal functions and within their workplaces. Hence the sectors have to analyze how HIV and AIDS impacts on their functions now and in the future from programmatic, policy, governance and mitigation perspectives, and tailor their interventions to fit.

In the new Sectoral Plan, the mainstreaming of HIV interventions has looked into outcomes and outputs within the results framework with the aim of achieving the programme outcomes of reduced incidence, morbidity and mortality and ensure that Kenyans infected and affected have access to equitable and adequate social services.

The Private Sector is the biggest employer of the working population in Kenya, and contributes an estimated 55% of Kenya's GDP. The sector comprises both the informal and the formal sub-sectors engaging in a variety of economic activities.

The impact of HIV and AIDS on the private sector activities is enormous especially at the micro-economic level. Within the informal sector, often family enterprises are owned by the sole breadwinners, and therefore the impact begins to be felt in the household as soon as that family member starts to suffer from a HIV-related illness. Ill health rapidly leads to loss of income of the informal sector operator and increased expenditure on medical and other needs. Eventually there are also funeral costs to cover when death occurs. Children are often removed from school to save on educational expenses and to help with household chores, but this ultimately reduces over the longer term the family's earning potential and affects the human resource base of the country.

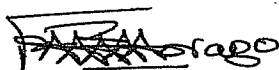
As part of their social corporate responsibility, and being the key employers in the country, the private and public sectors therefore, through the Federation of Kenya Employers, COTU, the Ministry of Labour and other key partners realized the need to have a National Code of Practice on HIV & AIDS for a coordinated intervention strategy in the workplace with an aim of reducing the incidence, improving the quality of life for the infected and affected persons and mitigating the impact of the pandemic.

The National Code of Practice on HIV and AIDS in the Workplace will be a handy reference in addressing the challenges brought into occupational settings by the effects of HIV and AIDS. It will guide each sector and organization on developing their own workplace and wellness programmes to facilitate a planned and effective response in the management and prevention of HIV and AIDS at the workplace. The Code will no doubt be a re-affirmation of the



commitment of the private and public sectors to intensify their campaign against the spread of HIV and to ensure those who are infected and affected are provided with appropriate services.

I wish to thank the task force that developed this National Code of Practice on HIV and AIDS in the Workplace for their effort and commitment to the national HIV response. I also wish to thank most sincerely all the stakeholders who contributed to the development of this important national document. Lastly I wish to acknowledge the important role played by the FKE, COTU, NACC, Ministry of Labour and ILO in spearheading the formulation of this Code.



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**DIRECTOR**  
**National AIDS Control Council**

## **STATEMENT FROM THE DIRECTOR OF THE ILO PROGRAMME ON HIV/AIDS AND THE WORLD OF WORK**

According to the UNAIDS 2008 Report on the Global AIDS Epidemic there have been significant gains in preventing new HIV infections in a number of heavily affected countries. The combined will and efforts of governments, donors, the private sector, civil society and affected communities have made a real difference. One of the main messages from the UNAIDS report is that, while HIV has reduced life expectancy, slowed economic growth and deepened household poverty, it has also increased global consciousness of health disparities and led to concerted and collaborative efforts to confront them.

However, if the global epidemic has stabilized in terms of the percentage of people infected (prevalence), the total number of people living with HIV has increased to 33 million people globally with nearly 7,500 new infections each day.

The majority of people living with HIV are aged 15-49 and in the prime of their productive lives; this has a great impact on businesses and national economies, as well as for individual workers and their families.

The Kenya National Code of Practice on HIV and AIDS in the Workplace draws on the fundamental principles of the ILO Code of Practice on HIV and AIDS and the world of work and adapts them to the national context and the needs of Kenyan enterprises, private and public.

The National Code is the product of collaboration between the Ministry of Labour, the employers' and the workers' organizations, ensuring ownership of the document and commitment to implementation, in the best tradition of tripartite action.





The main message of the National Code is that HIV and AIDS is a workplace issue, and it should be addressed at all levels - national, sectoral and enterprise – in support of the country's HIV and AIDS efforts across the board.

The ILO has supported this process, which reflects its commitment to working with its national constituents to craft joint world of work responses that provide guidance in designing and managing comprehensive workplace policies and programmes. These programmes have helped many countries move forward towards the goal of universal access to prevention, treatment, care and support, based on the respect of workers' rights.

In this context, the ILO warmly welcomes this National Code as the basis for concrete tripartite action to address HIV/AIDS by mobilizing the structures, programmes, networks and experience of the world of work to prevent its spread and mitigate its impact.

Dr. Sophia Kisting

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## 1.0 INTRODUCTION

### 1.1 HIV and AIDS in Kenya

Since the identification of the index case of AIDS in Kenya in 1984, HIV has spread to all corners of the country. Today, there are an estimated 1.3 million PLHIV (KAIS, 2007). The average national HIV prevalence among persons in the 15 to 64 year old age bracket is 7.1% (KAIS, 2007).

The dynamic nature of the disease calls for all to make reference to the most current national data as necessary. The National AIDS Control Council (NACC) and other relevant agencies provide this information; the KDHS and KAIS provide HIV related national data.

HIV has left in its wake death and devastation in many facets of the country. The world of work has not been spared and continues to be threatened by the pandemic. Consensus has been formed around certain aspects of the epidemic which are of crucial importance to workers and employers including:

- a) The fact that majority of PLHIV in the country live in the rural area (due to the large population base), but the HIV prevalence is highest in the urban areas.
- b) There are more women who are infected than men, consistent with the recognized risk factors.
- c) The vast majority of infected persons are of working age 15-64. The HIV prevalence is highest in age group of 18-25. Men over 50 are recognized as a high risk group requiring special attention.
- d) Certain occupations have working conditions that are more conducive to risk-taking behaviours, especially those that involve the separation of workers from their homes and families for substantial periods of time. Many of these groups constitute the most-at-risk populations (MARPs) and include long-distance truck drivers, fishing community, and other migrant workers.

In order to protect workers and mitigate the impact of HIV on the



productivity and performance of the organization, players in various economic sectors are responding through the development and implementation of specific and holistic workplace HIV policies and programs.

### **1.2 The legal framework for HIV related interventions**

Kenya has several legal statutes which support HIV related interventions in the world of work and community. While not all are specific to the HIV pandemic, their interpretation and application does create an enabling environment for all to act, including those seeking HIV services. The following laws support HIV related interventions in the world of work in Kenya:

#### **1.2.1 The Constitution of Kenya**

The constitution of the Republic of Kenya is supreme and lays the foundation for all other laws. The inalienable right to equality and non-discrimination are enshrined in the Kenyan constitution. Discriminative practices by any persons in hiring, appointment to a position, training, remuneration, promotion and transfer are prohibited by this act. The qualifications, skills, experience or any other relevant attribute should inform the reason for any action but not any characteristics which may be discriminatory.

#### **1.2.2 HIV and AIDS Prevention and Control Act (2006)**

The HIV and AIDS Prevention and Control Act, 2006, provides guidance on HIV related discrimination, privacy, confidentiality and personal rights. Specifically the Act:

Under section 13, states that no person shall compel another to undergo a HIV test save where a person is charged with offences of a sexual nature under Chapter XV of the Penal Code.

Section 22 prohibits the disclosure of a HIV test result of another person without his written consent.

In Part VIII, the Act makes it an offence for any person to discriminate

against another on the grounds of actual, perceived or suspected HIV status; and especially in relation to employment, access to education, credit, insurance, healthcare, travel, habitation or seeking public office.

#### **1.2.3 The Employment Act, 2007**

The Employment Act sets out the minimum standards of practice with regard to all matters related to wages, leave and contracts of service, and even discrimination of an individual based on their HIV status.

Part II of this Act, section 5 (2) states that an employer shall promote equal opportunity in employment and strive to eliminate discrimination in any employment policy or practice. Section 5 (3) goes further to state that no employer shall discriminate directly or indirectly, against an employee or prospective employee or harass an employee or prospective employee:

- a) On grounds of race, colour, sex, language, ethnic or social origin, disability, pregnancy, mental status or HIV status;
- b) In respect of recruitment, training, promotion, terms and conditions of employment, termination of employment or other matters arising out of the employment.

#### **1.2.4 Occupational Health and Safety Act, 2007**

This Act provides for the safety, health and welfare of workers and all persons lawfully present at the workplace. The purpose of this Act is to:

- Secure the safety, health and welfare of persons at work; and
- Protect persons other than persons at work against risks to safety and health arising out of, or in connection with, the activities of persons at work.

This means that all employers must ensure that the workplace is safe so that employees are not at risk including of getting HIV infected at work. Therefore, the employer has a duty to ensure:

- Steps are taken to minimize the risk of occupational HIV infection.
- That appropriate first-aid equipment is readily available to deal with spilt blood and any body fluids.
- That staff training is undertaken on safety steps to be taken following an accident.

### 1.2.5 The Labour Relations Act, 2007

Part II of this Act, section 5 (a) states that... 'no person shall discriminate against an employee or any person seeking employment for exercising any rights conferred in this Act'.

The interpretation of this section of the Act does make it an offence to discriminate against and /or stigmatize any employee or any person seeking employment based on their suspected or real HIV status. Both the HIV infected and the uninfected have an equal right to the opportunity for employment, training, promotion and other benefits while in employment.

### 1.2.6 The Work Injuries Benefits Act, 2007

Part VII of this Act, section 45 (1) on Medical Aid states that ... 'an employer shall provide and maintain such appliances and services for the rendering of first aid to his employees in case of any accident or as may be prescribed in any other written law in respect of the trade or the business in which the employer is engaged'.

Section 38 (1) states that, subject to the provision of this Act, an employee is entitled to compensation in accordance with this Act, if the employee:

- a) Contracts a disease specified in the Second Schedule that arose out of and in the course of the employee's employment.

The interpretation of these sections of the Act provide for post exposure prophylaxis to those who, in line of duty, accidentally come into contact with potentially infectious HIV contaminated material, and also sets the foundation for reasonable compensation of those who get infected in this way.

### 1.2.7 Labour Institutions Act, 2007

Part V of this Act, section 37 (a) confers authority to the medical officer to order an employee who, in the opinion of the medical officer, is sick and for whom the conditions prevailing at the place of employment are not conducive for rapid recovery of his health or strength, to return to the place of work or to proceed to hospital, and in which case the employer shall at the earliest opportunity and at his own expense send the employee to the place of work or to a hospital as the case may be.

The interpretation of this section of the Act can provide for workplace HIV interventions, and lay the responsibility of facilitating these services on the employer, and that of accessing them when provided on the employee.

## 2.0 SCOPE OF THE CODE

The National Code of Practice on HIV and AIDS in the Workplace applies to:

- a) All employer groups, job applicants and workers in the private sector, public sector and in the civil society organization (CSOs)
- b) All organizations irrespective of size and location
- c) Informal and formal work environments.
- d) All environments where HIV is a risk factor



### 3.0 RATIONALE FOR THE CODE

HIV has been recognized as a workplace issue. It has become one of the greatest challenges facing the world of work in Kenya and the region. The productivity and success of many organizations in all sectors of the country's economy have suffered greatly in the recent past because of HIV related poor health, low morale, stigma, absenteeism, and death of employees. Further, ill health and death of staff have robbed organizations of the capability to train and nurture new staff. This has negatively impacted institutional memory through loss of experienced staff to AIDS. The overall cost of doing business in Kenya has risen and especially because of reduced productivity, increased demands for expensive health care services and cost of replacing staff lost to AIDS.

Recognition of the negative impact of HIV and AIDS on organizations, their staff and the greater society has made it imperative that effective HIV control interventions are undertaken at all levels including in the world of work. Workers spend most of their waking hours at the workplace and therefore this provides a perfect environment and opportunity to reach them with HIV related behaviour change communication and services.

Second, enough evidence exists today which indicates that HIV control interventions work. Provision of empowering HIV related information does allow most individuals to act to protect themselves and others in society. HIV testing when made accessible to all, allows people to know their status and this motivates them, especially the PLHIV to change their behaviour and reduce their own risk of transmission of the virus. HIV treatment reduces viral load and the PLHIV's own risk of transmission. Care and treatment of the PLHIV improves both their quality of life and survival.

Third, many organizations are undertaking workplace HIV interventions and while the intent is the same, they have policies

which vary greatly in content and character. The rationale for this national code of practice therefore, is to provide a standard resource for all organizations that can inform development, implementation and monitoring of specific and effective workplace HIV policies and programmes.

### 4.0 OBJECTIVES

The objective of this National HIV and AIDS Code of Practice in the Workplace is to set a minimum standard in the world of work in the quest to effectively reduce the risk of HIV acquisition/transmission, and provide appropriate services to those who are infected and affected.

Specifically, the code creates a framework for all employer groups and staff to:

- a) Develop customized organization specific workplace HIV policies and implement them effectively.
- b) Provide empowering HIV information for all to make informed choice.
- c) Reduce the risk of HIV infection through knowledge of status and other prevention interventions.
- d) Create a supportive environment at the workplace free of stigma and discrimination
- e) Improve access to treatment, care and support for any infected and affected workers
- f) Mitigate the impact of the pandemic on the world of work
- g) Implement and share best practice in HIV interventions at the workplace.

### 5.0 USE OF THE CODE

This code is for use by all stakeholders in the world of work and seeks to inform the:

- a) Development of organization specific workplace HIV policies in all sectors of the economy
- b) Development and implementation of effective HIV



- interventions at the workplace
- c) Efforts to promote dialogue, consultations and negotiations between employers, providers, staff and other relevant stakeholders on wellness and HIV related matters
  - d) Creation of an enabling environment, for all to play a role in HIV interventions and reduce stigma
  - e) Review of laws as necessary to help in the fight against the pandemic.
  - f) Engagement of workers who are PLHIV through GIPA/ MIPA strategies and practices.

### **6.0 THE GUIDING PRINCIPLES**

The core guiding principles in this national code of practice on HIV & AIDS in the workplace are in accordance with international conventions, national laws, policies, guidelines and regulations. These principles include:

#### **6.1 Creation of healthy work environment**

Provision of a healthy and safe work environment is a prerequisite in risk reduction including HIV transmission and/or acquisition. It is the responsibility of the employer to provide staff with this in fulfilment of the provisions of the Occupational Safety and Health Act (OSHA), 2007, and the Occupational Safety and Health Convention, 1981 (No 155). The physical and mental health of staff at the workplace is served by a healthy work environment, which links task to skills and aspirations of the individual during their employment life cycle.

#### **6.2 Recognition of HIV and AIDS as a workplace issue**

HIV and AIDS is a workplace issue and it ought to be addressed like any other serious illness/ condition in the world of work. HIV related interventions in the workplace should touch both staff and the community in which the organization is resident. Both the organization and its staff benefit when they make their contribution to reducing risk of HIV infection, ill health and deaths in the organisation and the community.

### **6.3 HIV Prevention Interventions**

HIV infection and/or transmission are preventable. Reduction in the risk of HIV transmission and/or acquisition can be achieved through provision of appropriate and empowering behaviour change communication, counselling on drug and substance abuse, HIV testing to improve knowledge of status, abstinence, being faithful to one uninfected partner, correct and consistent use of condoms, post exposure prophylaxis, prevention of mother to child transmission, voluntary medical male circumcision, etc. All messages and interventions developed must be evidence based, communicated through different platforms, maintain a consistent presence, and be culturally sensitive and easy to understand for all to be empowered to make informed choice.

#### **6.4 Pre-employment screening of prospective staff and/ or those in service**

It is against the law to subject any current or prospective staff to HIV testing to inform employment decisions. HIV screening ought not to be a pre-condition for employment because HIV infection does not, in itself, constitute lack of fitness to carry out duties. All persons should be provided with a fair and equitable opportunity for employment, skills development, promotion and other benefits irrespective of their HIV status. The infected staffs have the same rights and privileges as everyone else while in the organization's employment.

#### **6.5 Confidentiality**

There is no justification for asking job applicants or any workers to disclose their HIV related personal information, and co-workers are not obliged to reveal such personal information about colleagues. Access to personal data relating to a worker's HIV status is bound by the rules relating to confidentiality consistent with the Employment Act, 2007, the National HIV Testing and Counseling Guidelines and the ILO's Code of Practice on the protection of workers' personal data,

1997. Everyone must maintain strict confidentiality on all matters relating to the HIV status of any staff and/ or their dependant (s) regardless of how that information is acquired; and such information ought to remain privileged and only shared if at all, with the express and written consent of the concerned individual (s).

### **6.6 Non-discrimination based on perceived or real HIV status**

A non-discriminatory environment at the workplace encourages optimal staff cohesion and motivation, and helps improve productivity and performance of the organization. A human rights approach to HIV and AIDS in the workplace is a necessary step to creating an environment where all are treated with dignity and respect irrespective of their HIV status. A non-discriminatory and non-stigmatizing culture at the workplace encourages meaningful involvement of PLHIV in the fight against the pandemic. Lack of stigma and discrimination, disclosure of status and the demonstration of genuine empathy towards PLHIV by other staff are the hallmarks of a successful workplace HIV programme. All organizations need to have in place a grievance procedure to address any reported cases of HIV related discrimination while protecting the PLHIV's right to privacy.

### **6.7 Treatment, care and support**

HIV prevention without provision of treatment, care and support of the PLHIV is only partially effective. Therefore provision of HIV prevention, including prevention with positives (PwP), and the treatment of the eligible PLHIV brings into convergence a more holistic and effective approach. All HIV infected staff and their dependents should be provided with affordable treatment by the employer, and where this is not possible, these individuals are supported and encouraged to seek care and treatment from a public health facility. It is the responsibility of the employer to do this and for the staff to access these services when provided.

### **6.8 Continuation of employment relationship**

HIV infected persons can have many years of good health and lead productive lives like anyone else. Treatment, care and support of PLHIV improves their health, enabling them to remain largely asymptomatic for many years. When an individual's condition progresses and they are unable to perform their current job, alternative work arrangements should be considered to allow them to remain in employment for as long as possible. The PLHIV should be encouraged to consider voluntary retirement in line with the common bargaining agreement, the prevailing human resource policies; or when a medical practitioner certifies the individual as medically unfit to keep working.

### **6.9 Gender**

The gender dimensions of HIV and AIDS ought to be recognized by all. Women are more vulnerable to HIV infection than men because of biological, social-cultural and economic factors. Any societal norms and culture which diminish the value of women, their ability to get decent jobs with parity of pay for equal work with their male peers tend to put them at a greater risk. Socializing both genders to bring about greater respect for women, parity in power and negotiation skills would empower women to reduce their own risk of HIV acquisition and protect society. HIV related services should be made accessible to both gender equally at the workplace.

### **6.10 Social dialogue**

Consultations bring about concurrence and are often a key success factor in programme design and implementation. Successful implementation of workplace HIV policy and programme requires building of trust and a common purpose between employers and staff, and even other relevant stakeholders.



### **6.11 Meaningful Involvement of PLHIV in HIV Interventions**

Prevention with positives (PwP) encourages meaningful involvement of people living with HIV (PLHIV) in the fight against the pandemic at all levels. Therefore, there is need to support the involvement and leadership of PLHIV in the design, implementation, and monitoring of the HIV response at all levels. Meaningful involvement of PLHIV helps to mitigate stigma and discrimination, motivate and equip them to reduce their own risk of HIV transmission, as well as that of contracting other STIs.

## **7.0 GENERAL RIGHTS AND RESPONSIBILITIES**

### **7.1 Government and its agencies**

**a) A unified, coordinated and coherent approach:** The government will ensure the three ones (3 I's) principle (one national HIV strategic plan, one coordination agency and one M & E framework) to ensure a more coherent approach by all players in HIV management. The coordination body will work to create an enabling environment and ensure involvement of relevant stakeholders in all sectors, including the world of work, in the HIV control interventions in the country. Representatives of employers, workers, PLHIV and the ministries responsible for labour and social partners will be represented and involved, as necessary, in the national HIV intervention coordination and implementation architecture to ensure staff at the workplace are effectively reached with behaviour change communication and services.

**b) Provide relevant guidelines:** The government will provide national guidelines especially for the diagnosis and effective treatment of HIV, opportunistic infections and sexually transmitted diseases. This will help in the provision of standardized HIV related medical services by all including by employers with on-site or outsourced services for their staffs and/or dependants.

**c) Provision of HIV prevention interventions, treatment, care and support:** The government continues to provide services in treatment, care and support to those who need it upon referral. This provision is in line with the stated aim of the Government to provide universal access to treatment, care and support. Where employers can afford, the government encourages them to provide HIV prevention interventions including BCC and regular supply of condoms; and provide treatment, care and support to their HIV infected staffs and/or dependants.

**d) Operational and Formative Research:** The government through its agencies will facilitate and coordinate formative research including that targeting the workplaces to inform national policy and strategy development for better outcomes. All stakeholders in the HIV response, including in the workplace, can undertake operational research with relevant guidance by the national and professional regulatory bodies to ensure their interventions are evidence based. All are encouraged to share their findings including case studies of programme implementation related best practice with others to improve our response but ensure personal data and the rights of workers are protected.

The government will endeavour to provide the institutional and regulatory framework for the carrying out of demographic projections, HIV incidence and prevalence studies and case studies of best practice. It will also take measures to identify most-at-risk groups of workers and facilitate the development of risk reduction strategies to protect these susceptible individuals.

**e) Social protection:** The governments will ensure that benefits under national laws and regulations apply to workers who are PLHIV no less favourably than to workers with other serious illnesses. In designing and implementing social security programmes, the Government of Kenya will take into account the increasing





knowledge about the disease and tailor schemes accordingly, to ensure that all benefit irrespective of their HIV status. The PLHIV benefits will be made available as and when needed and claims processed expeditiously. The government will also provide information on benefits and access to these benefits.

**f) Legislation:** In order to eliminate workplace discrimination and ensure workplace prevention and social protection, the government in consultation with the relevant stakeholders in the national HIV response, will provide a legislative and regulatory framework that respects and includes human rights.

**g) Children and young persons:** The government will work to reduce the impact of HIV and AIDS on children and young persons including the elimination of worst forms of child labour, and ensure due attention is given to the impact of the epidemic on children and young persons whose parent or parents are ill or have died of AIDS related complications.

**h) Enforcement:** The government will educate employers and workers concerning the HIV related legislation and regulations to ensure compliance. While those whose rights have been violated on account of their HIV status can seek legal redress in a civil court, the government law enforcement agencies could take up reported cases for investigation and prosecution if there is demonstrated criminal intent.

**i) Programme financing:** The government, where possible, will support programmes being undertaken at the workplace to benefit staff and the greater community. The BCC materials developed and printed by its agencies will be provided to all employers to educate their staff to change their behaviour. All organizations should strive to finance their own workplace HIV interventions; and that will give those not able to, because of their scale (e.g. the informal sector

and micro-enterprises) the opportunity to get support from the public sector especially for PLHIV who need treatment, care and support. Governments will enlist international assistance where appropriate in support of national programmes.

**j) Regional and international collaboration:** The government will promote and support collaboration at the regional and international level and through relevant stakeholders, strive to focus international attention on HIV and AIDS and its enormous impact on the world of work in sub-Saharan Africa. This includes sharing of best practices to encourage replication of workable programmes that enhance worker productivity.

## **7.2 Employers and their organizations**

**a) Workplace HIV policy:** Employers must consult with workers and their representatives to develop and implement appropriate workplace HIV policies, encourage worker buy-in to reduce the risk of HIV acquisition/transmission and protect all workers from discrimination based on their status.

**b) Information and HIV related training:** Employers and their organizations, in consultation with workers and their representatives, should initiate and support programmes at their workplaces to inform, educate and train workers about HIV prevention, treatment, care and support. All staffs need to be made aware of what is provided for them in the Workplace HIV policy and what their roles and responsibilities are. The organization should provide behaviour change communication interventions through provision of information, education and communication materials; training and deployment of a group of peer educators from staff volunteers and facilitate them to support others at the workplace and community etc.

**c) Personnel policies:** Employers should amend all personnel



policies or practices which may lead to discrimination against workers who are PLHIV or are affected. Pre-employment screening for HIV is not permitted under the Kenyan law, unless in special circumstance for the armed forces. All PLHIV should be provided the opportunity to work for as long as they are medically fit to work; and only allowed to leave work when too ill to continue and where alternative working arrangements including extended sick leave have been exhausted. When too unwell to continue working, the individual is encouraged to take voluntary retirement with full benefits as stipulated in their contract.

In addition, employers should allocate time for peer educators' activities and to place peer educator responsibilities within their job description. Where possible, employers should designate a dedicated member of staff to address staff wellness including HIV & AIDS.

**d) Voluntary HIV counselling and testing:** Employers and their organizations shall encourage workers and their representatives to support and access confidential voluntary counselling and testing to know own HIV status. While HIV screening is not a condition for employment or staff maintenance, it is good for all individuals to know their own status. VCT is an important entry point for other HIV services and a good catalyst for lasting behaviour change.

**e) HIV treatment, care and support:** Employers will facilitate HIV treatment, care and support to PLHIV in line with the national guidelines. Where direct provision of services is not possible, workers should be referred or encouraged to access treatment, care and support from the public sector facilities under the government's universal access programme.

**f) Confidentiality:** The HIV status of staff should be kept strictly confidential and any related information retained only in their medical files, and where access to it is sought, it complies with the

Occupational Health Services Recommendation, 1985 (No. 171), and the national laws and practices. Disclosure of HIV status to third parties should only take place with the informed consent of the person concerned as stated in the National Guidelines on HIV Testing and Counselling in Kenya (MPHS, 2009).

**g) HIV related risk reduction:** Employers should ensure a safe and healthy working environment, to reduce the risk of HIV acquisition and/or transmission. Workers should be, as necessary, provided with protective equipments and first aid; male and female condoms; and effective counselling and treatment of sexually transmitted diseases, and referral services to support HIV related risk reduction. Where size and cost considerations make it difficult to provide these interventions to workers, employers and/ or their organizations should seek support from government and other relevant institutions. Where workers come into contact with body fluids during performance of their duty, employers need to ensure they are trained on universal precautions, including procedures to be followed in the event of an occupational incident in line with the National, and the Joint WHO/LO Guidelines on post exposure prophylaxis (PEP) to prevent HIV infection (2007).

**h) Reasonable accommodation of PLHIV with ill health:** Employers in consultation with the workers and their representatives should take measures to reasonably accommodate PLHIV who can not perform their current job due to ill health, including alternative work arrangements, time off for medical appointments, flexible and extended sick leave etc. This is intended to allow the PLHIV to work for as long as possible.

**i) Grievance and disciplinary procedures:** Employers should put in place procedures to facilitate effective handling of workplace HIV related grievances brought about by workers and/or their representatives. These procedures should specify under what



circumstances disciplinary proceedings can be instituted against any employee who discriminates or stigmatizes another based on real or perceived HIV status, or who violates the workplace HIV policy. There should be clear set criteria on sanctions to be placed on those in violation of the non-stigmatization and non-discriminatory practices provided for in the organization's workplace HIV policy.

**j) Economic impact:** Employers and their organizations should work together with workers to develop appropriate strategies to assess and respond to the economic impact of HIV and AIDS on their particular workplace and sector.

**k) Support community initiatives/partnerships:** In the spirit of good corporate citizenship, employers and their organizations should, where appropriate, encourage fellow employers to contribute to the prevention and management of HIV in the workplace, and mitigate its effects. Further, organizations should reach out to their resident communities through education, experience sharing and material support efforts. Workplace HIV programmes that have a community outreach tend to be more effective and sustainable.

The organization should engage the community, in which it is operating, and access available services from it to strengthen its workplace HIV interventions and programme.

**l) Workplace HIV programmes financing:** All organizations should endeavour to establish a budget line for HIV/AIDS activities. There also exists several financing streams for HIV interventions and all those running workplace HIV programmes are encouraged to seek them out and assess their suitability to apply for funds.

### **7.3 Workers and their representatives in the organization**

**a) Personal Responsibility:** It is the individual's responsibility to take care of their own health and to take actions to that are consistent with the same. This includes knowledge of HIV status, perception of own risk and steps to modify risky behaviours.

**b) Workplace HIV policy:** Workers and their representatives should consult with their employers on the implementation of an appropriate workplace HIV policy, designed to reduce the risk of HIV transmission/acquisition and to protect all workers from stigma and discrimination based on their known or perceived status.

**c) Information and HIV related education:** Workers and their representatives should use existing union/industrial structures and facilities to advocate for and access appropriate HIV related information to improve understanding and take up provided services (including through the public sector health facilities) to reduce their own risk of HIV acquisition; and for the eligible PLHIV to get treatment, care and support to improve their quality of life and survival. Workers and their representatives should encourage everyone in the workplace to attend provided HIV related training and education sessions to ensure all have the right knowledge and skills to take necessary action for their own protection and to protect others. Workers and their representatives should work together with employers, their organizations and the government to raise awareness about HIV prevention and management including in the broader community, especially now that there exist known and effective workplace HIV interventions.

**d) Personnel policies:** Workers and their representatives should support and encourage their employers to develop and implement personnel policies and practices that are supportive of PLHIV in the workplace.



**e) Voluntary HIV counselling and testing:** Workers and their representatives should work with employers to encourage and support all to access confidential voluntary counselling and testing to know their own status. While HIV screening is not a pre-condition for employment or staff maintenance, it is good for all individuals to know their own status. VCT is an important entry point for other HIV services and a good catalyst for lasting behaviour change.

**f) HIV treatment, care and support:** All PLHIV at the workplace should utilize services provided by the employer/organization including HIV treatment, care and support in line with the national guidelines. Where this is not feasible, staffs should seek treatment, care and support from the public sector facilities under the government's universal access programme.

**g) HIV related risk reduction:** Workers and their representatives should advocate for, and cooperate with, employers to maintain a safe and healthy working environment, including the provision and correct application and maintenance of protective equipment and first aid. Workers and their representatives should engage with their employers/management to assess the vulnerability of the working environment and promote tailored programmes for workers as appropriate to reduce their own risk of HIV acquisition and/or transmission.

**h) Vulnerability:** Workers and their representatives should ensure that factors that increase their own risk of infection are effectively addressed in consultation with their employers.

**i) Confidentiality of personal data:** A worker's personal data and especially medical records including their HIV status is confidential. It is up to the individual to voluntarily disclose their status. Disclosure of an individual's status should be done in line with the prescriptions in the National HIV Testing and Counselling

Guidelines.

**j) Reasonable accommodation of PLHIV with ill health:** Workers who are PLHIV and not able to perform their current job due to HIV related ill health, should take advantage of alternative work arrangements provided by their employer and make their utmost contribution to the organization in their new role. The organization's performance is dependant on everyone's optimal contribution. Optimal performance is mutually beneficial and will allow also the PLHIV to work for as long as their health allows.

**k) Grievance and disciplinary procedures:** Workers and their representatives have the right to demand institution of grievance and disciplinary procedures against anyone who violates the rights of anyone based on perceived or real PLHIV at the workplace in contravention of the spirit of the workplace HIV policy. The workers and their representatives should educate themselves under what circumstances disciplinary proceedings or grievance procedures can be instituted against any staff member or organization on account of discrimination or stigmatization based on real or perceived HIV status, or violation of the workplace HIV policy.

**l) Economic impact:** Workers and their representatives should work together with their employers to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV and AIDS on their workplace and sector.

**m) Support community initiatives/partnerships:** Workers and representatives should on their own and through collaboration with their employers/organizations undertake community outreaches to educate their resident communities in the mutual quest to reduce the impact of the pandemic on the society, organizations and country. Workplace HIV programmes that have a community outreach tend to be more effective and sustainable.

## 8.0 BEYOND HIV AND AIDS TO WELLNESS

Organizations are encouraged to take up the approach of establishing broader staff wellness programmes that maintain a focus on HIV & AIDS. An employee wellness programme which includes HIV & AIDS as a critical component in preserving the overall health and well-being of employees may expand to include:

- Other health issues including TB, malaria, diabetes and high blood pressure
- Psycho-social work place issues such as stress, trauma, sexual exploitation and abuse, depression and bereavement
- Lifestyle issues such as alcohol and substance abuse, nutrition, physical exercise and addictive behaviours

Depending on their size and capacity, organizations may offer some or all of these services either directly or through referral. With a holistic approach to health and wellness, HIV can start to be seen as a chronic illness rather than a terminal condition with its associated stigma.

## 9.0 IMPLEMENTATION OF THE NATIONAL CODE OF PRACTICE

This code of practice is in line with the Kenya National AIDS Strategic Plan 2009 – 2013, and serves as the key guideline for organizations developing workplace HIV policies. As such, all organizations in the country need to take measures to ensure the Code is well understood by all, and that it is fully mainstreamed into their core activities. They should ensure:

- The code is utilized as a critical reference in sector strategic planning
- The Code is the core guiding document for all ACUs, workplace HIV committees and focal persons
- Orientation to the guiding principles of the Code is made a compulsory component of all human resources management trainings.

- That the data collected through workplace programmes feed into the national HIV Monitoring and Evaluation framework
- There is sharing of information on best practice with relevant stakeholders.

The National Code of Practice provides a framework for all employer groups and staff to improve access to HIV information for all to make informed choice; create a supportive environment at the workplace free of stigma and discrimination; and improve access to treatment, care and support for any infected and affected workers.

## 10.0 KEY STEPS IN WORKPLACE PROGRAM DEVELOPMENT

### 10.1 A workplace HIV policy development checklist

Management and workers in an organization should work together in an amicable manner to identify the appropriate attributes for inclusion in the Workplace HIV policy to ensure effective programme implementation. There is need to balance the needs of the workers and that of the management and/or owners of the organization. Senior management involvement is important and sends a strong message that HIV and AIDS is taken seriously at the workplace.

The core elements of a holistic workplace HIV policy includes the creation of a safe and healthy working environment free of stigma; providing all an equal opportunity for employment and benefits irrespective of their HIV status; empowering all with HIV related information including the modes of HIV transmission and risk factors; risk reduction strategies including behaviour change communication; HIV testing approaches including voluntary counselling and testing; the right to confidentiality; treatment, care and support of the PLHIV (staff and/ dependants); and identification, and where appropriate, sharing of programme implementation related best practices with relevant stakeholders, while protecting



individual rights etc.

The following guiding steps may serve as an important checklist in the development of a workplace HIV policy and programme:

- Senior management sensitization on the National Code of Practice on HIV & AIDS in the Workplace
- Selection of a Workplace HIV programme focal point
- Creation of a broad based workplace HIV program coordination team with representatives from the management, supervisors, trade unions, workers and PLHIV as necessary;
- The focal person and team decides on the terms of reference and responsibilities in the implementation of the policy
- Review of prevailing national laws and policies and their implications for the organization
- Assessment of the impact of HIV epidemic on the workplace and the needs of workers who are infected and affected, through the undertaking of a confidential baseline survey;
- Establishment of what health and information services are currently available – both at the workplace and in the local community
- Formulation of a draft policy; and its circulation for feedback before adoption
- Preparation of a budget, and the seeking of resources from within or outside the organization as necessary to implement the policy;
- Development of an operational plan with clear timelines and roles/responsibilities, to support implementation of the policy
- Policy and operational plan are widely disseminated to staff through boardroom launch, staff meetings, newsletters, notice boards, bulletins, email and websites, pay slip inserts, induction courses, and training sessions
- Regular review and evaluation of the policy implementation based on the M & E plan, and use findings to inform strategy review accordingly.

## 10.2 Elements of a Workplace HIV programme

The important elements of a Workplace HIV programme are highlighted in the roadmap below:

Program Element	Timeframe	Cost	Remarks
Workplace HIV policy development			
Baseline survey to inform implementation			
Senior management sensitization			
Staff awareness sessions			
Workplace VCT service provision			
Male and female condom provision			
Select, training and deployment of peer educators			
Community outreach programmes for family dependants of staff; the supply chain; PLHIV support groups etc.			
Develop IEC materials – posters, brochures, fliers to keep the HIV message alive			
Induction of new staff on the Workplace HIV programme			
Regular programme monitoring and reporting			
Programme evaluation in line with the organizational plan			

\*Staff awareness sessions and sensitization of senior management should be carried out before other elements are implemented. However, simple HIV and AIDS activities can be implemented as the Workplace Policy is being developed. Organizations are also encouraged to seek support where necessary, to ensure Workplace HIV Programmes are both comprehensive and effective



### **10.3 Involvement of staff in the workplace HIV programme**

Beyond accessing provided services, various staff can play an important role in the effective implementation of the workplace HIV programme. These include:

#### **10.3.1 The workplace HIV programme focal persons**

The workplace HIV programme focal person is almost always a senior staff member, and he/she is responsible for coordinating the implementation of the HIV policy and activities. His/her responsibility includes the development of a work plan, presenting it to management and identifying resource persons as necessary to support implementation. He/she monitors regularly and reports to management on the performance on the planned activities.

#### **10.3.2 The HIV training facilitators**

Upon meeting a set entry criteria, some staffs depending on need are trained as facilitators and supported to cascade relevant training to others to help them get the necessary skills and encourage them to embrace behaviour change.

#### **10.3.3 The workplace peer educators**

A peer is person with whom someone shares certain attributes or characteristics including rank in the workplace, educational background, department, social status, age etc. An ideal peer educator in the context of HIV and AIDS must be a volunteer with good communication skills (including listening skills), accepted and respected by all staff, strongly motivated to work towards HIV risk reduction, self-confident and having lots of potential for leadership, available and committed to peer education, a good 'safe sex' role model for his/her peers, accessible to peers and willing to work irregular hours without compensation beyond the satisfaction of serving others.

When peer educators volunteer to be trained soon after undergoing

HIV staff awareness, they tend to stay motivated longer and perform their roles well. They start out knowing what they are getting themselves into. These individuals need to have the willingness and ability to plan their time well and ensure that they remain effective even when the workload associated with their regular job/ work is overwhelming. The prospective peer educators must be taken through comprehensive training to have the necessary skills, including counselling, to attend to those who need information, support and referral as appropriate.

Peer educators do play a critical role in the implementation of the workplace HIV policy by keeping the message alive in the organization and supporting activities including tracking condom use, carrying out new staff induction etc. Indeed, peer education is one of the most effective ways to undertake HIV related behaviour change communication in the workplace.

There is need for organizations to develop a mechanism for recognizing peer educators whose performance is sterling, and especially in supporting the effective implementation of the workplace HIV programme.



## 11.0 USEFUL ORGANIZATIONS AND WEBSITES

The following organizations and websites can provide useful information to those initiating or currently implementing workplace HIV interventions in the country:

### Centres for Disease Control and Prevention (CDC)

1600 Clifton Rd. Atlanta, GA 30333, USA

800-CDC-INFO (800-232-4636) TTY: (888) 232-6348,

Tel: 2713008

Email: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

Website: [www.cdc.gov](http://www.cdc.gov)

Services available: HIV related data, IEC materials, guidelines, programme financing etc.

### Crystal Hill Ltd (CHL)

P.O. Box 4142 - 00506, Nairobi

Tel. 2730600

Email: [info@crystalhill.co.ke](mailto:info@crystalhill.co.ke)

Website: [www.crystalhill.co.ke](http://www.crystalhill.co.ke)

Services available: HIV related IEC materials; development of funding proposals; workplace policy development and implementation including staff training, KAP surveys, and programme evaluation

### Central Organization of Trade Unions (COTU)

Solidarity Building, Digo Road

P.O. Box 13000- 00200, Nairobi

Tel : 6761377/5, 6762695

Email: [info@cotu-kenya.org](mailto:info@cotu-kenya.org)

Website: [www.cotu-kenya.org](http://www.cotu-kenya.org)

Services available: Workplace HIV related data, and advocacy for the development of HIV policies and programme implementation etc

### Federation of Kenya Employers (FKE)

P.O. Box 48311-00100, Nairobi

Tel : 721929/48/49/52

720242/62/95/0170

E-mail: [fke@arcc.or.ke](mailto:fke@arcc.or.ke) / [fke@wananchi.com](mailto:fke@wananchi.com)

Website: [www.fke-kenya.org](http://www.fke-kenya.org)

Fax: 254 (2) 721990, 712299

Services available: HIV related data, IEC materials, development of HIV policies and programme implementation etc

### Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC)

Rosami Court, Office suite # 1

Muringa Road, off Elgeyo Marakwet Road;

Kilimani, Nairobi, Kenya

Tel: +254-20-3862160/1/2

Fax: +254-20-3547359 or +1-646-219-3173

Website: [www.gbciimpact.org](http://www.gbciimpact.org)

Services available: Sector HIV related data, IEC materials, and advocacy etc

### German Technical Cooperation (GTZ)

P.O Box 41607 00100 GPO

Tel: +254 020 575070/1

Fax: +254 020 575089

E-mail: [HIV-AIDS-project@ke.gtz.de](mailto:HIV-AIDS-project@ke.gtz.de)

Services available: HIV related data, IEC materials etc

### ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS)

Tel: +254 020 2135031/2

E-mail: [iloaids@ilo.org](mailto:iloaids@ilo.org)

Website: [www.ilo.org/aids](http://www.ilo.org/aids)

Services available: Workplace HIV related data, IEC materials, development of HIV policies and programme implementation etc



### **Kenya Medical Supplies Agency (KEMSA)**

Commercial Street, Industrial Area  
P.O. Box 47715 GPO 00100 Nairobi, Kenya

Tel: +254 (0)20 3 922 000, 537 670 - 3

Fax: +254 (0)20 558 100

Email: [info@kemsa.co.ke](mailto:info@kemsa.co.ke)

Website: [www.kemsa.co.ke](http://www.kemsa.co.ke)

Services available: HIV related commodities including male and female condoms, HIV test kits etc.

### **Kenya HIV/AIDS Private Sector Business Council (KHBC)**

Phone: +254 20 445 1252/3

E-mail: [info@khbcnetwork.org](mailto:info@khbcnetwork.org)

Website: [www.khbcnetwork.org](http://www.khbcnetwork.org)

Services available: Workplace HIV related data, IEC materials, development of HIV policies and programme implementation etc.

### **Ministry of Labour (MOL)**

P.O Box 40326 – 00100

NSSF Hse, 7th Flr, Bishop Rd

Tel: 729800

Email: [labour@labour.go.ke](mailto:labour@labour.go.ke)

Website: [www.labour.go.ke](http://www.labour.go.ke)

Services available: Workplace HIV related data, IEC materials etc

### **National Organization of Peer Educators (NOPE)**

Mandera Road, Off Gatundu Road, Kileleshwa

P.O. Box 10498-00100 GPO Nairobi, Kenya

Tel: +254 20 4343331/2

Email: [admin@nope.or.ke](mailto:admin@nope.or.ke)

Website: [www.nope.or.ke](http://www.nope.or.ke)

Services available: Workplace HIV related data, IEC materials, development of HIV policies and programme implementation etc

### **National AIDS Control Council (NACC)**

Landmark Plaza, 9th Floor, Argwings Kodhek Road

P.O. Box 61307 - 00200 Nairobi, Kenya

Tel: 254 (020) 2896000, 2711261; Fax: 254 (020) 2711231, 2711072

E-mail: [communication@nacc.or.ke](mailto:communication@nacc.or.ke)

Website: [www.nacc.or.ke](http://www.nacc.or.ke)

Services available: National and sector HIV related data, IEC materials, programme financing etc

### **National AIDS & STIs Control Programme (NAS COP)**

P.O Box 19361, Nairobi, Kenya

Telephone: +254 (0) 20 729 502, +254 (0) 20 710 518

Fax: +254 (0) 20 710 518

E-mail: [headnascop@aidskkenya.org](mailto:headnascop@aidskkenya.org)

Website: [www.aidskkenya.org](http://www.aidskkenya.org)

Services available: National HIV related data; IEC materials; HIV treatment and monitoring; Treatment, counselling and testing guidelines; test kits etc

### **National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)**

P.O. Box 75654-0200 Nairobi

Tel : +254 (20) 3875917/ 3862271

Fax : +254 (20) 3861376

Email: [infoppha@nephak.org](mailto:infoppha@nephak.org)

Website: [www.nephak.org](http://www.nephak.org)

Services available: HIV related IEC materials, training, psycho-social support etc

### **United Nation Joint Programme on AIDS (UNAIDS)**

20 Avenue Appia,

1211 Geneva 27, Switzerland.

Telephone +41 22 791 4651

E-mail: [unaids@unaids.org](mailto:unaids@unaids.org)

Website: [www.unaids@unaids.org](http://www.unaids@unaids.org)

Services available: HIV related data, IEC materials, advocacy for HIV interventions etc

### **The British Council**

Tel: +44 (0) 161 957 7755

Fax +44 (0) 161 957 7762

Email: [general.enquiries@britishcouncil.org](mailto:general.enquiries@britishcouncil.org)

Website: [www.britishcouncil.org](http://www.britishcouncil.org)

Services available: HIV related data and IEC materials.

### **World Health Organization (WHO)**

Avenue Appia 20

1211 Geneva 27, Switzerland

Tel: + 41 22 791 21 11

Facsimile (fax): + 41 22 791 31 11

Email: [info@who.int](mailto:info@who.int)

Website: [www.who.int](http://www.who.int)

Services available: National and sector HIV related data, IEC materials etc

## **12.0 BIBLIOGRAPHY**

- 12.1: International Labour Organization. (2001). An ILO Code of Practice on HIV/AIDS and the world of work. Geneva.
- 12.2: Federation of Kenya Employers. (2007). The FKE Code of Conduct on HIV and AIDS in the Workplace. Nairobi.
- 12.3: Republic of Kenya. (2004). Education Sector Policy on HIV and AIDS. Nairobi.
- 12.4: Republic of Kenya. (2007). Ministry of Labour and Human Resource Development Workplace Policy on HIV and AIDS. Nairobi.
- 12.5: Republic of Kenya, Directorate of Personnel Management. (April, 2005). Public Sector Workplace Policy on HIV and AIDS. Nairobi.
- 12.6: Aids Law Project. (2008). Legal Aspects of HIV/ AIDS in the Workplace. Nairobi.
- 12.7: Federation of Kenya Employers. (2007). Work Injury Benefits Act. Nairobi.
- 12.8: Federation of Kenya Employers. (2007). Labor Institutions Act. Nairobi.
- 12.9: Federation of Kenya Employers. (2007). Occupational Safety and Health Act. Nairobi.
- 12.10: Federation of Kenya Employers. (2007). The Employment Act. Nairobi.
- 12.11: Federation of Kenya Employers. (2007). The Labor Relations Act. Nairobi.
- 12.12: Ministry of Labor, Employment and Youth Development. (2008). Tri-Partite Code of Conduct on HIV/ AIDS at the Workplace in Tanzania Mainland. Dar es Salaam.
- 12.13: WHO/ILO. (2007). The Joint WHO/ILO Guidelines on post-exposure prophylaxis (PEP) to prevent HIV infection
- 12.14: Ministry of Public Health & Sanitation. (2008). National Guidelines on HIV Testing and Counseling in Kenya

