ORGANISATION FOR COMMUNITY SOCIAL SUPPORT AND RESEARCH IN DEVELOPMENT (OCSSRD) HIV/AIDS WORKPLACE POLICY

OCSSRD
Saving Communities

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HIV/AIDS WORKPLACE POLICY

On behalf of the Board of Directors' of Organisation for Community Social Support and Research in Development (OCSSRD), we hereby certify that this HIV/AIDS Workplace Policy has been duly passed and adopted as the Terms and Conditions for management of and response to HIV/AIDS at OCSSRD.

Signed and sealed this ....01.....Day of ....October..... 2024.

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Kiddu Edward

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Tumwine Moses

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LIST OF ACRONYMS AND DEFINITIONS

AIDS Acquired Immune Deficiency Syndrome is an infectious disease of the immune system caused by an human immunodeficiency virus (HIV).

ARVs Anti Retroviral Drugs is the treatment for the HIV infection. Antiretroviral drugs inhibit the replication of retroviruses associated with HIV.

HIV Human Immunodeficiency Virus is a lent virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.

PEP Post-Exposure Prophylaxis is a short-term anti-retroviral (ARV) treatment that reduces the likelihood of HIV infection after exposure to HIV-infected blood or sexual contact with an HIV-positive person.

PMTCT Prevention of Mother to Child Transmission refers to interventions to prevent transmission of HIV from a mother living with HIV to her infant during pregnancy, labor and delivery, or during breastfeeding.

STDs Sexually transmitted disease is a term used to describe more than 20 different infections that are transmitted through exchange of semen, blood, and other body fluids; or by direct contact with the affected body areas of people with STDs.

STIs Sexually Transmitted Infections are infections that can be transferred from one person to another through sexual contact through sexual intercourse (vaginal and anal), kissing, oral-genital contact, and the use of sexual "toys," such as vibrators.

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VCT Voluntary Counselling and Testing provides the opportunity for one to know their HIV status and involves two counselling sessions: one prior to taking the test known as "pre-test counselling" and one following the HIV test when the results are given, often referred to as "post-test counselling". Counselling focuses on the infection (HIV), the disease (AIDS), the test, and positive behaviour change.

SECTION 1: INTRODUCTION

1.1 Background

OCSSRD is a registered community based organization (CBO) in Lyantonde District. We formed this organization in March 2021 with the aim of supporting rural communities using research-based approaches to enable full realization of their potential and participation in decision-making processes that impact their socio-economic empowerment. Over the last two years, we have supported schools, community groups and teenage mothers of Lyantonde district and the neighboring districts supplementing on government programs. OCSSRD is Implementing 4 main programs as follows;

1. Gender, Equality and Economic Justice Program
2. Community Health Program
3. Ecosystem and Livelihood Program
4. Education and Research Program

1.2 OCSSRD's Vision

To promote gender equality, social protection and community transformation in a just and healthy society.

1.3. Mission

To strengthen communities through research and innovations for sustainable development.

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1.4 Introduction to this Policy

HIV/AIDS is a major work place issue all over Uganda and the rest of the world. It causes a lot of stigma because of the way it is transmitted. A work place is one of the environments from which people may get infected, may be stigmatized or supported in case of HIV/AIDS infection. Besides the employees, HIV/AIDS has some very direct negative effects on growth and development of an organization for instance; loss of trained and competent workers due to AIDS, high expenditures spent on recruiting other employees among others.

The development of HIV/AIDS workplace policy is strongly recommended as part of the international response to HIV/AIDS. The UN General Assembly Special Session (UNGASS) declaration of Commitment signed by 189 Governments at the UNGASS in June 2001 and Uganda in 2001, affirms the need for all countries to make efforts to strengthen the response to H/V/A/DS in the world of work by establishing and

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implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for people living with H/V/A/DS." (Para 49).

Therefore this policy presents OCSSRD's commitment to building a working environment in which all employees are well informed about HIV/AIDS and where infected and affected employees are able to disclose their status and/or express their views and concerns freely and openly.

1.5 Policy Vision:

This policy is in line with our vision. We envisage a just society where men and women whether living with HIV/AIDS or not equally participate and benefit from decision making processes.

1. **6 Policy Objectives:**

a) To improve OCSSRD workplace access to information on HIV/AIDS to enable employees make informed decisions about their lives.

b) To empower and strengthen OCSSRD's commitment in improving the quality of life of its workforce regardless of their HIV status.

c) To actively involve employees living with HIV/AIDS in the promotion of HIV/AIDS prevention, care, support activities at the workplace.

d) To promote positive health, dignity, prevention and protection of the rights of employees living with HIV/AIDS so as to reduce stigma and discrimination.

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e) To have a deeper conversation around HIV/AIDS especially Prevention to Mother Child Transmission (PMCT).

1.7 Policy Target:

The HIV/AIDS Workplace Policy for Forum for Women in Democracy targets all employees of OCSSRD and their dependants as spelt out in staff files.

SECTION 2: POLICY RATIONALE

The rationale for developing an HIV/AIDS Workplace Policy in OCSSRD is based on the following considerations:

2.1 Protecting employees

OCSSRD shares the understanding of AIDS as a chronic, life threatening disease with social, economic and human rights implications, and as a result recognize that HIV/AIDS has a serious impact on its employees as well. Therefore it is necessary for OCSSRD to have the policy in place to respond to the needs of employees who are infected and affected by HIV, reduce on stigma and the risk of exposure to the virus.

2.2 Increase efficiency and effectiveness of the labour force in the organization

OCSSRD acknowledges that the development of an HIV/AIDs Workplace policy will create an enabling environment for employees living with HIV and AIDS to understand what support and care they are entitled to receive from the organization, and as such they will be more likely to come forward for voluntary testing, support and treatment. This will

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help to improve the quality of life for employees infected and affected by HIV and AIDS and be able perform their duties to effectively.

2.3 Managing organizational potential costs in relation to HIV/AIDs

In the workplace, HIV and AIDS may be responsible for absenteeism, and lower productivity and high costs due to loss of valuable human resources. OCSSRD therefore seeks to minimize these implications by developing and implementing a comprehensive and proactive HIV/AIDS workplace policy.

2.4 Compliance with national and international best practices and laws

In addition to the UNGASS declaration, this policy also seeks to comply with Uganda National HIV/AIDS policy which provides the basis for the development of workplace guidelines focusing on the specific issues related HIV /AIDS at the workplace and response.

SECTION 3: KEY PRINCIPLES

OCSSRD will;

3.1 Implement non-discriminatory policies and practices by opposing all forms of stigma and discrimination against employees on the grounds of their HIV/AIDS status and take concrete measures to challenge such attitudes and behaviour. Equally OCSSRD upholds the principle that employees with HIV should not be more favourably treated than other employees with long-term, critical and/or terminal health conditions;

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3.2 Promote a supportive working environment where staff can discuss HIV/AIDS openly and without fear of any adverse consequences through continuous education and learning;

3.3 Promote a shared responsibility for prevention in providing employees with sensitive, non-judgemental, accurate and up-to-date information on HIV/AIDS, its impact and preventive measures to enable them to protect themselves from HIV and other sexually transmitted infections;

3.4 Seek to put in place fair medical arrangements for all employees by exploring the medical scheme options. We believe in equal rights to medical care;

3.5 Protect the right to confidentiality on medical status to all employees as spelt in section 4.8 of this policy;

3.6 Recognize that employees living with or directly affected by HIV/AIDS have special needs and ensure that reasonable provision is made to meet those needs.

3.7 Recognise that HIV/AIDS impacts differently on male and female employees and design the policy to accommodate these differences, and where possible redress gender inequalities.

SECTION 4: KEY POLICY ELEMENTS

4.1 Education, Awareness Raising and Prevention

In order to ensure that employees have access to up-to-date and relevant information on HIV and AIDS to enhance their ability to protect themselves and others, to know

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their rights and to promote the creation of a supportive, stigma free work environment, OCSSRD will;

a) organize compulsory trainings on HIV/AIDS for all employees at least once a year and induction for new employees. The trainings will provide employees with

updated information on HIV/AIDS, basic facts about transmission, preventive measures and living positively with HIV/AIDS, prevalence rates, national/international policies, including employment rights and information about care and support options. The trainings will be facilitated by experts on HIV/AIDS who will also highlight the gender dimension of the HIV/AIDS crisis, with special attention given to practical measures that can be taken to assist female employees affected by HIV/AIDS.

b) Collect credible information on HIV/AIDS from the media and internally communicate it to all staff.

c) Participating in key events relating to HIV/AIDs campaigns that take place in Uganda

4.2 Responsibility of employees

Every employee has the unavoidable obligation to protect himself / herself against HIV infection. Employees living with HIV/AIDS have to ensure that they behave in ways which do not pose a threat of infection to any other employee.

4.3 Protection of employees

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To ensure that employees are protected from infection or post exposure effects while at work OCSSRD will;

a) Equip the secretariat, field offices and vehicles with first aid tool kits as a safety measure. The tool kits will contain but not limited to gloves, cotton wool, plasters, syringes, needles and septrin.
b) Provide voluntary counselling and reasonable paid time off for employees following occupational or other exposure in regard to the Human Resource Policy.
c) Provide male and female condoms and updated information and education on storage, use and disposal as well as orientation on the use of PEP.

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4.4 Equal Treatment and Anti-Discrimination measures

To promote an environment where stigma and discrimination are not tolerated and to apply measures to ensure that people with HIV are not discriminated against at the point of recruitment and/or with respect to promotion and other work place opportunities, OCSSRD will;

a) Provide HIV/AIDS training and awareness-raising to all employees in order to reduce stigma against HIV positive people based on ignorance and prejudice;
b) Prohibit compulsory testing or screening for HIV pre-employment or any other time;
c) Provide opportunity where employees will be under no obligation to inform the organisation about their HIV status unless they wish to;
d) Ensure that affected employee's HIV/AIDS status, when disclosed, will not affect recruitment choices and/or promotion prospects and/or other work opportunities, such as training. Discrimination and/or harassment of employees on the grounds of their actual or assumed HIV status will be treated as a disciplinary matter as stated in the HR policy.
e) Ensure that HIV/AIDS status is not used as a basis for termination of employment. Employees with HIV related illness will be enabled to continue in employment so long as they are in a physical condition to do so. In the case of termination of employment due to extended illness, the same termination benefits and conditions due to other serious illnesses will apply. (See Human Resource Policy section 4.2). In case of termination, the affected employee who has disclosed his / her HIV/AIDS status will be supported under the organization's medical insurance scheme for six months.

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4.5 Medical Care and Support

a) All OCSSRD employees will be covered within the provision of OCSSRD's medical insurance scheme which will cover HIV/AIDS voluntary counselling and testing and treatment of other diseases. The treatment will also include access to Anti-retroviral (ARVs) medication.

b) OCSSRD further encourages its employees to use external expertise and assistance for HIV/AIDS voluntary testing, counseling and treatment from private doctors and counselors and will provide employees with reasonable time off for such treatment.

4.6 Reasonable work arrangements

In the likely event that an employee living and/or directly affected by HIV/AIDS and has disclosed his/her status and requires special arrangement with regard to their work, OCSSRD will give the needed support.

4.7 Resignation

Where an employee with an AIDS-related condition can no longer cope with his/her work and where alternative working arrangements including extended sick leave has been exhausted (See Human Resource Policy Section 4.2), the employee may resign and shall be entitled to receive all his / her terminal benefits.

4.8 Confidentiality. In best interest of upholding confidentiality and dignity of the employee and his/her dependants, OCSSRD will;

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a) Uphold confidentiality in respect of all medical information relating to an existing or prospective employee at all times unless disclosure is legally required. In such a case, prior written consent of the employees member shall be obtained;

b) Ensure that confidentiality requirement also extends to all health service providers under contract with OCSSRD;

c) While always respecting the individual's right to privacy, simultaneously work towards creating a work environment in which employees will feel able to disclose their status, in the knowledge that they will not be discriminated against and will be supported by colleagues and the organization;

d) Treat as a disciplinary matter any case of a breach of confidentiality and there by apply the procedures for grievance handling.

e) Provide a conducive environment to any employee willing to declare his/her status to the management team or any employee. Where the employee feels so, disclosure should be done in the presence of a counsellor or a doctor who can confirm the results. The information must be kept confidential.

4.9 Grievance and disciplinary procedures

To protect the rights of employees living with HIV to confidentiality and nondiscrimination and to ensure that measures are in place to penalize infringements of these rights.

a) With respect to confidentiality:
Revealing confidential information about the HIV status of another employee will be established as a disciplinary offence and employees guilty of such behaviour will be subjected to the appropriate grievance and disciplinary action as stipulated under OCSSRD's Human Resource Policy Section 6b No. 7)

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b) With respect to discrimination:

Where an employee is harassed or is in any way subjected to discrimination on the grounds of her/his HIV status (whether imagined or real), he/she will have the right to take out a grievance against that employee suspected of causing this discrimination.

SECTION 5: POLICY IMPLEMENTATION / MONITORING AND REVIEW

5.1 The implementation of this policy is a shared responsibility across the whole organization. However, Management will identify a focal person at senior level to oversee implementation of the policy.

5.2 To ensure the policy is enforced through adequate accountability mechanisms and that it is monitored and regularly reviewed to reflect lessons learned within and outside OCSSRD, and new developments in thinking and practice in this field;

a) OCSSRD is committed to communicating the HIV/AIDS at workplace policy as part of the induction program.
b) OCSSRD will encourage discussion sessions on HIV and AIDS.
c) Other OCSSRD policies will be implemented in cognizance to the HIV/AIDS Workplace policy and within the framework of national labour legislation and national regulations concerning HIV in the workplace.
d) OCSSRD will periodically review employee benefit schemes and policies addressing aspects of the HIV/AIDS with contributions from all stakeholders and progress reports of medical research on HIV and AIDS.
e) OCSSRD will annually produce progress reports on the implementation of this policy.

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APPENDIX I

Basic Information on HIV/AIDS:

What is HIV? Human immunodeficiency virus (HIV) is a lent virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.

HIV infects vital cells in the human immune system such as helper T cells (specifically CD4+ T cells), macrophages, and dendritic cells. HIV infection leads to low levels of CD4+ T cells through three main mechanisms: First, direct viral killing of infected cells; second, increased rates of apoptosis in infected cells; and third, killing of infected CD4+ T cells by CD8 cytotoxic lymphocytes that recognize infected cells. When CD4+ T cell numbers decline below a critical level, cell-mediated immunity is lost, and the body becomes progressively more susceptible to opportunistic infections.

What is AIDS? AIDS is a disease that affects millions of people in the world. A virus called HIV causes it. This virus slowly weakens a person's ability to fight off other diseases, by attaching itself to and destroying important cells that control and support the human immune system (CD 4+ cells). After a person is infected with HIV, he or she, although infectious to others, can look and feel fine for many years before AIDS is developed.

HIV Causes AIDS: There is no question among the majority of the world's scientists that HIV causes AIDS. The average period between getting infected with HIV and developing AIDS is 5 to 7 years in the absence of treatment. AIDS is a term to describe a set of opportunistic infections and cancers, which would not be life threatening, if HIV had not destroyed the body's immune system in the first place.

Transmission and Factors Fuelling the Epidemic: There is very little chance of HIV being transmitted in the workplace. In order for a person to be infected, the virus must gain

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entrance into a person's blood stream. These are limited number of modes of transmission. The modes of transmission in order of importance are:

- Unprotected sex with an HIV infected person
- From an infected mother to her child (during pregnancy, at birth, through breast feeding)
- Intravenous drug use with contaminated needles
- Transfusion with infected blood and blood products

- Unsafe, unprotected contact with infected blood and the bleeding wounds of an infected person

Other circumstances which increase the risk of HIV transmission and the development of AIDS include among others, factors related to poverty (overcrowding, poor housing, high prevalence of tuberculosis, etc), limited access to health and social services (untreated STDs, drug shortages, etc), migrant labour, rapid urbanization, unemployment, poor education, and the inferior position of women in society (sexual violence, powerless to insist on condoms, etc). These continue to fuel the epidemic in spite of individual behaviour modification attempts.

Treatment: There is no cure or vaccine for HIV/AIDS, yet. However, there are some major advances in medical treatment. Anti-retroviral drug combinations are available, which when properly used result in significantly prolonged survival of people living with HIV. Holistic care of people living with AIDS and comprehensive treatment of opportunistic infections dramatically improves quality of life.

What is PEP? Post-Exposure Prophylaxis (PEP) is a short-term anti-retroviral (ARV) treatment that reduces the likelihood of HIV infection after exposure to HIV-infected blood or sexual contact with an HIV-positive person. The drug regimen for PEP consists of a combination of ARV mediations that are taken a period of four weeks.

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Administration of PEP

Where infection occurs as a result of exposure, ARV treatment should begin before the infected cells settle in the lymph nodes. Lymph nodes are organs that contain white blood cells, and they are important in the proper functioning of the immune system. There is no medical agreement on the time limit for administering PEP. Some healthcare workers suggest beginning PEP 24-36 hours after possible exposure to HIV through rape or unprotected sex, other international guidelines suggest 24-48 hours. South African policy advises that PEP should be administered within 72 hours after the potential exposure to HIV.

Conditions of effective treatment

In order to make sure that PEP treatment is effective and to prevent HIV infection after a rape incident, the survivor should:

- start PEP treatment as soon as possible, but no later than 72 hours after the rape or sexual assault;
- take every dose of the medication as prescribed for 28 days; be tested and treated for other sexually transmitted infections (STIs)
- be tested for pregnancy: and if reported early morning after pill to prevent chances of getting pregnant should be given.
- practice safe sex for at least six month after the rape incident; return to the health facility for follow-up tests and counselling at six weeks, three months, six months, and one year after the rape incident.

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