

MARCH 1, 2022

HIV AND AIDS WORKPLACE POLICY

POLICY, GOOD PRACTICE GUIDELINES & ACTION PLAN FOR THE
SOUTHERN AFRICA FEDERATION OF THE DISABLED (SAFOD)

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1.0 INTRODUCTION

One of the greatest challenges facing the Southern African Development Community (SADC) and the Member States as they move toward greater integration is the adverse effects of the HIV and AIDS epidemic on social, political and economic development. The region has the highest levels of HIV prevalence globally. Many countries are now grappling with the severe impact of the mature HIV and AIDS epidemics, and the related epidemic of tuberculosis (TB) that together are reversing the hard won development gains of the past few years. Factors that contribute to the spread of HIV include (among others):

According to Action for Southern Africa (ACTSA), over a third of the world's population who are HIV positive, live in southern Africa. The nine countries with the highest HIV/AIDS rate in the world are in the region. Since the first case was identified 30 years ago, 30 million people have died as a result of AIDS.

Rather than increasing treatment, world leaders have failed to give what they promised to the Global Fund to fight AIDS, forcing it to cancel new programmes. Many lives are being lost as people wait for new funding for treatment. The increase in people living with HIV could be partly due to a decrease in AIDS-related deaths in the region. There were 1.2 million deaths due to AIDS in 2011 compared to 1.8 million in 2005. Almost 70% of people living with HIV worldwide live in sub-Saharan Africa.

According to the SADC statistics, of the nine southern African countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), four are estimated to have an infection rate of over 15 percent.

Aside from polygamous relationships, which can be quite prevalent in parts of Africa, there are also widespread practices of sexual networking that involve multiple overlapping or concurrent sexual partners. Men's sexual networks, in particular, tend to be quite extensive, a fact that is tacitly accepted or even encouraged by many communities. Along with having multiple sexual partners, unemployment and population displacements resulting from drought and conflict have contributed to the spread of HIV and AIDS.

HIV and AIDS has received a lot of international, national and community response. Noting that Persons with Disabilities have not been spared from the scourge, the Disabled People's Organisations (CBOs) have also joined in providing different interventions ranging from HIV prevention, to care and support for the chronically ill and orphans.

DPOs are community groups that are formed on voluntary basis and as such lack technical skills in areas of leadership and actual intervention strategies both at workplace level and within the communities they serve. The role of the Southern Africa Federation of the Disabled (SAFOD) is to offer technical and material support to its affiliated DPOs in SADC countries so as to enable these groups to operate effectively towards fight against HIV and AIDS within their work places and their target communities.

As a first strategic step, there is need, therefore, to put in place a comprehensive workplace policy that comprehensively targets not only the SAFOD secretariat, but also the affiliate federations of DPOs in the region.

1.1 Impact of HIV AND AIDS at the workplace

AIDS threatens economic security and development because it primarily strikes the working age population. Workers become less productive, which affects output. Supporting workplace HIV and AIDS programmes for workers and management makes good developmental sense. The workplace place provides one critical point of entry for HIV and AIDS prevention and treatment interventions. It provides access to sexually active men and women, and in particular adult male populations who might not normally visit clinics or formal health care services. Smart organisations are therefore recognising the need to put in place a comprehensive approach to work place policy and programmes based on protecting effected and affected workers rights and offering prevention and mitigation services.

It is from this background that SAFOD considered it important to develop workplace interventions at organisational level. SAFOD needs a policy at the workplace in order to guide the implementation, monitoring and evaluation HIV and AIDS interventions for its staff members, volunteers and their families.

2.0 PREAMBLE

SAFOD acknowledges the impact of the HIV and AIDS pandemic at the workplace and as a result SAFOD commits itself to put in place mechanisms for effectively fighting the pandemic. SAFOD acknowledges that the impact can potentially be felt by the organization's workforce through absenteeism from work, medical expenses, time, psycho social trauma, failure to meet targets and loss of skill and expertise among other devastating effects.

SAFOD is aware of the following policies and legislation that are supportive of workplace interventions:

- The Republican Constitution,
- The Labour Relations Act,
- National HIV and AIDS Policy
- The ILO Code of Practice on HIV and AIDS and World of Work,
- The SADC Code of Conduct on HIV and AIDS and Employment.

SAFOD will make available resources, material, human and material for workplace interventions hence the development of this policy.

3.0 SCOPE OF THE POLICY

The Policy shall cover all staff members, their spouses or long-term partner and biological children under the age of 18.

4.0 POLICY PRINCIPLES

The Policy will be based on the following principles:

- SAFOD shall endeavour to recognise and respect human rights as stipulated in the Republican Constitution and other local and international instruments.
- SAFOD shall ensure that there is no stigmatisation and discrimination at the workplace through awareness raising, counselling and laying down penalties for non-compliance of rules.
- Equal treatment of staff at all levels shall be observed in the implementation of the policy.
- There shall be mutual trust amongst SAFOD employees. Confidentiality shall be observed amongst employees and their family members.
- The organisation shall ensure that there is a conducive environment for all employees by providing a healthy working environment.
- SAFOD shall provide information on prevention and distribute condoms so that employees are fully knowledgeable in protecting themselves while preventing the spread of the disease.
- SAFOD shall be committed to the policy and shall put provisions that support the policy in the budget.

Further, in order to sustain the implementation of the policy, SAFOD shall also engage in fundraising activities.

5.0 POLICY OBJECTIVES

The Policy aims at achieving the following objectives:

- To reduce stigma and discrimination amongst staff and family members.
- To prevent new HIV infections.
- To create a supportive environment for Persons Living with AIDS (PLWA) and the affected amongst staff and their families.
- To provide accurate and relevant information on HIV and AIDS infection, prevention and care.

6.0 POLICY COMPONENTS

6.1 Prevention and Awareness

SAFOD shall be committed to the programme in ensuring that staff members and their families have access to information for protection and prevention measures. In addition, the following services shall be provided: condom distribution, VCT and counselling.

6.2 Care and Support

SAFOD shall ensure that staff members and their families have the following services at their disposal:

- VCT services
- Provision of free ARVs and positive living sessions

- Time off to look after the sick and attend to funerals.
- Financial support for funerals of family members under policy scope.
- Members of staff and their families shall be referred to other care and support institutions for appropriate services.

6.3 Testing, disclosure and confidentiality

- There shall be no pre or post employment testing on members of staff
- VCT services shall be available to staff members and SAFOD shall encourage members to utilise VCT services./ referral system.
- There shall be no discrimination on employees who have declared their status.
- No employee shall be forced to declare his/her status.
- No employee shall declare another employee's status without consent of the one who is HIV positive.

6.4 Human Resource Issues

- Members of staff who are very ill, shall be given lighter responsibilities until such a time they are fit.
- A member of staff who falls ill for a period of three months shall get full pay, and they shall be on half pay if they continue to be sick as stipulated in the terms and condition of services of SAFOD.
- Compassionate leave on members of staff who have fallen sick shall be granted as stipulated in the terms and condition of services of SAFOD.
- The job status of a member of staff who has fallen sick shall remain the same unless there is need for reasonable accommodation.
- SAFOD shall encourage all staff members to prepare a will and shall support the initiative by providing the necessary training on how to write a will and how it is kept.

6.5 Stigma and Discrimination

SAFOD shall ensure that there is no stigma and discrimination amongst its members of staff by continuously providing on non-discrimination and non-stigma information. The organization shall also lay down penalties for those who breach the code of conduct on stigma and discrimination.

6.6 Strategic Partnerships

SAFOD's strategic partners in the implementation of the policy shall be donors, DPOs, Government hospitals, and other organisations in the HIV and AIDS related field.

6.7 Policy Implementation, Monitoring and Evaluation

SAFOD shall appoint a committee which shall be responsible for the implementation of the policy. Each department shall be represented by one focal person who shall be responsible for monitoring the implementation of the policy. SAFOD shall institute a bi-annual evaluation of the policy every year.

6.8 Commitment to child safeguarding

Considering that SAFOD and her affiliates work with children and young people, including those aged 18 years or below, who may be vulnerable to sexual and other forms of abuse, SAFOD shall, therefore, adhere to all measures or standards stipulated in the organization's Protection of Sexual Exploitation and Abuse (PSEA) policy – together with its own relevant code of conduct – to protect and safeguard the rights all children involved in our work. We shall commit to upholding appropriate standards of conduct such as investigation of suspected violations, reporting, and monitoring of confirmed violations, as well as other preventive and corrective measures.

SAFOD shall take appropriate preventative and corrective measures against the following violations:

- i. Sexual exploitation and abuse.
- ii. Sexual activity with children (persons under the age of 18), regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defense.
- iii. Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading, or exploitative behavior.
- iv. Any sexual relationship between the volunteer and a person benefitting from SAFOD's work involving improper rank or position. Such relationships can potentially undermine the credibility and integrity of SAFOD's work.

7.0 ACTION PLAN

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