A Guide to Implementing a HIV and AIDS Workplace Programme

HEAIDS

HIGHER EDUCATION HIV/AIDS PROGRAMME

Published by Higher Education HIV and AIDS Programme (HEAIDS)
Postal address Higher Education South Africa, PO Box 27392, Sunnyside 0132
Telephone 012 484 1134
Website www.heaids.org.za

ISBN 978-0-620-46666-0
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***Citation** HEAIDS, 2010. A Guide to Implementing a HIV and AIDS Workplace Programme. Pretoria: Higher Education South Africa*

Cover image Marketing Support Services
Design, layout and Printing Marketing Support Services 012 346 2168

Funded under the European Programme
for Reconstruction and Development

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Acknowledgements

The development of this Implementation Guide for HIV and AIDS Workplace Programmes for Higher Education in South Africa has been made possible by the dedicated cooperation of many different professionals.

- **The HEAIDS Programme Coordinating Unit:** Dr Gail Andrews, Ms Managa Pillay and Ms Helen Williams (EPOS Health Management)
- **The HEAIDS Programme Working Group:** Mr. Kgomotso Kasonkola (Vaal University of Technology), Mr Cello Gardner (University of Pretoria), Dr. Cookie Govender (University of Johannesburg), Ms Fanny Phetlhu (National Education Health and Allied Workers Union), Ms Nasima Jappie (Durban University of Technology), Mr Peter Philip(Standard Bank), Mr Brad Mears (South African Business Coalition on HIV and AIDS)
- **The Project Team:** Dr Mark Colvin, Ms Cherie Cawood and Ms Marianna Otto
- The Contracted Company WYG International, United Kingdom
- All stakeholders in the sector who contributed with comments and advice during the various stages of development

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral
CD4	Immune Helper T cells that have CD4 on their membranes
CHE	Council for Higher Education
DoHET	Department of Higher Education and Training (formerly part of DoE)
HAART	Highly Active Antiretroviral Therapy
HE	Higher Education
HEAIDS	Higher Education HIV AND AIDS Programme
HEIs	Higher Education Institutions
HESA	Higher Education South Africa
HICC	HIV Institutional Coordinating Committee
HIV	Human Immunodeficiency Virus
HR	Human Resources
ILO	International Labour Organization
M&E	Monitoring and Evaluation

NGO	Non-governmental organisation
NSP	National Strategic Plan
OIs	Opportunistic Infections
PEP	Post-Exposure Prophylaxis
PLWHA	People living with HIV and AIDS
SABCOHA	South African Business Coalition on HIV AND AIDS
SADC	Southern African Development Community
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing

CHAPTER 1
Introduction and Background

The HIV and AIDS Workplace Programme Implementation Guide provides a “support tool” to assist institutions in developing/enhancing their HIV and AIDS workplace programmes.

The Guide has been aligned to the Framework for HIV and AIDS Workplace Programmes developed for the Higher Education Sector. The Framework for HIV and AIDS Workplace Programmes was presented and recommended for adoption at a National Meeting of HEI stakeholders and presented to the Board of HESA in June 2009.

This Framework provides a reference point for the standardisation and equity of HIV and AIDS Workplace Programmes within the HEI sector.

FRAMEWORK KEY PERFORMANCE AREAS

The Framework has six key performance areas that make up a comprehensive workplace programme and sets out key standards for each of the six performance area.

Area 1: Strategic Leadership, Decision-Making and Coordination

All HEIs should have the structures required by the sector Policy Framework in place, have established a Workplace Sub-committee and appointed a person(s) to manage and lead the workplace programme components of the HEI HIV and AIDS programme.

Area 2: Research and Analysis

Each HEI should understand the impacts of HIV on its employee base, have established direct and indirect costs, identified programmatic gap areas as well as the necessary attitudinal and behaviour changes required.

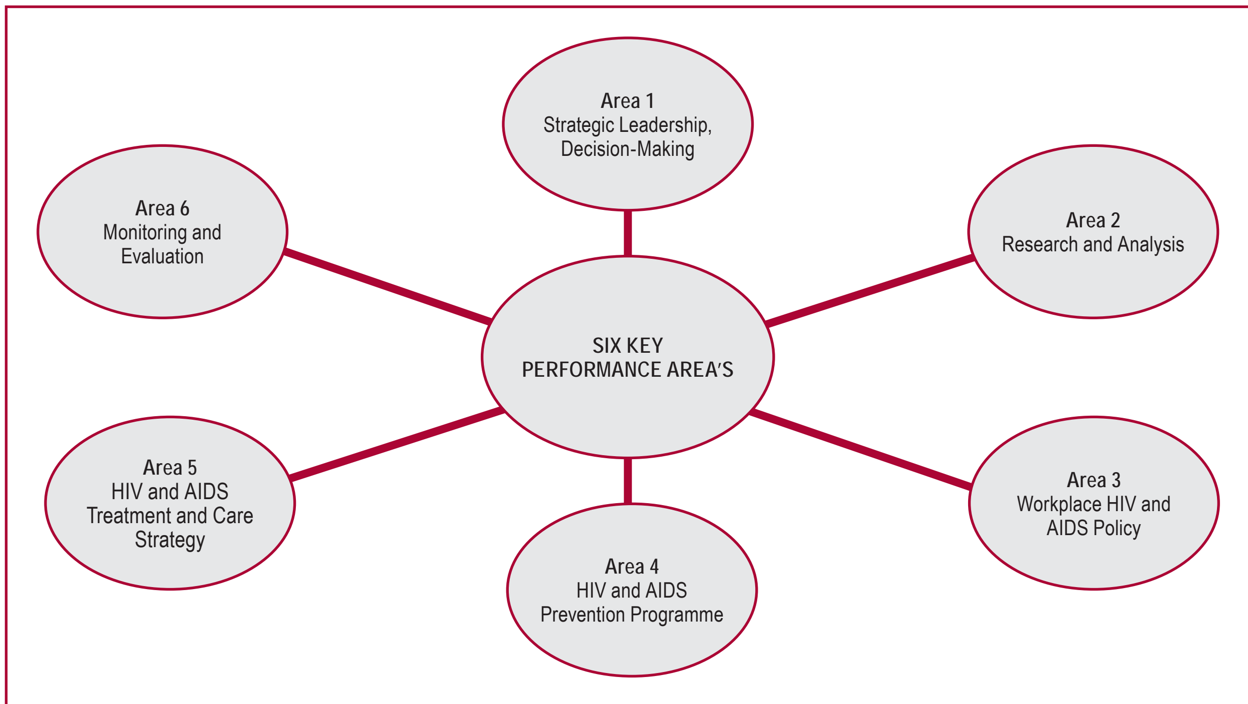
Area 3: Workplace HIV and AIDS Policy

Each HEI should develop and disseminate a workplace HIV AND AIDS or chronic disease policy encapsulating the principles of this workplace framework as well as the sector policy framework, aligned to relevant national labour legislation and institutional HR policies.

Area 4: Workplace HIV and AIDS Prevention Programme

Each HEI should develop an integrated prevention response to HIV and AIDS through aligning the institutional workplace programmes to both this workplace framework as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.

Figure 1 Framework six performance areas



Area 5: Workplace HIV and AIDS Treatment and Care Strategy

Each HEI should develop a treatment and care strategy for employees infected with HIV and AIDS which aligns the institutional workplace programmes to both this workplace framework as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.

Area 6: Monitoring and Evaluation

Each institution should develop and implement a monitoring and evaluation plan and system to facilitate the management and evaluation of their individual HE HIV and AIDS workplace programme. At a sectoral level, each HEI should be in a position to submit a standardized quarterly report against agreed sectoral level indicators.

CHAPTER 2

How to Use this Workplace Framework Implementation Guide

This implementation guide has been designed to follow the format of the Framework for HIV and AIDS Workplace Programmes. It provides practical advise on how to implement each of the key performance areas of the for HIV and AIDS Workplace Programmes.

This guide is not meant to be prescriptive but rather should be used as a tool in developing your institution's HIV and AIDS Workplace Programme.

It is suggested that this guide is read in conjunction with the following supporting documents as they informed the development of this Implementation Guide**:**

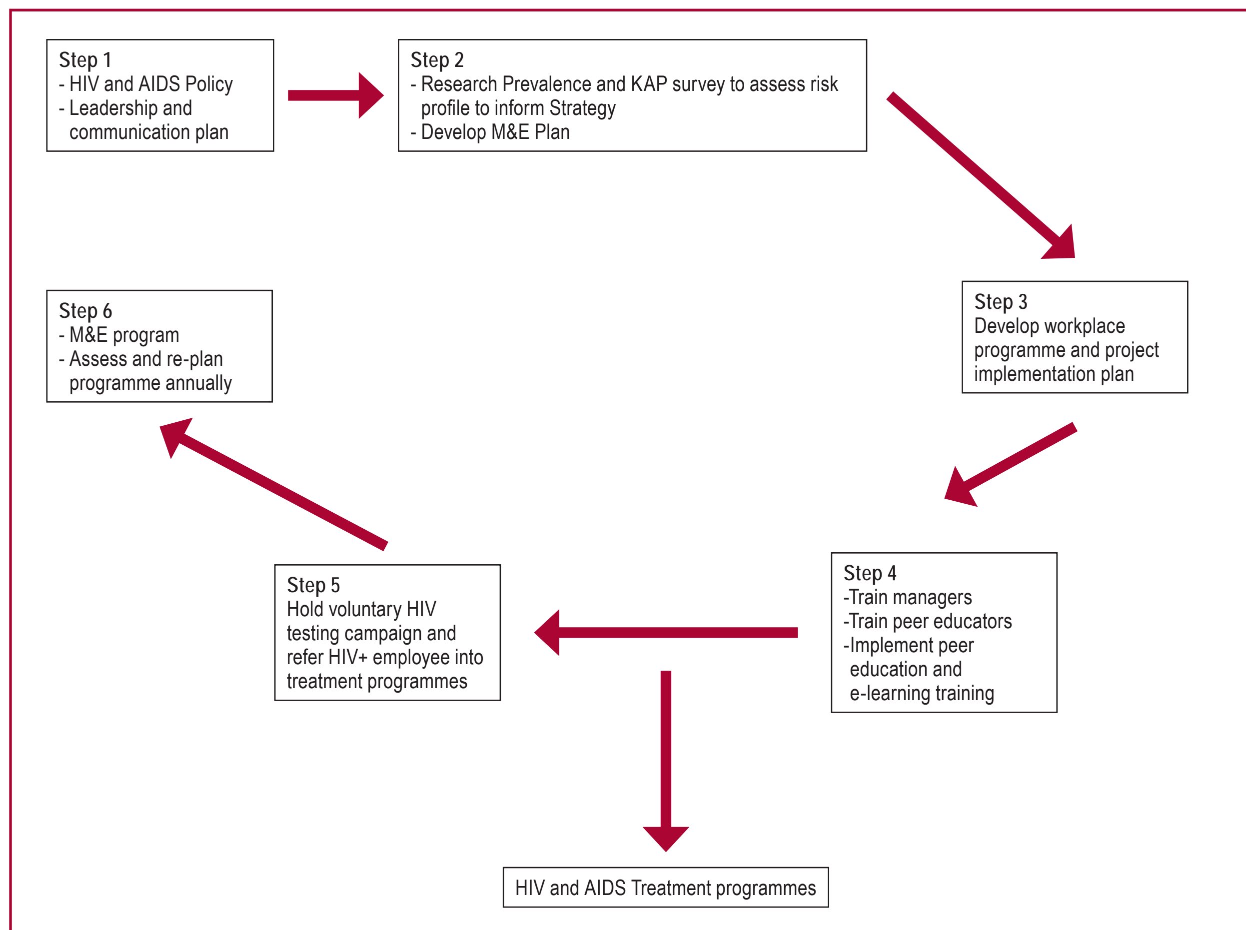
- The Policy Framework on HIV and AIDS for Higher Education in South Africa
- The Guidelines for developing and Implementing the HIV and AIDS Policy
- The Good Practice Report on HIV and AIDS Workplace Programmes
- The Framework for HIV and AIDS Workplace Programmes
- HEI Situation Analysis Report and HIV and AIDS Workplace Programme Strategy

CHAPTER 3

Model for the Implementation of an Institutional HIV and AIDS Workplace Programme

The following flowchart links the key performance area to the step by step process for implementing a workplace programme. Many workplace programmes will have one or more components of this model. Each step builds on the previous step so it is important to ensure that all areas are covered and implemented before the next step is started.

Figure 2 Workplace Programme Model



3.1 KEY PERFORMANCE AREA 1: STRATEGIC LEADERSHIP, DECISION-MAKING AND COORDINATION

The Key Performance Area - Strategic Leadership, Decision Making and Coordination requires that all HEIs have the structure (required by the Framework for HIV and AIDS Workplace Programmes for Higher Education in South Africa) in place. In other words have established a workplace sub-committee and appointed a person(s) to manage and lead the workplace programme components of the HEI HIV and AIDS programme.

The recommendations minimum response area for the Key Response Area 1: Strategic Leadership, Decision-making and Coordination include:

- The establishment of a workplace programme sub-committee of the HICC to guide the coordination, development and implementation of the Institutional HIV and AIDS Workplace Framework.
- Appointing a workplace programme sub-committee that is representative of senior management, academic, administrative and support staff.
- Appointing a chairperson and a workplace programme 'coordinator' to manage the implementation of the programme and report back to the HICC committee.
- Ongoing communication to employees on the HIV and AIDS workplace programme and be given a contact person in the event of queries or questions.

The following section of the Implementation Guide will set out how to implement this key performance area.

Setting up of the Leadership and project structures

This minimum requirement involves the following areas:

- Appointing an executive champion (also know as a driver or project sponsor)
- Appointing a project coordinator and sub-project team
- Developing a Workplace Programme project plan
- Setting up the project team and reporting structures

Appointing an executive champion

Box 1 Definition: The Executive Champion/Project Sponsor

> The Executive Champion, also known as the driver or project sponsor, is the person who lobbies for the project and has the authority to give the mandate for it to be implemented.
> The Executive Champion is typically the HEIs HR Director or Vice-Chancellor and acts as the Chairperson of the HIV and AIDS Sub-Committee/Project Team. It is the responsibility of the Executive Champion to keep the project on track by meeting regularly with the workplace programme coordinator/project manager; to ensure that the project fits with the HEI strategic objectives; to ensure that the project has the necessary resources and finance; to lead the political change needed to make the workplace programme successful; and to own the final product which is an HIV and AIDS programme that is mainstreamed into the organisation.

The Executive Champion (as defined above) must first of all recognise the need for a HIV and AIDS Workplace Programme at the institution and must have the authority to have it implemented and the commitment to make it succeed. If your existing champion is not the right person, you probably need to identify another champion who has that authority and commitment.

The Executive Champion must have a good understanding of the project and have a clear view of what is required. However, it is unlikely that he/she will have the time to get involved in the detail or day-to-day activities of the implementation due to his/her senior position.

The Executive Champion should be involved in the project start up – assisting and making decisions on the key areas outlined below – before handing it over to the Project Coordinator/ Manager (hereto referred to as the Project Coordinator) to implement.

The project coordinator should report progress regularly to the Executive Champion and refer any further decisions required back to the Executive Champion as required.

The HIV and AIDS Programme sub-committee will report to the HIV Institutional Coordinating Committee (HICC), on project progress on a regular basis.

Appointing a project coordinator and sub-project team

Box 2 Definition: The Workplace Programme Sub-Committee/ Project Team

> This project team is a sub-committee of the HICC committee and would report to the HICC committee.
>
> The Sub-Committee/Project Team is appointed by the Champion along with a Coordinator/Project Manager.
>
> The Project Team should comprise five to eight members representative of the senior management, academic, administrative and supportive staff as well as staff associations and unions. These representatives should have a demonstrated commitment to programmes of HIV prevention, support and care. In addition it is important that the Project Team members are appointed based on the fact that the role they are fulfilling is aligned to their job function within the HEI.
>
> Areas that need to be covered by members of the Project Team are training, policy, risk management, medical aid management, the clinic and monitoring and evaluation.
>
> The project team is responsible for the activities to implement the workplace programme along with its strategic guidance, coordination and monitoring.

The Workplace Programme Sub-Committee/Project Team (hereto referred to as the Project Team) is the group responsible for planning, executing tasks and producing deliverables as outlined in the Workplace Programme. They should have representation on and report to the HICC. The Project Team consists of a Coordinator/Project Manager and a variable number of team members who are brought in to deliver their tasks according to the workplace project schedule.

The **Project Coordinator** is the person responsible for ensuring that the Project Team completes the project. The Project Coordinator coordinates the team's performance of workplace project tasks (as defined in the Workplace Programme Project plan). It is also the responsibility of him/her to secure acceptance and approval of Workplace Programme deliverables from the Executive Champion and HICC Stakeholders. The Project Coordinator is responsible for all communication, including status reports, the escalation of issues that cannot be resolved in the team, and, in general, making sure the workplace project is delivered on budget, on schedule, and within scope.

Box 3 Definition: Project Coordinator/Project Manager

> The Project Coordinator/Project Manager is a senior staff member with line responsibility for driving the HIV and AIDS Workplace Programme within your institution. The Project Coordinator is the key member in your workplace Sub-Committee/Project Team ensuring that plans are designed, developed and implemented on the ground.
>
> The Project Coordinator must be a respected and trusted individual within your institution with proven leadership abilities to be able to influence people and canvas support for the HIV and AIDS Workplace Programme. These functions should be written into the person's job description (KPA) as deliverables.

Workplace Programme Project Plan

The project planning process involves the following steps normally done in a workshop environment.

Mandate

The objectives of the Workplace Programme and proposed planning process should be presented to the executive management of the HEI and a mandate obtained to develop a HIV and AIDS Workplace Programme.

Strategic Planning Workshop

The purpose of the HIV and AIDS Workplace programme strategic planning process is to:

- Review the current status of the workplace programme
- Do a gap analysis between the current workplace program and the Framework for Workplace Programmes
- Agree the strategic objectives of the workplace programme
- Identify a milestone plan to achieve the strategic objective over the next 2-3 years
- Agree Core Project Team to implement the strategy

A strategic workshop should be held with key stakeholder who has the authority to make decisions representing HR (Leadership, training, policy and risk management),

Box 4 Definition: A Workplace Programme "Project"

Project management is the discipline of planning, organizing, and managing resources to bring about the successful completion of specific project goals and objectives. It is often closely related to and sometimes conflated with programme management.

A project is a temporary endeavour, having a defined beginning and end (usually constrained by date, but can also be by funding or deliverables), undertaken to meet particular goals and objectives, usually to bring about beneficial change or added value.

Stages of a project

5.Close out

4.Implementation Stage

3.Start up Stage

2.Planning Stage

1. Concept Stage

the Clinic, Marketing and Communication, Finance, Monitoring and Evaluation.

Project Implementation Plan

The purpose of the HIV and AIDS Workplace programme implementation plan is to take the strategic plan and develop a practical and realistic project implementation plan. The project plan is normally developed by the project team members in a workshop environment. The project plan should include:

- Review and confirm the strategic objectives of the workplace programme
- Break each of the project milestones up into 6-8 tasks and review and confirm the milestones
- Develop time line for delivery of the project
- Confirm the Core Project Team
- Identify other projected that might be impacted by the workplace programme and appoint a person to manage the impact
- Develop a project budget
- Identify the project risks and an action plan to minimize the risks

The project plan would need to be approved by the HICC committee and other relevant management body and a budget allocated.

Reporting Structures

The Guidelines for Developing and Implementation of HIV and AIDS Policy, outlines the actions which

Figure 3 Reporting Structures

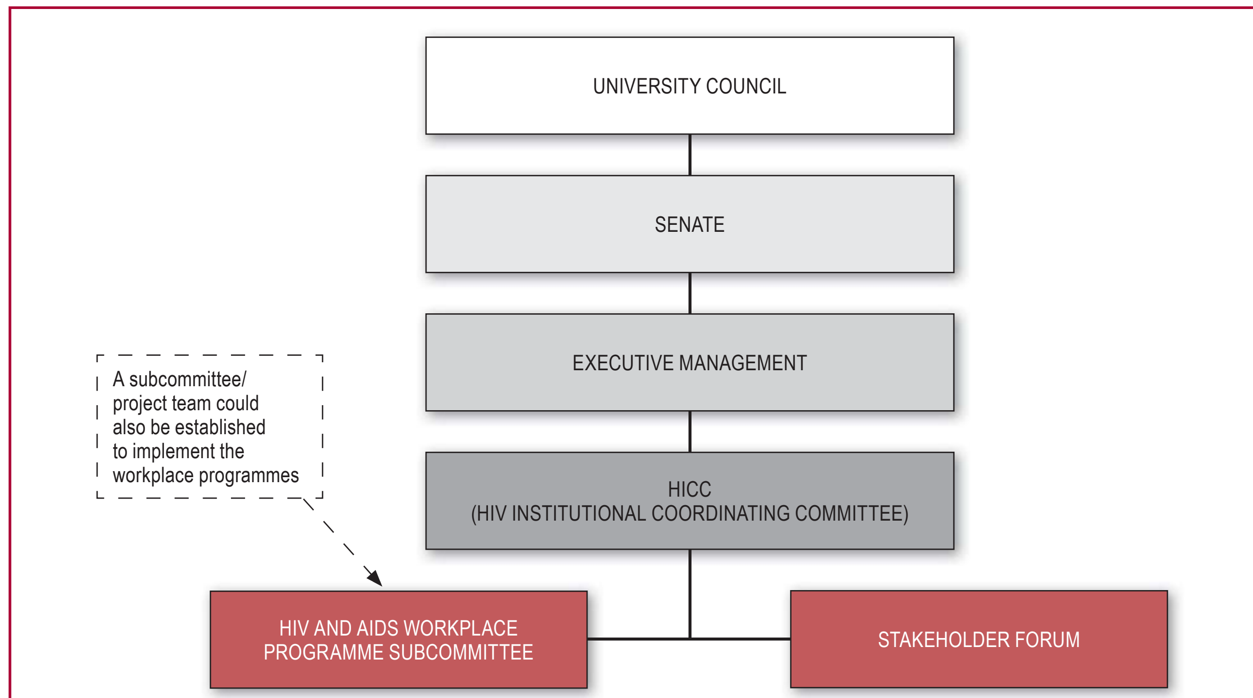


Table 1 Project Start-up Checklist

Project Start-up Checklist		✓
Mandate	Is there a clear, reliable mandate from the executive level of the HEI to implement the Workplace Programme?	
Purpose and objectives	Is it clear what the purpose and objective of the Workplace Programme project is as defined during the planning workshop? Have they been presented to the HEI's executive management and are they agreed?	
Scope	■ Are we able to define clear, measurable objectives that identify what is to be achieved?	
	■ Do the Executive Champion and other stakeholders all understand and agree?	
	The HEI should check –	
	■ If the project is addressing all the HEIs needs	
	■ If the scope needs to be broadened to include Wellness projects	
	■ If all the differences between academic, administrative and service staff are included and addressed	
	■ If the project caters for the different campuses	
	■ If the project caters for revised responsibilities and key performance areas	
Benefit	At the early stage of a Workplace project it will be very difficult to establish a solid benefit case for the project. The Executive Champion and Project Coordinator should try to identify key indicators to measure the benefit, including measurable/unquantifiable, financial/non-financial, internally focused/externally focused benefits.	
Timescales	In what timescale should the benefit be delivered? Confirm and ratify the time scales provided	
Control	How will the project be managed and controlled?	
	■ Who has ultimate responsibility, accountability and authority for the project?	
	■ Who handles day-to-day coordination or project management?	
	■ Who forms the executive control body (e.g. the steering committee – HICC) so that they can deliver the full stewardship, decision making, resourcing, and funding that is required for and on behalf of the sponsors?	
	■ How do these participants expect to participate, i.e. frequency of meetings, format, *formality, reports, minutes* etc?	

should be taken by institutions. To establish a dedicated HIV Institutional Coordinating Committee (HICC) that will monitor and evaluate the implementation of the institutional policy and programmes on HIV and AIDS. (See *Figure 1: Reporting Structures*) The overarching focus of this committee will be on **teaching and learning, research and knowledge generation, community engagement, workplace programmes and effective prevention, care and support**. All appointments are made using processes ordinarily used in your organization.

A monthly meeting schedule should be set up to report on the workplace project progress. The Workplace Programme project should report to the HIV and AIDS Committee/HICC as well as the HR Committee on the progress of the project implementation.

The report should include the following:

- Overview of the month/quarter against targets
- Update on Workplace Programme components:
  - Leadership and communication
  - Research and analysis
  - Workplace Programme policy development and review
  - Workplace Prevention Programme
  - Workplace Treatment and Care Strategy
  - Monitoring and Evaluation
- Financial Report

- Indicators
- General items

Project Start up check list

The Executive Champion mandated by the HEI to implement the workplace programme should use the project start-up check list to ensure that you have completed the necessary steps in the Workplace Programme start-up phase (Table 1).

Communication Plan Guidelines

For the Workplace Programme to be supported by the leadership and staff of the university community it is important to develop a communication plan. Communication can occur at meetings, workshops, through email flyers or newsletter.

The programme communication plan should include the following communication steps:

- **Prior to the Workplace Programme being initiated:** Communicate to the executive management of the institution to ensure support and leadership commitment. This communication is done by the Executive Champion (normally the HR Director).
- **During the development of the Workplace Programme plan:** The Executive Champion ensures that the HIV and AIDS Workplace Project Team understand and commit to implementing the Workplace Programme plan. Communicate with the HICC to ensure that they are in support of the plan. Communicate with other programmes/projects impacted by the Workplace Programme to ensure that activities are coordinated (eg Workplace Wellness Project, Health and Safety Committee, Medical Aids and Pension Funds). Communicate with the line managers of the Project Team who will have to apportion time to implement the Workplace Programme and ensure that they are in agreement with the activities and that the activities can become part of the members' responsibilities and incorporated into their performance agreement.
- **When the project is launched:** The person tasked with general workplace programme project communication communicates to the greater staff of the university to inform them of the Workplace Programme, who is responsible for what, what activities will be done and what benefits will be achieved.
- **During the implementation of the Workplace Programme:** The workplace programme coordinator communicates to all management and staff on activities and successes. There should be ongoing communication to the relevant management committees on the implementation progress.
- **During the end phase of the project:** The workplace programme coordinator communicates to management and staff how the activities are going to be incorporated into the roles and responsibilities of existing structures within the university.
- **Prior to the Workplace Programme being developed:** Prior to the programme being developed the Executive Champion communicates with the executive management of the institution to ensure support and leadership commitment.
- **During the development of the Workplace Programme plan:** Executive Champion and coordinator communicates with the HIV and AIDS Workplace Sub-Committee/Project Team to ensure understanding and commitment of the team members to implement the Workplace Programme plan. Communicate with the HICC to ensure that they are in support of the plan. The team member appointed communicates with other programmes/projects impacted by the Workplace Programme to ensure that activities are coordinated (e.g. Workplace Wellness Project, Health and Safety Committee, Medical Aids and Pension Funds). The Workplace Programme coordinator communicates with the line managers of the Sub-Committee/Project Team who will have to apportion time to implement the Workplace Programme and ensure that they are in agreement with the activities and that the activities can become part of the members' responsibilities and incorporated into their performance agreement.
- **When the project is launched:** The sub-project team communicates to the greater staff of the university to inform them of the Workplace Programme, who is responsible for what, what activities will be done and what benefits will be achieved.

Table 2 A Workplace Programme Communication Plan Checklist

A Workplace Programme Communication Plan Checklist	✓
A Project Team of the HICC has been established to guide and coordinate the development and implementation of the Institutional HIV and AIDS Workshop Framework	
The Project Team is representative of senior management, academic, administrative and support staff	
At least one person on the steering committee has been appointed as the chairperson and a workplace programme 'champion' identified to manage the implementation of the programme and report back to the sub-committee/project team	
The institutional stakeholder forum has been established and involved as envisaged in the Implementation Guide	
Employees have been informed of the structures within the institution that oversee the HIV and AIDS Workplace Programme and have been given a contact person in the event of queries or questions	

- **During the implementation of the Workplace Programme:** The coordinator of the executive champion communicates to all management and staff on activities and successes. There should be ongoing communication to the relevant management committees on the implementation progress.
- **During the end phase of the project:** At the end of the programme the Executive Champion communicates to management and staff how the activities are going to be incorporated into the roles and responsibilities of existing structures within the university.

Workplace Programme Communication Guide

Use the check list (Table 2) to assess how many of the minimum recommended requirements your institution has in place against the *Framework for HIV and AIDS Workplace Programmes.*

Project Close-Out

Following the implementation of your programme you should be able to give a checklist audit of its functions and projects (Table 3).

Table 3 Functions that need to be in place during the project close-out

Strategic leader Leadership and Decision making	Rating 1	Rating 2	Rating 3
1.Executive champion is responsible for HIV and AIDS within the organisation and it is included in their job description and performance agreement			
2. HIV and AIDS Workplace coordination has been included in the responsibilities of a position within the organisation and has been written into their job description and performance agreement of the position			
3. An audit (using this questionnaire) has been done of the ongoing tasks that need to be done for the HIV and AIDS activities and these have been assigned and written into the job descriptions of key positions and the performance contact of these position.			
4. The development of an annual HIV and AIDS Strategy and implementation plan has been written into the role and responsibilities of the person responsible for HIV and AIDS programme coordination.			
5. HIV and AIDS has become a budget line item and a budget is given annually as part of the normal budget process			
6. Reporting structure are in place to monitor HIV and AIDS initiative within the organisation.			
7. The development and implementation of an annual HIV and AIDS Communication plan has been assigned to a staff member as part of the job description and performance agreement.			
8. An audit of all policies have been done to ensure the HIV and AIDS issue has been included.			

Policies	Rating 1	Rating 2	Rating 3
1. The HIV and AIDS Workplace Policy has been approved and communicated to all staff. The assessment and updating of this policy has been written into the role and responsibilities of the person responsible for HIV and AIDS programme coordination.			
2. The Absenteeism management policy has been approved and communicated to all staff. The updating of this policy annually has been written into the role and responsibilities of the person within HR.			
3. A Chronic disease policy has been approved and communicated to all staff. The updating of this policy annually has been written into the role and responsibilities of the person within HR			
4. A Disability policy has been approved and communicated to all staff. The updating of this policy annually has been written into the role and responsibilities of the person within HR			
5. Balance of HR policies that have implications for HIV&AIDS has been aligned with legislation, approved and communicated to all staff. The updating of these policy to keep them aligned with legislation annually has been written into the role and responsibilities of the person within HR			
Research and Analysis	**Rating 1**	**Rating 2**	**Rating 3**
Baseline Research			
1. A base line audit of the workplace programme activities has been done using the Workplace Programme Audit questionnaire and is being used to assess progress of the implementation of the HIV&AIDS Workplace programme			
2. A baseline HIV&AIDS Knowledge attitude and practices (KAP) survey has been done			
3. A baseline HIV and AIDS Prevalence survey has been done (through anonymous testing of all staff or a representative sample of staff)			
4. A baseline cost impact survey of HIV and AIDS risks within the organisation has been done			
Changed in KAP and HIV and Wellness Prevalence			
5. A plan is in place to do 3 yearly HIV and AIDS KAP and Prevalence surveys to measured changes in Knowledge Attitude and Practices and infection levels within the organisation			
6. A plan is in place to assess reduction risk and possible impact of HIV and AIDS within the organisation			
Education and Behaviour change programmes	**Rating 1**	**Rating 2**	**Rating 3**
1. An induction training manual has been developed to inform current and new employees of HIV and AIDS services and programmes available and incorporated into the induction programme of new employees			
2. Staff clusters have been indentified with similar training needs for HIV and AIDS and incorporated into the training and skills development plan			
3. A staff education and behaviour change programme has been developed and is being implemented it has been written into the person responsible for trainings job description and is updated annually.			
4. All managers have been trained in HIV and AIDS and an annual refresher programme is planned and the responsibility for this is written into the job description of the person responsible for training within the organisation			
Education and Behaviour change programmes	**Rating 1**	**Rating 2**	**Rating 3**
5. All staff have been trained in Universal Precautions and an annual review has been planned and the responsibility for this is written into the job description of the person responsible for training or occupational health within the organisation			
6. There are trained peer educators and a plan has been developed to train new peer educator or wellness champions on an annual basis as required to replace members lost or upgrade existing skills and the responsibility for this is written into the job description of the person responsible for training within the organisation			
7. A staff education and behaviour change programmes is being implemented and the responsibility for this is written into the job description of the person responsible for training within the organisation			
8. There is a peer educator coaching programme in place and this is updated annually and strategy and update annually and the responsibility for this is written into the job description of the person responsible for training within the organisation			

HIV and Wellness Testing and Referral plan	Rating 1	Rating 2	Rating 3
1. A staff HIV testing and treatment referral strategy has been developed and implemented. The ongoing coordination of this plan has been written into the job deception of a staff member in the organisation.			
2. A staff HIV and AIDS treatment strategy to has been developed and implemented for both the insured and non insured staff members. The ongoing coordination of this plan has been written into the job deception of a staff member in the organisation.			
Monitoring and evaluation of workplace programmes	**Rating 1**	**Rating 2**	**Rating 3**
1. A monitoring plan has been developed including a set of indicators to assess the HIV and AIDS Programme including inputs and outputs. The ongoing coordination of this plan has been written into the job deception of a staff member in the organisation.			
2. A process to annually review and re-plan the HIV and AIDS Programme has been developed to maximise the Return on Investment for the organisation and benefit to employee. The ongoing coordination of this plan has been written into the job deception of a staff member in the organisation.			
1=not in place 2=currently being implemented 3=complete/mainstreamed			

KEY PERFORMANCE AREA 2: RESEARCH AND ANALYSIS

Key Performance area 2 requires each HEI to understand the impacts of HIV and AIDS illness on its employee base, has established both direct and indirect costs, identified programmatic gap areas as well as necessary attitudinal and behaviour changes required.

The recommended minimum response includes the following areas

- Completing a situational analysis to understand the current institutional response to the epidemic, to establish a benchmark against which future programmatic activities can be measured, and to identify gaps which need to be filled. It is also a benchmarking tool to determine how the HEI is in relation to other institutions
- Develop a budget for an HIV and AIDS workplace programme
- Perform a Knowledge, Attitudes and Behaviour Survey every 3 years to assess behavioural and attitudinal change as a result of the workplace programme
- Perform a initial sero-prevalence or well supported VCT drive to determine the HIV prevalence and thus the risk profile of the institution.
- Perform a cost impact analysis of HIV and AIDS to the institution by measuring key indicators such as increases in absenteeism, recruitment and re-training costs, increasing costs to benefit schemes and loss of productivity.

Overview of the Research and Analysis

The underlying principle of this research and analysis component is that you can't manage what you can't measure. Research and analysis is not only critical as a means to understanding the risk profile of an institution but also to assess institutional readiness for an integrated HIV AND AIDS Workplace Programme.

In addition to this it provides a benchmark against which future interventions can be measured in order to assess their effectiveness. (Please note that this research and analysis component pertains only to workplace programme components and does not include other broader research agendas that the institution may choose to engage in with regards to HIV and AIDS.) Ongoing research and analysis should be a characteristic or process which is evident throughout the strategic planning and implementation phases and also plays a critical role in any monitoring and evaluating system.

A number of different methods and tools can be used in the research and analysis process. The tools which are applied will largely depend on the financial, operational and human resources which are available within your institution. Both quantitative and

qualitative methods can be used. Typically the areas which should be assessed and will be covered in this chapter of the implementation guide are:

- **Financial impact** on the institution including the economic impact of HIV AND AIDS on the institution through direct, indirect and programme costs;
- **Current HIV AND AIDS practices and interventions** within the institution (Situational Analysis);
- Current and potential available **resources** for an intervention (Situational Analysis);
- Institutional and individual's **perceptions** of the impact of HIV AND AIDS (Knowledge Attitudes and Practices Survey (KAP)); and
- **HIV Prevalence study**
- **Risk profile** of the institution

This section also includes guidelines on how to develop and obtain a budget for your HIV and AIDS Workplace Programme.

Situational Analysis

A situational analysis is a tool used in order to establish current activities that are being implemented in your institution and identifying any gaps that might exist between where you currently are and the framework standards.

Ultimately the situational analysis will be used as a benchmark at the end of the programme to assess progress. As part of the HEAIDS Workplace Programme Support project the consultants conducted a situational analysis on your HEI and a copy of the document was included in the institutional Report.

The situational analysis should be repeated on an annual basis, ideally during June or July in order to assess the current state of the HEI HIV and AIDS Workplace Programme and the information fed into the following budget cycle.

Developing a business case and budget

Before you launch your HIV and AIDS Workplace Programme, it is important that you commit to an initial budget for the programme. When budgeting for an HIV and AIDS Workplace Programme the project team should take into account the costs of purchasing the products and services required to implement the project as well as the cash in kind contributions that the university staff will incur to implement the project. Cash in kind contribution are often ignored from a budgeting perspective as they are sunk costs that the university will incur irrespective of the project being implemented or not.

Your budget needs to cover the following areas:

- The HIV and AIDS sub-committee/project team
- Employee Communication Plan
- Economic Cost Impact Analysis to define the return on investing in HIV and AIDS Workplace Programme
- HIV Prevalence and Knowledge Attitude and Practices (KAP) Survey
- Training
- Voluntary Counselling and Testing (VCT)
- Post-Exposure Prophylaxis (PEP)

In developing a HIV and AIDS Workplace Budget HEIs need to consider what they are already paying for and not budget twice for the same expenses.

The majority of HEIs have managed the risk of staff poor health by mandating that all permanent staff join a medial aid (either the HEI selected choice or the staff members' spouses' fund). Therefore the medical aid broker is an important stakeholder in the HIV and AIDS Workplace Programme.

The **Medical Aid Broker is** contracted by the HEI to provide services to the employee. The broker is paid a commission of 3% up to a maximum of R54/pm per member and is responsible for the following.

Employee responsibilities

- Advising the employees on their selected medical aid option
- Providing annual training to each individual employee on their medical aid benefits – Don't budget

for treatment training that should be provided by the broker
- Sort out administrative hic-ups with fund claims

HEI responsibilities

- Providing reports on utilization including the number of employee registered on a HIV Managed Care Programme – Don't budget for doing these reports
- Providing service to reduce the risk to the fund like running wellness days where the HIV test is billed (with consent) to the employee's medical aid - these funds come out of savings.

Some funding solutions

- **Broker.** Discuss with your broker the potential for an allocation of the retained broker commission to Wellness or HIV Prevention Programmes for medical scheme members. This is currently common practice in the South African medical scheme broking market.
- **Disability insurance benefits.** Negotiate with your insurer or underwriter that they will cover the costs related to medical screening for conditions that might result in a medical disability.
- **Donor funding.** Funders are willing to investigate assisting organizations that have a focused strategy on managing the societal and behavioural factors that might influence future HIV positive incidence and prevalence rates.

Knowledge, Attitudes and Sexual Practices (KAP) Survey

Box 5 Definition: KAP Survey

> The Knowledge, Attitudes and Sexual Practices (KAP) Survey is a confidential questionnaire-based survey that is ideally administered to all employees or at least a minimum representative sample.
>
> Assessment of the KAP is done against a baseline of current sexual practices as determined in the HEAIDS Survey and measures any change in behaviour, exposure to risk and knowledge levels within the organisation. The survey is conducted every three years.

The KAP Survey has been done at the beginning of your programme and should be repeated with follow-up surveys in 2011 or 2012. It would provide additional value to the HEI if the next KAP Survey also included a Wellness questionnaire to form a combined HIV and AIDS and Wellness Programme. The KAP Survey is usually implemented by independent service providers and professionally analysed.

Generally a KAP Survey will enable an institution to:

- establish current knowledge on HIV AND AIDS of the workforce at different levels;
- identify existing myths and misconceptions pertaining to HIV and AIDS which often serve an impediment towards effective HIV and AIDS education and behaviour change;
- establish current sexual practices;
- identify barriers to behaviour change;
- ensure that education intervention and awareness campaigns are focused; and
- measure behaviour and attitude change and the effectiveness of the education intervention

Guidelines for the completion of your next KAP

- Decide the objectives of what you want to measure with your KAP;
- Include some of the questions from your previous KAP;
- Decide if your KAP will be linked to a Wellness questionnaire;
- The KAP Survey can be conducted internally or externally through a contract service provider;
- Decide on a date to do your KAP Survey allowing sufficient time for reapplying for ethics approval; and
- Use a similar methodology from previous KAP Surveys to ensure that the results can be compared against the base line.

Prevalence Survey

A Prevalence Survey determines the levels of HIV infection within an institution and can be combined with Wellness screening.

Box 6 Motivation for combining future HIV Prevalence Surveys with Wellness

> Research into the staff profile of several HEI[1], specifically academic staff profiles, put their average age above 40 years and therefore at increased risk for lifestyle related illnesses. Conducting a Wellness Survey alongside blood tests for HIV would therefore be considered a good return on investment. A Wellness Survey should test the following:
>
> - Blood pressure
> - Glucose
> - Cholesterol
> - BMI (body mass index)

Prevalence Surveys are performed on site and offers all employees the opportunity to test confidentially and anonymously. The tests used can vary from rapid saliva and blood spot tests to the taking of blood samples that are send to a laboratory for testing. Individuals are not required to get the results of their tests, but ethically volunteers must be offered the opportunity to receive their result and get pre and post-test counselling.

The data generated from a Prevalence Survey will not only inform further interventions but will also make it possible for the institution to calculate its risks and the extent of the problem. Prevalence Surveys are not necessary when there is a high uptake on the VCT programme. If an institution achieves a 75% uptake during a VCT drive, this percentage is statistically significant enough to qualify as being an accurate indication of prevalence in the institution.

Cost Impact Analysis

Calculating the return on your investment can be achieved in several ways. Direct costs relating to impairment and illness can be assessed using calculations focusing on the:

- **Lost time ratio**
  Time lost due to illness divided by total time available for work;
- **Direct sick leave costs**
  Multiplication of a day rate for employees by the number of days lost due to sick leave. This relies on the accurate capture of sick leave information using the payroll absence and attendance system; and
- **Medical aid costs**
  This is can be used where the HEI has its own in-house medical aid. The HIV and AIDS Workplace Programme (especially if combined with a Wellness Programme) could target reducing the cost of the medical aid premiums to justify the ROI on the project through health screening and early treatment of chronic conditions and HIV.

KEY PERFORMANCE AREA 3: DEVELOPING A WORKPLACE HIV AND AIDS POLICY

Key performance Area 3 developing a workplace HIV and AIDS Policy require each HEI to develop and distribute a workplace HIV AND AIDS chronic disease policy encapsulating the principles of this workplace framework as well as the national policy framework, aligned to relevant labour legislation and institutional HR policies.

Recommended minimum response includes decisions and procedures on the following:

- Co-ordination and implementation of programmes
- Education and Training
- HIV and AIDS and legal issues
- Testing
- Confidentiality
- HIV and AIDS and employment, including incapacity, termination of services, alternative employment etc
- Promotion of a safe working environment
- Compensation for Occupationally acquired HIV
- Employee benefits and provision of care
- Response of fellow employees
- Procedures for dispute resolution and grievances re. HIV and AIDS related issues

Overview of developing a policy

The development of an institutional HIV and AIDS workplace programme policy and guidelines for best

practice are critical components of a HIV and AIDS programme as it provides the foundation upon which the rest of the programme is built. Once the workplace programme subcommittee has developed the policy it can be written and submitted to the HICC and then to the executive structures for ratification and approval.

Any legislation or policy must be developed against the Bill of Rights within the Constitution which protects the rights of every person to, amongst others, the right to equality, dignity, privacy and fair labour practices. Any workplace response to HIV and AIDS must therefore be based on an understanding of these rights of persons infected with and affected by HIV and AIDS as well as the rights of the employer in managing the impact of HIV and AIDS on the core business areas of the business or organisation. Such a workplace response must also be aligned with:

- International guidelines for responding to HIV and AIDS;
- The South African legislative and policy framework; and
- Higher Education policy environment on HIV and AIDS.

At a minimum the policy must:

- Be developed through a consultative process;
- Have 100% buy in from all stakeholders;
- Accurately and specifically reflect the attitude and the approach of the institution to tackling the issue of HIV and AIDS;
- Be tailored to the specific needs and objectives of the institution;
- Be customised to match the culture and language of the institution;
- Be easily readable, applicable and accessible;
- Be in line with international standards of best practice;
- Be aligned to the national policy framework on HIV and AIDS for Higher Education in South Africa;
- Be aligned to the national workplace programme framework for Higher Education in South Africa;
- Comply with all relevant labour legislation in South Africa; and
- Make provision for the meaningful participation of PLWHA (People Living With HIV and AIDS)

The policy must provide guidelines on:

- Co-ordination and implementation of programmes
- Allocation of human, financial and infrastructural resources.
- Education and Training
- HIV and AIDS and legal issues
- Testing
- Confidentiality
- HIV and AIDS and employment, including incapacity, termination of services, alternative employment etc
- Promotion of a safe working environment
- Compensation for Occupationally acquired HIV
- Employee benefits and provision of care
- Response of fellow employees, standards of behaviour expected
- Procedures for dispute resolution and grievances re. HIV AND AIDS related issues.

The following 5 steps in setting up a workplace HIV AND AIDS policy:[2]

- Set-up a working or steering committee to coordinate and facilitate the policy development process. The committee must determine the terms of reference of the content, context and process within which the policy should be developed.
- Identify key role-players and stakeholders to get involved and participate in the development of the policy.
- Conduct a situation analysis to determine possible risk factors and behaviours which may influence the management of the impact of HIV and AIDS in the workplace. The analysis should include information on the current situation regarding HIV and AIDS in your workplace and surrounding communities like HIV prevalence rates, some push and pull factors, risk behaviours among employees and employers, direct and indirect impacts, etc. A response analysis should also be included to indicate

what has been done in responding to the impact of HIV and AIDS; what worked and what did not? And why not worked? Some lessons learned. It is also within this response analysis that the current institutional strategic and operational plans should also be looked at to determine what strategic and operational objectives can be used to develop the policy. A gaps analysis should conclude the situation analysis by doing also policy environment scan to determine what other policies links to the workplace policies and where are the gaps that the policy must address. All of the information can then serve as baseline information for policy and monitoring and evaluation formulation. Should be both quantitative and qualitative data.

- Coordinates and develop an intensive consultation processes with employees, stakeholders like executive management, trade unions or staff representative bodies and some external like local community based organisation, local department of health and others (just be very clear what their value adding will be to the process of policy development).
- Identify the process of authorisation of the policy including the standard format of institutional policies, who is the custodian of the policy and what structure (like Council) must approve it.

In addition:

- Develop a communication and marketing strategy to localise and promote the final policy to all employees and employers.

International Guidelines for responding to HIV and AIDS

A number of important international guidelines guide the workplace response and some of them include:

The UNAIDS HIV and AIDS and Human Rights International Guidelines (1998)

These international guidelines aim to provide the creation of a positive, rights-based response to HIV and AIDS, which is effective in reducing the transmission of HIV and the impact of the epidemic while being consistent with human rights and fundamental freedoms. The emphasis is more on government workplaces.

The SADC Code of Good Practice on HIV and AIDS and Employment (1997)

This Code was designed and developed through a consultative process with all relevant stakeholders; and adopted and signed at a meeting of Ministers of Labour across the Southern African Development Community (SADC) in Pretoria towards the end of August 1997. The Code in itself is not a legally binding document, but it provides guidelines on the agreements reached by those who signed. They agreed that:

- There are national and regional impacts of the AIDS pandemic which needs to be managed at workplaces and there is a need to have regional employment minimum standards; and
- All those who are members of the SADC region should coordinate and facilitate the development of national codes in consultation with employers, employees, trade unions or staff representative bodies as well as other relevant stakeholders like community-based organisations, labour structures, etc. This Code must then be reflected in national law.

The International Labour Organisation Code of Practice on HIV and AIDS and the World of Work (2001)

This Code facilitates an agreement on the roles and responsibilities of all employers and employees in both the private and public sector and tries to cover all aspects of work (formal and informal) related to HIV and AIDS. Minimum standards are suggested which can be used in developing a workplace response to the impacts of the AIDS epidemic by:

- Acknowledging HIV and AIDS is a workplace and development issue;
- The principles of non-discrimination and destigmatization must form the fundamentals of a workplace response HIV and AIDS;
- Equity, especially gender equality, must be the central point of departure in a workplace response to HIV and AIDS;

- The right of every employee to work in a healthy and safe environment must be driving the workplace response to HIV and AIDS;
- There must also be communication or dialogue between employers, employees, their representatives, legislative bodies and PLWHIV's (People Living With HIV) on roles and responsibilities within a workplace response to HIV and AIDS;
- Screening on HIV-status prior and/or during employment must be prohibited;
- Every employee has the right to confidentiality regarding their HIV status and mechanisms must be in place to ensure the practice of this right;
- Provision must be made to allow and enable all employees (infected with HIV and affected by HIV and AIDS) to continue working for as long as possible;
- The prevention of new HIV-infections must be prioritised within all workplace responses to HIV and AIDS; and
- Access to care and support services must be provided to all employees living with HIV and those affected by HIV and AIDS.

South African Laws and Good Practice

Although South Africa may have a fairly good legislative framework for responding to HIV and AIDS in the workplace, there is still a lack of response and collaboration between different workplaces. The following summary provides an overview on the most important legislations which provide a framework for an integrated workplace response to HIV and AIDS.

The Constitution

The South African Constitution Act 108 of 1996 is the supreme law of the country and it guides all other laws to have a human rights base to which they must adhere and comply. Within the Constitution's Bill of Rights there are a number of specific provisions that protect workplace rights. They include Section 23(1) which declares that "everyone has the right to fair labour practices". Overall some of the more general rights may also be used to apply to the employment relationship, such as the right to equality and non-discrimination (Section 9), and privacy (Section 14).

Labour legislation

There are various labour legislations which indirectly contribute to a workplace response to HIV and AIDS, but it is only the **Employment Equity Act 55 of 1998** that directly addresses HIV and AIDS. The relevant labour statutes are:

- The **Employment Equity Act 55 of 1998** aims at ensuring equality and non-discrimination in the workplace through non-discrimination measures and affirmative action provisions. There are also two clauses that expressly refer to HIV and AIDS: *A prohibition on unfair discrimination based on 'HIV status'* and *A prohibition on HIV testing without Labour Court authorization.*
- The **Labour Relations Act 66 of 1995** regulating the relationships between employees, trade unions and employers acknowledges HIV and AIDS as a workplace issue and calls for a response to manage the impact of HIV and AIDS at workplaces.
- The **Occupational Health and Safety Act 29 of 1996** places a duty on all employers to ensure that, as far as is reasonably practicable, the working environment must be healthy and safe for all employees. For example, employers are required to provide safety equipment such as latex gloves to prevent the transmission of HIV-infections at a workplace during for example an accident involving a blood spill. Access to ART has become a priority and all workplaces must have a Post Exposure Prophylaxis (PEP) policy to deal with workplace injuries and possible exposure to HIV-infections.
- Section 2 (1) and Section 5(1) of the **Mine Health and Safety Act 29 of 1996** provides that an employer is required to create, as far as is reasonably practical, a safe workplace. This may include ensuring that the risk of occupational exposure to HIV is minimised.
- The **Basic Conditions of Employment Act 75 of 1997** makes provision that every employer is obliged to ensure that all employees receive

certain basic standards of employment, including a minimum number of days sick leave [Section 22(2)].

- The **Compensation for Occupational Injuries Act 130 of 1993** gives every employee the right to apply for compensation if injured in the course and scope of their employment. This includes compensation for exposure to HIV-infection during working hours or in the call of employment, if it can be shown that the employee was infected in the course and scope of their employment. For example, needle-prick injuries at hospitals by health care workers.

Other relevant legislation

Other pieces of legislation that may impact on the management of HIV and AIDS in the workplace are:

- The **Promotion of Equality and the Prevention of Unfair Discrimination Act 4 of 2000** sets out measures for dealing with various forms of unfair discrimination and inequality across society, including workplaces. It also sets out the steps that must be taken to promote equity and equality. This Act is broad enough to cover unfair discrimination based on one's HIV-status.
- The **Medical Schemes Act 131 of 1998** regulates medical schemes and states that a medical scheme may not unfairly discriminate, directly or indirectly, against any person on the basis of their HIV-status. This Act also allows the Minister of Health to gazette a minimum standard of benefits to be provided to members of the medical scheme.

Common law

- The common law protects the **personal rights** of all individuals. These rights include the right to dignity, privacy and bodily integrity. This means that medical treatment (including HIV-testing) must be carried out with the informed consent of the person concerned. Furthermore a person's HIV-status may only be disclosed with their consent either verbally or in writing.

Good Corporate Governance

The King II Report is generally seen as a yardstick for corporate governance in South Africa and encourages executive management structures to "take cognisance of all threats to the health of stakeholders" and to ensure that corporate governance practices "reflect a commitment to preventing occupational diseases".

Added to this the King II Report recommends that all workplaces should familiarise themselves with the impact that HIV and AIDS is having on the South African economy in general and on society at large.

It further recommends that:

- Executive managers create awareness both amongst themselves and subordinates concerning the effect that HIV and AIDS is having in the workplace;
- Companies adopt an appropriate strategy, plan and policy to address and manage the potential impact of HIV and AIDS on the workplace;
- Companies vigilantly monitor economic indicators and other major indicators in order to assess the impact of HIV and AIDS; and
- Companies report regularly to internal and external stakeholders including, but not limited to, bargaining councils, unions, and social structures.

Common legal cases and questions relating to HIV and AIDS in the workplace

Non-discrimination

- ***What legal rights to employee have against unfair discrimination due to HIV status or perceived HIV status or being affected by HIV and AIDS***
  Unfair discrimination occurs when an employee is treated differently due to their HIV-status (which may be real or perceived) or their relationship with a person(s) who is infected with HIV and it impairs their fundamental human dignity. For example, if staff find that a fellow employee is HIV positive and they ask for them to be moved to another section because they refuse to work with an HIV positive person; this would be a form of

unfair discrimination if the appropriate management response was not made, that is, the member of staff making the request was not counselled and the HIV positive person was moved.

- A workplace policy should address unfair discrimination related to HIV and AIDS by addressing the following rights within a legal response:

The Labour Act stipulates the procedures in addressing any labour dispute, including unfair discrimination against employees living with HIV and/or affected by HIV and AIDS as in this diagram:

Confidentiality, Dignity and Privacy

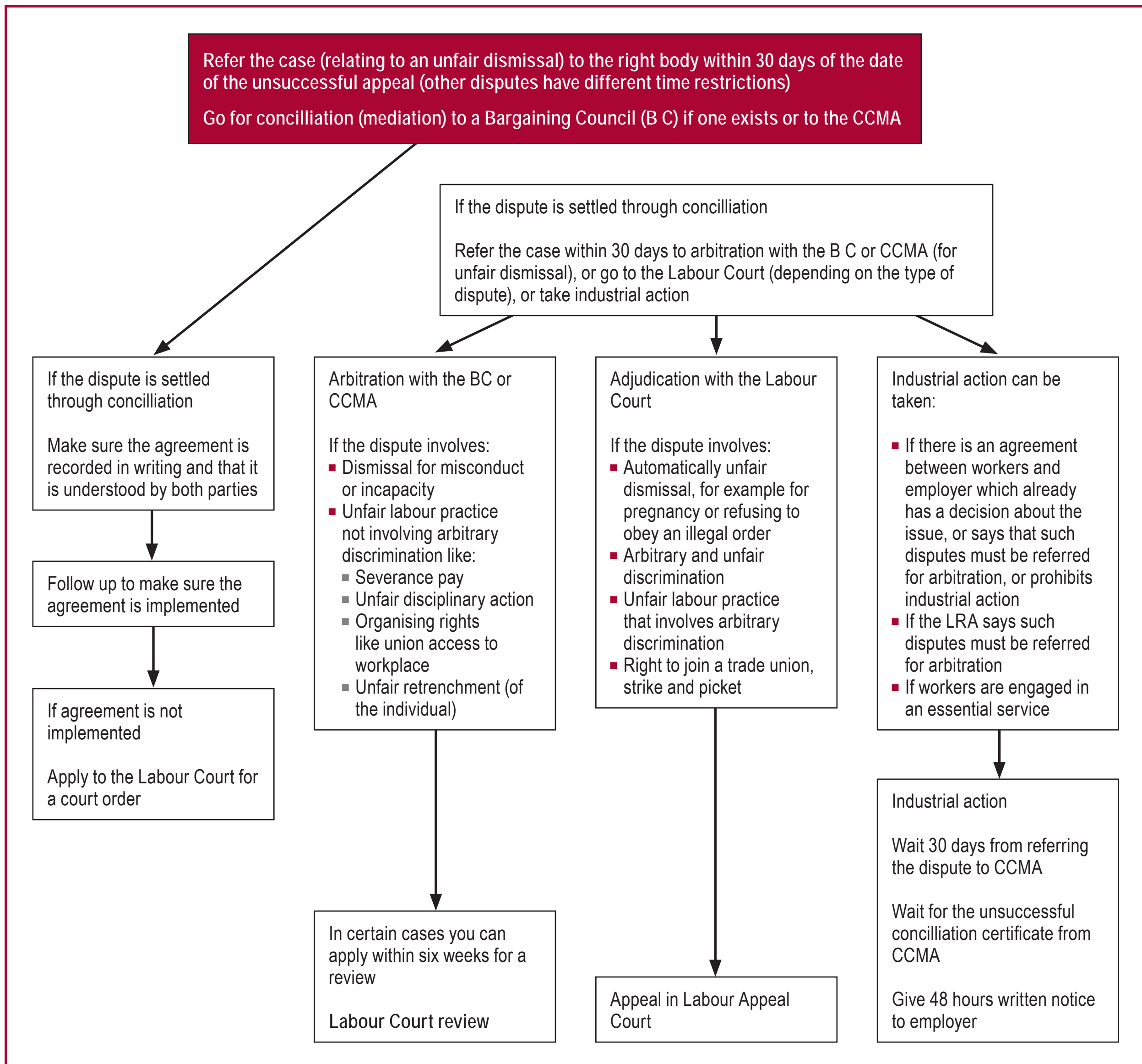
- ***Breaches of confidentiality regarding an employee's HIV status (actual or perceived)*** Employees are often afraid of disclosing their HIV status or the fact that they are looking after someone who is infected with HIV, to their colleagues within the workplace fearing that this information will not be kept confidential and that they may experience discrimination. Breaching confidentiality occurs when a person who is under a legal or ethical duty to keep certain information to themselves (such as an employer or colleague) discloses it without permission.
- ***What legal rights do employees have to dignity, privacy or confidentiality?*** All employees and employers are entitled to dignity and privacy. This right protects someone's personal information from others, thus allowing the individual to decide on what they want kept private. Employees living with HIV or those affected by HIV and AIDS are entitled to dignity and privacy regarding their HIV-status. Informed consent should be given at all times prior to any form of disclosure, even in the case of shared confidentiality like in hospitals. Suggest the order is changed – ie the rights first and the breach of rights second – see earlier suggestion. Although the general rule around confidentiality applies around human resource management and industrial relationships, confidentiality should be compromised under the following legal conditions:
    - Disclosure of a person's HIV status to a third party is authorised in terms of the ethical guidelines of doctors, psychologists and social workers in circumstances where a third party is at risk of infection;

Table 4 Summary of rights of employees with HIV or AIDS

RIGHT	LAW
Right to fair labour practices	The Constitution The Labour Relations Act (LRA)
Right not to be unfairly dismissed because you have HIV	The Labour Relations Act (LRA)
Right not to be unfairly discriminated against on the basis of your HIV status	Employment Equity Act (EEA)
Right not to be tested for HIV unless your employer has applied to the Labour Court for authorisation	Employment Equity Act (EEA)
Right to a safe working environment	Occupational Health & Safety Act, and Mine Health & Safety Act
Right to compensation if infected with HIV at work	Compensation for Occupational Injuries and Diseases Act (COIDA)
Right to certain basic standards of employment, including 6 weeks of paid sick leave over a 3-year period	Basic Conditions of Employment Act (BCEA)
Right to no unfair discrimination in giving employee benefits	Medical Schemes Act
Right to privacy about your HIV status at work	Common law right

Source HIV and AIDS and the Law: A Resource Manual, 2nd Edition. Published by AIDS Law Project & The AIDS Legal Network

Figure 4 Steps to Resolve a labour dispute under the LRA



- A person is ordered by a court to disclose the information; or
- It is in the public interest that the information be disclosed.

HIV testing within the workplace

Voluntary counselling and testing (VCT) is a workplace intervention where employees voluntarily agree to undergo a process of counselling and HIV testing in order to find out their HIV status. Although the Employment Equity Act prohibits testing of an employee for HIV without authorisation by the Labour Court, in the context of VCT all workplaces are allowed to offer VCT services to their employees and employers. The only provision is that there must still be informed consent prior to testing and there must be pre- and post-test counselling services provided. Employers must ensure that participation in VCT services is voluntary and that no one has been coerced into participation through means such as group pressure.

Incapacity and incapability due to HIV and AIDS

When an employee becomes incapacitated and is unable to perform the key functions of his/her position,

either due to poor performance or ill-health such as AIDS-related illnesses, employers must consider:

- ***When is a dismissal for incapacity due to ill-health fair?*** Dismissal of an employee living with HIV or being affected by HIV and AIDS on the basis of incapacity and incapability due to ill-health or long periods of absenteeism will be fair if done in accordance with the guidelines set out in the Labour Relations Act. There are no hard and fast rules relating to when an employee is no longer able to fulfil their job functions, but the guidelines facilitate the fair and effective use of this sanction. Any employee may appeal the outcome of a dismissal for incapacity due to ill-health or long periods of absenteeism; and thereafter may declare a dispute in terms of the dispute resolution mechanism of the relevant bargaining council. If still unsatisfied, an employee may approach the CCMA for arbitration in the matter, or the Labour Court for an order.
- ***Dismissal on the basis of incapacitation:*** In the case of incapacitation or disability due to HIV and AIDS, the issue of dismissal arises frequently, specific issues like reasonable accommodation, placement to lower responsible jobs and/or medical boarding. In all these cases of dismissal for incapacity and incapability, employees living with HIV should be treated accorded to the same rights as other employees as described in the dismissal procedures of the Labour Relations Act's *Code of Good Practice on Dismissal*, Occupational Health and Safety Act and Mine Health and Safety Act. Remember it is only a medical professional which can declare an employee incapacitated or incapable due to ill-health or medical condition like being AIDS-ill. Human resource policies and procedures dealing with this should also look at other issues like special leave and reasonable accommodation to allow the employee living with HIV to be working as long as possible. Provision could also be made on how to deal with employees living with HIV who go on ARTs and may fully recover to an asymptomatic stage of HIV and may want to return to work after a dismissal based on these grounds. Reasonable accommodation should be based on reasonable capacity and resources of a workplace to deal with issues related to HIV and AIDS.

The Higher Education Policy Environment for HIV and AIDS

An Overview

The overall strategic objectives of the third National AIDS Plan, called *The HIV & AIDS, STI National Strategic Plan 2007-2011*, include the halving of the rate of HIV-infections by 2011 and the expansion of access to appropriate treatments, care and support for people living with HIV and their families. The priority areas include the following:

- Prevention;
- Treatment, Care and Support;
- Research, Monitoring and Surveillance; and
- Human Rights and Access to Justice.

The Plan also serves as a protocol to establish the South African National AIDS Council which will coordinate and facilitate the collaboration between all sectors. Collaboration with academic and research institutes (higher education institutions) were only promoted under the priority area of research, monitoring and surveillance.

The national Department of Education developed the *National Policy on HIV AND AIDS for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions* in 1999 to provide guidelines on the management of the impacts of HIV and AIDS in the education sector, especially at school levels. The National Policy also provides guidelines on the roles and responsibilities of learners, educators and the Department of Education in the management of HIV and AIDS at schools.

During 2000, the national *Tirisano Implementation Plan* identified HIV and AIDS as one of the priority areas which the education sector should address urgently to reduce the impacts of the AIDS epidemic in South Africa. The Plan provided strategic objectives

which should be implemented at all levels of the education sector as well as some guidelines for implementation at school and higher education level. In the *National Education Plan 2005-2010* the prevention of HIV AND AIDS has been identified as a priority within the health education programmes at both school and higher education level.

Towards this end the *Higher Education HIV AND AIDS (HEAIDS) Programme* was established in 2000 as a partnership between the Department of Education, the South African Vice-Chancellors Association (SAUVCA) and the Committee for Technikon Principles (CTP) to coordinate and facilitate the implementation of higher education institutional HIV AND AIDS policies and programmes. HESA (Higher Education South Africa) was established during the merger of the institutions into 23 higher education institutions during 2003-2004. Members of HESA are mainly the vice-chancellors of all 23 institutions, representatives from the then Department of Education and now the Department of Higher Education and Training, strategic stakeholders like other government departments and representatives from key donors in the higher education sector. The Higher Education AIDS Programme is a coordinating structure coordinating and facilitating the implementation of the national AIDS programme on behalf of HESA and supporting the 23 higher education institutions in implementing the *National Policy Framework on HIV and AIDS for Higher Education Institutions in South Africa*.

The *HEAIDS Strategic Framework for 2006-2009* conceptualizes the role and responsibility of the higher education sub-sector as follows:

> Higher Education (HE) is a critical pillar of human development world wide, especially in the creation of both tacit and tangible knowledge. The higher education sub-sector in South Africa plays a fundamental role in developing leaders who will shape the country's future economy, communities, governments, as well as a role on the global stage.

Policy Framework on HIV and AIDS for Higher Education in South Africa

In October 2008, the Policy Framework on HIV and AIDS for Higher Education in South Africa was developed and approved by the Minister of Education and Higher Education South Africa (HESA).

The purpose of the Policy Framework is to provide policy direction to the 23 HEIs in South Africa in the development of a pro-active stance by the sector to its, and society's, vulnerability to the HIV AND AIDS epidemic. It has identified **three objectives**, namely:

- To provide strong and committed internal institutional leadership and external leadership through the institution's role of producing graduates, academics and new knowledge;
- To create an ethical, legal and human rights-based healthy and safe environment; and
- To establish a sector response to the impact of HIV AND AIDS that is coordinated, comprehensive and integrated.

The three enabling pillars of the Policy Framework are:

- To ensure coherent and consistent communication inside and outside the sub-sector in order to facilitate coordination, collaboration and demonstrable progress in the implementation of the Policy Framework on HIV AND AIDS;
- Consistent and appropriate allocation of resources for the effective implementation, management, monitoring and evaluation of the Policy Framework at sector and institutional levels; and
- To develop comprehensive Monitoring and Evaluation mechanisms to ensure effective implementation of the Higher Education Policy Framework at sector and institutional levels.

The HIV and AIDS Workplace Policy Framework is based on this National Policy Framework and together with this Implementation Guide it should assist and guide Higher Education Institutions to develop their own customised workplace policies on HIV and AIDS.

Developing workplace principles/mechanisms to mainstream HIV and AIDS into Human Resource Development Policies and Practices

The main principle of any mainstreaming strategy is to work with core principles that have emerged from a human rights-based and sustainable development response to the AIDS pandemic, even in workplaces. Developing principles for a workplace policy and programme needs to be a consultative process in which one considers:

- What are the key issues and concerns of the various stakeholders within the working environment?
- What are the core values within the workplace?
- What are the roles and responsibilities of each stakeholder in responding to the impact of HIV and AIDS on workplace?
- What are the most important standards upon which the response to HIV and AIDS should be based?
- What is the risk of HIV and AIDS to the core business areas of the workplace?
- What is the organisational culture and should anything change to integrate a workplace response to HIV and AIDS?
- What are the legal obligations on the workplace?
- Who participates and how?
- What space is there for women's voices within the working environment?
- How does one mobilise employee involvement and participation?
- How will we monitor and evaluate the implementation of the workplace policy and programme on HIV and AIDS?

SOURCE Department of Labour, Code of Good Practice on Key Aspects of HIV AND AIDS and Employment)

Human resource development policies and practices should be audited in order to identify critical areas of alignment and review to coordinate and facilitate an integrated institutional response to HIV and AIDS. Mainstreaming is the most cost-effective way to facilitate a measurement of Human Resource Effectiveness in responding to HIV and AIDS and should occur in the following six critical areas:

- HR Planning and Budgeting
- Recruitment
- Deployment
- Management
- Development
- Transition of employment

A Human Resource (HR) Audit enables an organisation to get an accurate and thorough picture of the effectiveness of its HR systems, policies and practices in responding to workplace issues like HIV and AIDS. Over time these sets of data can assist to develop mechanisms to track and trend the impact of HIV and AIDS on the workplace and to develop more proactive responses. Benchmarking of Good Practices can also be developed to facilitate the mainstreaming of HIV and AIDS into performance management and facilitate institutional memory development to assist with the sustainability of an organisation.

In conducting a Basic Audit (level one) critical areas of mainstreaming can be identified to coordinate and facilitate an integrated workplace response to HIV and AIDS across the six areas of HR Effectiveness by following these five major steps:

- Conduct HR Audit on Effectiveness to respond to the impact of HIV and AIDS on workplace;
- Consult and discuss the implications/findings to general HR policies and practices, and set priorities for interventions;
- Create an action plan and engage with all relevant stakeholders;
- Implement changes and monitor progress; and
- Review changes and identify good practices

KEY PERFORMANCE AREA 4: SETTING UP A WORKPLACE HIV AND AIDS PREVENTION PROGRAMME

Key response area 4 requires each HEIs to develop an integrated prevention response to HIV and AIDS through aligning the institutional workplace programmes to both the Framework for Workplace

Programmes as well as to relevant individual institutional policies thereby promoting a level of equity and standardisation.

Recommended minimum response includes:

- HEIs providing access to regular and consistent education and training for all employees at all levels with regards to basic HIV and AIDS knowledge and behavioural change. That this plan is included as part of the HEI annual work skills plan.
- Education and awareness activities are considered part of employee development and training and as such should take place during normal working hours and employees should be given the time off to attend these sessions without being penalized financially for this.
- All HEI should provide condoms (either the government offered ones or those offered through social marketing programmes) to employees on a consistent and regular basis.
- HEIs should (as part of fulfilling health and safety legal requirements) train first aiders in universal precautions in the event of an occupational injury/incident on duty.
- VCT services should be made available to all employees on an ongoing basis, either through a referral network (government or private), campus health clinic facilities, and/or VCT drives on campus.

Providing regular training to employees

The workplace is a critical environment in which information education, communication and behaviour change activities can take place. Good practice dictates that these activities should happen during paid working hours and time.

IEC campaigns refers to both general awareness training around HIV and AIDS as well as alerting employees to the company HIV and AIDS programme. It is important that the programme is presented in an objective and unbiased fashion. It is recommended that time and effort is spend on branding the programme in such a way that it is accessible and appealing to all employees. Attention must be paid to issues such as gender, age, sexuality and literacy in determining what methodologies are best suited to the target audience.

Employees must be able to see the benefit for themselves in participating in the institutional programme and be confident in the fact that it is supported by all stakeholders including trade unions. The role of the trade unions at this level cannot be underestimated and it is important that constant and clear messages about their support for the programme are fed back to the employees. Ideally a trade union representative should sit on the Workplace Programme Sub-Committee/Project Team if possible.

At minimum any awareness/education should cover the following areas:

- The difference between HIV and AIDS
- Transmission of HIV and AIDS
- Stages of infection
- Sexually Transmitted Diseases
- Frequently felt emotions
- The importance of counselling and testing
- HIV and AIDS Case Management
- Understanding the fundamental rights
- Where to get help

All training needs to comply with health and safety legal requirements. This will include universal precautions in first-aid training, such as not to touch blood without gloves and practices around the clean-up of blood and other body fluids (e.g. vomit).

Targeting the education and training to meet the needs of the employees

In order to ensure that the initiative has the highest chance of success, a review of the training and educational needs of individual employee groups should be considered. As such, the target group might be split education and vulnerability. This cluster analysis will assist designing education and training programme that meet the needs of the clusters.

Types of training

Depending on what has already been implemented in your institution, capacity building in the following areas should be considered:

- Resources in the institution to manage HIV and AIDS Programmes e.g. Workplace Programme Project Team and Executive Champion training
- Management training for senior and middle management
- Peer Educator Training for administrative and technical staff

Project Team and Executive Champion training

Training of the Workplace Programme Project Team and Executive Champion is aimed at building long-term capacity within the institution to be able to both develop and implement a comprehensive HIV and AIDS Workplace Programme within your institution. A fair amount of training has already taken place through workshops as part of the Exco Presentation, Regional and HEI Workshops.

It will be important that new team members who where not part of the workplace project conceptu-alisation and planning stage receive training before commencing the project implementation.

Management Training

It is critically important for the success of the HIV and AIDS Workplace Programme that senior management is made aware of the HEI issues related to HIV and AIDS and to understand why it is important from a HEI perspective to implement a comprehensive HIV and AIDS programme. In many instances the heads of departments and managers have not had any input and it is important to ensure that they have a basic understanding of the epidemic itself and how it will affect the academic and administrative staff as well as the HEIs clients – the students.

Table 5 Typical clusters within a HEI will include

Cluster group	Description of group
1.Academics, executive/administrative/ managerial professionals	■ Highly educated ■ Average age 45-50 ■ Have access to information and can do own research on HIV and AIDS ■ Have access to a computer and email ■ On medical aid ■ Difficult to train in a group at present times ■ E-learning may be effective ■ Combining HIV in other managerial training is a good option
2. Specialist/support professionals	■ Average age 35-45 ■ Access to computers and information (but not as much as first cluster) ■ Educated ■ Difficult to get together in a group ■ A peer educator works well ■ On medical aid
3. Technicians and non-professional administrative employees	■ Average age 19-64 ■ Matric education and above ■ 75% have access to computers ■ Group training and a peer educator works well ■ On medical aid
4. Service and craft	■ Average age 30-50 ■ Low education level ■ Does not have access to computers ■ On medical aid but with limited benefits ■ Group training and a peer educator works well ■ Have more dependents

Management training can occur through the following:

- Combining HIV and AIDS training in Academic and Professional Administrative staff management and other suitable training
- Training in HIV and AIDS through e-learning for specific Academic and Professional Administrative staff. The Nelson Mandela Metropolitan University has developed an innovative E-Learning Training Programme specifically designed for academics and should be investigated as a possible e-learning option.

Peer Educator Training

Box 7 Definition: Peer Educator

> A peer educator is a person nominated by the employer or employees to be the contact person with regards to queries en questions about the institutional HIV and AIDS Workplace Programme.
>
> The functions of a peer educator is varied and includes formal and informal training on HIV and AIDS as well as lay counselling to fellow staff members.
>
> Peer educators are ideally used as the cornerstone of your HIV and AIDS communication strategy.

Peer Education would work successfully within the administrative and technical staff clustered.

- The **ideal ratio** for number of peer educators per number of employees is **1:25**.
- The areas of the HEI that are going to use the Peer Education Methodology for education should be divided up into cells of +/-25 employees and a Peer Educator per cell **selected and trained**.
- The peer educators should be given a **curriculum and awareness/training material** that they can use to train their peers. The material should provide the peer educators with as much support as possible to make training their peers easy and of a high quality. The curriculum should ideally follow the Department of Health Calendar and be focused on meeting the information needs of the cluster. The curriculum should be reviewed and updated annually.
- Peer Educators should be coached monthly to motivate, support and monitor their progress. There is evidence to show that successful peer educators operate within a network of other peer educators, thus providing additional support for one another.

Characteristics of a good peer educator

- **A peer educator should be a good role model:** What is a role model? The dictionary says it is "a person whose behaviour in a particular role is copied, or is likely to be copied, by others". The peer educator's task is to bring about change by modifying his/her peers' knowledge, attitudes, beliefs, or behaviours. To achieve this, a peer educator must be a role model whom people can respect and copy.
- **A peer educator must be a good communicator:** Communication is a two-way process. A peer educator needs to communicate confidently and be persuasive with his/her peers, managers, course facilitators and mentors. A good peer educator will listen carefully before giving an appropriate answer. If a peer educator is a good listener his/her peers will:
  - talk about things that really matter
  - talk freely and honestly
  - offer information

Condom Promotion

Condom promotion is closely linked to the IEC and behaviour change interventions, but is presented separately as it is one of the key prevention methodologies accessible and available to all institutions. In Southern Africa the main transmission mode of HIV and AIDS is through sexual intercourse. Research has shown that condoms are a highly effective and reliable means of minimising the transmission of HIV and AIDS in sexually active populations. South Africa has one of the largest condom distribution programmes in the world with over 350 million condoms being distributed annually.

In order for a condom distribution programme to be successful it should have three components in place:

- Regular and consistent access to a supply of good quality condoms;
- Regular and consistent distribution of these condoms in appropriate institutional areas such as staff toilets and/or staff clinic; and
- Encouraging consistent and correct use of condoms

There are four possible options for regular access to condoms:

- Access the government male condoms (branded CHOICE) from **local government clinics or health departments**. Female condoms may also be obtained here but generally in very limited quantities as government's approach regarding female condoms favours hand to hand distribution where education and training can take place as opposed to a self service distribution mechanism;
- Become a primary distribution site as part of **Project Promote** which delivers male CHOICE condoms directly to institutions and where feasible uses the contract cleaning industry to distribute condoms onsite and resupply condom dispensers where these are available. To become part of this programme contact Genlem Projects on +27 31 267 9034 or info@genlem.co.za;
- Use **social marketing agencies** such as the Society for Family Health (SFH) to promote the use of condoms. SFH supports both the government branded CHOICE condoms as well as other brands such as Trust; and
- **Purchase** over the counter commercial brands and provide these to staff, or have condom vending machines where staff can purchase a range of brands.

Training in Universal Precautions

Universal precautions refer to a set of standard practices aimed at minimising the risk of transmission of blood borne pathogens within the workplace. In principle these should already form part of the institution's health and safety policies and procedures. Universal Precautions should form part of First Aider training.

Following the standards set out by the United States Centre for Disease Control, universal precautions should:

- Apply equally to all staff regardless of HIV status;
- Create a barrier (e.g. gloves) between blood and other human fluids (e.g. vomit);
- Prevent injuries from sharp objects such as needles and knives

In order to implement this in practice over and above basic information around HIV and AIDS transmission each institution should provide the following:

- Equipment to clean up after a blood spill such as gloves and disinfectants;
- Post exposure counselling and follow-up care including facilitating access to Post Exposure Prophylactics (PEP) if necessary.

Establishment of risk for HIV

The risk of transmission is related to the stage of infection of the patient to whom the staff member is exposed, with the risk being lowest in asymptomatic patients where viral burden in the peripheral blood is low, and highest in the late stages of AIDS or during the early seroconversion stages of the infection.

High risk exposure:

- Exposure to blood and blood-contaminated secretions from AIDS patients and those in the early seroconversion stages where the viral burden is high.
- Exposure to a large volume of blood or potentially infectious fluids.
- Injury with a hollow bore needle, or visible blood contamination of the instrument.
- Deep injury or more extensive injury to staff member.
- Drug resistance in source patient.

Low risk exposure:

- Exposure to blood and blood-contaminated secretions from asymptomatic HIV-infected patients where viral burden is low.
- Injury with a solid needle.
- Superficial injury or muco-cutaneous exposure.

Procedure for dealing with exposure

After a blood spilling incident:

- Ensure that all cuts, abrasions and sores are sealed off before cleaning up or assisting the patient.
- Wear protective clothing and latex gloves.
- Use paper towels to clean the surface where the blood was spilled.
- Encourage the patient to clean up his/her own blood/body fluids if possible.
- Control any onlookers – nobody is allowed to touch or clean the spill unless dressed and protected appropriately.
- Dispose of all materials as hazardous waste.
- Sterilise all instruments.
- Wash hands with soap and water.
- Clean surfaces with soap and water.

After a needle-stick injury:

- Encourage the wound to bleed.
- Wash wound with soap and water and dress.
- Splashes to the nose, eyes, mouth or skin should be flushed with water.
- Obtain informed consent from the patient to draw blood for the HIV, HBV and HCV.
- Draw blood from the patient for HIV status (if unknown), and also for HBV and HCV (if unknown). Use a separate tube of blood for each test.
- If the patient refuses consent for his/her blood to be drawn or tested for HIV, HBV and HCV, he/she cannot be forced to do so.
- The patient must be informed of the outcome of all tests and counselling will be arranged if HIV-positive. Should the patient be dead by the time the specimens are drawn or dies before results are returned, then his/her spouse or significant partner should be informed of the outcome of the tests.
- The exposed staff member should be counselled and the risk of transmission of HIV and HBV highlighted.
- Chemo prophylactic treatment should be recommended to the exposed staff member after occupational exposures associated with the highest risk for HIV transmission. For exposures with a lower, but non-negligible risk, post exposure prophylaxis (PEP) should be offered, balancing the lower risk against the use of drugs having uncertain efficacy or toxicity. Prophylaxis as well as toxicity of antiviral PEP should be explained. Pregnant exposed staff members should be informed about the limited data regarding the toxicity of the antiviral drugs on the unborn child. Treatment must be commenced as soon as possible, preferably within an hour after exposure, but certainly within 72 hours. Initiating therapy after a long interval may be considered for the highest risk exposures. The individual receiving HIV PEP should observe precautions to prevent possible secondary transmission.
- Obtain informed consent from the exposed staff member to have blood drawn for HIV, HBV and HCV testing. Should the staff member's first HIV test be positive, AIDS counselling should be arranged.
- All needle-stick type injuries must be reported to supervision/management.
- Notification and investigation of all cases should follow normal injury on duty procedures.
- Start PEP if indicated and after the staff member has been counselled regarding the chance of possible side-effects from the drugs according to the post-HIV exposure prophylaxis guidelines.
- The exposed staff member cannot be forced to take HIV PEP if he or she does not wish to do so.
- Four stages of serological monitoring for HIV antibodies should take place, namely as soon as possible after the exposure, at 6 weeks, 3 months and 6 months. A negative 6 months result is adequate evidence that HIV transmission has not taken place.
- Ensure that the necessary documentation is completed: an incident report form, a confidential letter regarding the incident to the HEIs Risk Control Manager and the W.CL.2 form "Part A" and "Part B".

Voluntary HIV Counselling and Testing (VCT)

Voluntary HIV Counselling and Testing (VCT) uptake is in general very low (less than 5%[3]). This could

Box 8 Definition: Opt-in versus Opt-out VCT and Wellness Testing

- Opt–in VCT is when VCT is made available but it is left entirely up to the staff members to access it in their own time as required. There is statistically a very low uptake (+/-5% within HEI) of opt-in VCT. Opt-in Wellness Testing provided during Wellness Campaigns have a higher uptake than HIV testing, presumably due to higher stigma levels associated with HIV.
- Opt–out VCT is when VCT is offered to employees and they have to indicate "not to participate". There is statistically a much higher uptake of opt-out VCT: within business it is normally between 80%-90% but in HEI it is lower although still significantly higher that opt-in VCT. Opt-out Wellness Testing combined with HIV is very successful in HEI and received 80-90% take-up in testing..

be attributed to the opt-in methodology generally used where people are allowed to select if they want to participate in the programme or not.

Compare this to the opt-out methodology adopted by the **University of Cape Town** where the university, in partnership with their broker or medical aid fund, schedule a building-by-building testing campaign that combine VCT HIV testing with general Wellness testing. The nurse positions herself in a central location in the building and goes door to door to book voluntary testing sessions with staff members. In the case of medical aid members the cost of testing is billed to the medical aid and for non-medical aid members it is billed to the university. Since implementation of an opt-out policy, uptake of UCT's VCT programme has risen to above 90%.

Most importantly testing should be combined with a monitoring strategy whereby the nurses fill in a simple questionnaire that tracks how many people tested and what they tested for (no HIV results can be recorded for confidentially reasons). This enables the university to monitor year-on-year improssvements of the general health of their staff members and is fed into the cost benefit analysis.

Different service providers will have different techniques but in general in preparing for the VCT drive on site you need to consider the following:

- Pre-test counselling is done in groups of 20-25 and you will need to provide a venue big enough to accommodate this. Pre-test counselling takes approximately 30–45 minutes.
- One nurse can test approximately 20 people a day at the same venue.
- A confidential testing and counselling space must be provided for each nurse.
- The VCT drive can happen over a couple of days, but cannot be broken up into different days over different weeks. In other words it is a once-off event that happens each year.

Remember that your broker is responsible for co-ordinating the provision of opt-out and opt-in VCT and Wellness testing for your staff members. The cost of testing can be claimed with the employee's consent from their medical aid.

KEY PERFORMANCE AREA 5: WORKPLACE HIV AND AIDS TREATMENT AND CARE STRATEGY

The Key Performance Area 5 requires each HEI to develop a treatment and care strategy for employees infected with HIV and AIDS which aligns the institutional workplace programmes to both this workplace framework as well as to relevant individual policies thereby promoting a level of equity and standardisation.

The Recommended minimum response includes:

- All HEIs facilitate access to equal treatment care and support for to all employees. This access could take many forms depending on the number of staff with access to medical aids as well as the capacity of local NGOs and government treatment and care clinics.
- Regardless of whether the access to treatment and care is provided by the HEI, outsourced to an independent service or provided through a down referral into the government system, all employees should be enabled to access these services by being given reasonable time off where appropriate.

- There should be immediate access to PEP in the event of sexual assault or occupational injury on duty

Equal Access to HIV and AIDS Treatment for all staff

For many organisations the treatment component has been the most controversial part of their programme. This is largely because of the cost involved in providing treatment for uninsured staff members. In general this is not the case at HEIs because for the majority of staff members it is mandatory to belong to a medical aid. Since HIV treatment is a minimum prescribed benefit, this means that all staff members on medical ad have access to the appropriate treatment.

The treatment "issue" within HEIs is not access but rather utilisation. Few HEIs track and monitor the uptake of their medical aid's AIDS Management Care programmes. Uptake is unlikely to be high due to the limited training on the benefits of joining the managed care programme and low VCT update which is the gateway to entering care. It is important to note is that treatment of HIV cannot be handled in isolation but necessarily involves treatment of other illnesses such as STD's and TB.

Box 9 provides a definition of managed care programmes.

Box 9 Definition: HIV and AIDS Managed Programme for Medical Aids

> The HIV and AIDS Management Programme is offered to all beneficiaries diagnosed with HIV and AIDS (the member's HIV status is treated confidentially). Members have to register on the Programme before they can qualify for its benefits.
>
> Where the fund outsources the HIV and AIDS Management Programme by paying a set fee for the service, irrespective of the number of members utilising this benefit, there is no incentive for the service provider to register member for the benefit. This should be taken into account in developing Service Level Agreements and monitoring of the service.

Guidelines for choosing a treatment option:

There are several options available to HEI when choosing a treatment option:

- If employees are on a medical aid, treatment can be offered through the private sector as part of a chronic illness benefit. If all employees are not insured, some medical aid service providers will offer a specific HIV and AIDS treatment programme for the uninsured at an additional cost to the employer. This service is generally offered offsite through a network of private practitioners;
- If there are medical facilities on-site (whether outsourced or done internally), staff may access treatment and care on-site;
- An institution may facilitate access to treatment and care at government clinics by giving employees the necessary time off;
- An institution may partner with local NGOs that provide treatment and care programmes, such as in Zoe-life, Broad Reach, Tsepang Trust, Right to Care and the SABCOHA supply chain programme. (These delivery models range from a network of private practitioners through to a basic clinic model.)

Ideally each HEI should collect statistics of their staff members who are in a treatment and care programme and monitor progress and trends.

Treatment of STIs

The treatment of STIs is an important component in any prevention programme. UNAIDS research indicates that effective treatment of STIs can reduce HIV and AIDS transmission by up to 40%. Given the sensitivity around sexually transmitted diseases their treatment at in-house clinics may not be very successful as people may prefer to use local government clinics or private practitioners.

Workplaces as part of the HIV and AIDS Workplace Programme can however:

- Promote condom use;
- Address STIs in behaviour change programmes;

- Address STIs in information campaigns; and
- Facilitate access to treatment services by giving staff time off to receive treatment either at a government service or private practitioner.

Post Exposure Prophylaxis (PEP)

Post Exposure Prophylaxis (PEP) refers to the provision of ARV's following an exposure to blood or other fluids which may contain HIV and AIDS. This can be done on-site if medical facilities are available in which case the facility will need to stock PEP kits, or off-site through a government facility or private practitioner.

PEP is used to prevent the transmission of the virus but there is a very short window period within which this needs to occur in order for PEP to be effective. As a result, the institution's approach to PEP needs to be widely known and easily and quickly accessible. Currently the ILO estimates this window period to be 72 hours from time of exposure, but the quicker an individual receives PEP the more likely it is to be effective.

Most universities have PEP available, but staff is either not aware what PEP is or they don't know how to access it. Therefore PEP needs to be included in training.

PEP is appropriate at an institution in the following two circumstances:

- **Occupational injury:** This occurs when a person is exposed as a result of the type of work that he/she does and is mostly found in the healthcare environment through needle-stick injuries; and
- **Non-occupational injury**: E.g. through incidents onsite like a car accident, falling accident or sexual assault.

KEY PERFORMANCE AREA 6: MONITORING AND EVALUATION

Key performance area 6 requires each HE to develop and implement a monitoring and evaluation plan and system to monitor their HIV and AIDS workplace programme. It also requires at a sectoral level, that each HEI submit a standardized report against basic national sectoral level indicators.

The recommended minimum response for **Individual Institutional** M and E include:

- An institutional M and E plan which outlines institutional goals, objectives, actual activities, targets, indicators, persons responsible and timelines
- A designated person drawn from the HICC sub-committee who is appointed to provide regular updates on the progress of the programme.
- Where service providers are used, service providers should be expected to evaluate their own activities (e.g. if training or VCT is done) and provide a report back to the programme coordinator on this, who in turn reports back to the committee and executive champion.
- Where treatment and care providers are contracted they must provide aggregated data on number of people tested, number of people positive, number of people on HAART, number of people on Pre-HAART, number of people lost to follow up and number of people lost to death.
- There should be an annual review of the workplace programme by the sub-committee and champion to assess performance against set objectives and targets. This review should consider the following the efficiency (timing and cost effectiveness of the programme), effectiveness, sustainability, impact and relevance of the programme and outcomes.

Recommended Minimum Response for Sector level M and E:

- A standard set of sector indicator will be reported on

Monitoring and evaluation for workplace programmes

The implementation guidelines for the Policy Framework on HIV and AIDS for Higher Education in South Africa (p 82-93), provide detailed guidance on how to put an overall M and E plan in place. The Workplace Programme M and E would form part of this overall plan. The policy guidelines also outline

Table 6 Proposed Key Indicator

Indicator	Target
1. Strategic Leadership, Decision-Making and Coordination	
■ Number of meetings annually of the HIV and AIDS Workplace Programme Project Team	10 per year
■ Number of staff communications on the HIV and AIDS Workplace Programme	6 per year
2. Research and Analysis	
■ A KAP survey is held annually and changes are measure in knowledge attitude and practices of HIV and AIDS	Positive changes
■ HIV and AIDS Workplace Programme is a budget line item within the HEI budget and the budget is reviewed annually as part of the budget cycle	Yes
3. Workplace HIV and AIDS Policy	
■ The HIV and AIDS Workplace Policy is reviewed annually and communicated to all staff	Yes
4. Workplace HIV and AIDS Prevention Programme	
■ There is a monthly curriculum of HIV and AIDS Training aligned to the DoH. The curriculum is updated annually and is customised for each of the different cluster segment of the HEI	Yes
■ Actual awareness and training events are reviewed monthly against the planning awareness and training and adjustment made to address problem areas	Yes
■ There is a VCT testing plan and the planned number of tests done is compared against the actual number of test done	Yes
5. Workplace HIV and AIDS Treatment and Care Strategy	
■ The number of employee infected with HIV and on medical aid is equal to the number on the HIV managed care programme	Yes
6. Monitoring and Evaluation	
■ An M&E report based on these guidelines is reviewed month	Yes

the definitions of different types of indicators as well as detail how to choose indicators.

Appropriate and relevant indicators will vary from institution to institution depending on the actual activities and programme components chosen by the institution for implementation.

In order to assist institutions in this regards two log frames have been drafted for institutional use.

- The first is a log frame based on filling the M and E requirements as set out by the Policy Framework, particularly those that pertain to the Workplace Programme.
- The second is a log frame based on the activities set out in this Implementation Guide per each key activity area. This log frame could be used by the HEI to review their HIV and AIDS Workplace Programme on a bi-annual or annual basis. This review should be used to assess and set new targets and plan for the next period.

Key Indicators

The HEI needs to select a few Key Indictors that they can monitor on a monthly basis. These indicators compared against the target set will provide the HEI with a quick dashboard to monitor the HIV and AIDS Workplace Programme.

Assessment of Service Provider

It is important to review the level of service provided by your "service provider" against agreed performance levels. These include but are not limited to:

- Your broker's facilitation of HIV and Wellness Testing of all employee on the fund, annual training of members on the benefits and monthly reporting to the HEI on utilisation of the managed care benefits;
- The medical aid's AIDS Management Programme(s) considering the number of people registered and at what stage of the HIV progression. If the majority (70%) of those registered are in the early stages (CD above 350), this would indicate a high utilisation of the benefit;
- EAP service provider and utilisation versus cost. One should also consider service satisfaction levels. For example, is a monthly report provided on the number of calls and type of calls?
- Training service providers against service satisfaction levels; and
- VCT and Wellness testing against service satisfaction level and reporting.

Annual Assessment of your programme and re-planning

Your HIV and AIDS Workplace Programme should be assessed on an annual basis.

- The Project Team should consider the actual progress against the planned activities;
- They should consider what worked and what is not meeting the needs of the project;
- The Project Team should review the gap between the HEI programme against the HIV and AIDS Workplace Framework utilising the M&E guidelines in this section. The second is a log frame that provides the basis to review the activities set out in this Implementation Guide per each key activity area; and
- The benefit versus the effort/cost of the Workplace Programme activities.

Based on the above finding the Project Team should re-plan the activities and develop a budget for the next financial period. The planning should include:

- Revisiting the goals and objective of the Workplace Programme;
- Identify new milestones that need to be achieved in each of the six key performance areas of the framework;
- Discussing and agreeing on the activities that need to be done to reach the milestones;
- Discussing and agreeing on the resources needed to implement the plan;
- Agree on the time lines and duration of each of the activities;
- Developing a budget to implement the activities;
- Agreeing who will be responsible for what, i.e. the new Project Team; and
- Agreeing on the monitoring and reporting structure.

Table 7 Sector Workplace Programme M and E Log Frame

Sector Workplace Programme M and E Log Frame

A) Objectives

Objective	Key Activities	Suggested Sectoral Indicators	Suggested Institutional Indicators
1	1.1	1.1.1 – 1.1.3	■ Organogram detailing structures responsible for leadership, management and coordination of the Workplace Programme ■ Approved HIV and AIDS Workplace Policy aligned to the PFHE and Workplace Framework ■ Workplace Programme implementation plan approved and budget allocation given
1	1.3	1.3.1 – 1.3.2	■ Networking forum for HR practitioners established and hosted annually
2	2.1	2.1.1	■ Access to prevention, treatment, care and support services is available to all staff either through in-house or referral systems
2	2.2	2.2.1	■ Workplace Programme aligned to the framework is developed/ enhanced/implemented ■ All related workplace policies, procedures and practices (HR, OHS, Gender etc) are reviewed, refined and implemented
2	2.2	2.2.2	■ The institution implements policies that protects the rights of staff
3	3.1	3.1 .1 – 3.1.2	■ Establish HICC Committee, with a Workplace Programme Sub-Committee designated to co-ordinate and oversee the implementation of the Workplace Programme components
3	3.3	3.3.1	■ HEIs implement good practice with regards to Workplace Programme interventions in relation to education, prevention and behaviour changes
3	3.4	3.4.1	■ Relevant Management Information systems in place to capture and monitor Workplace Programme
3	3.4	3.4.2	■ Annual report on HIV and AIDS Workplace Policy implementation submitted to institutional corporate governance and HICC ■ Annual Workplace Programme report submitted to HESA

B) Enabling Pillars

Enabling Pillar	Key Activities	Suggested Sectoral Indicators	Suggested Institutional Indicators
1	1.1	1.1.1	■ Develop and agree on a reporting plan on the Workplace Programme to key stakeholders
1	1.1	1.1.2	■ Develop internal informal dissemination system for Workplace Programme
1	1.1	1.1.3	■ Host feedback forums with faculty representatives including feedback on Workplace Programme
2	2.1	2.1.1	■ Percentage of budget allocated to HIV and AIDS Workplace Programme
3	3.1	3.1.1	■ Development of an M and E system for Workplace Programme intervention ■ Alignment of institutional workplace indicators to sector core indicators
3	3.1	3.1.2	■ External evaluation/ audit of HIV and AIDS Workplace Programme at the end of each funding cycle

Table 8 Institutional Indicators based on the Workplace Programme Policy Framework

Key Performance Area	Overall Expected Result	Key activities	Suggested Institutional Indicators	Means of Verification
1. Strategic Leadership, Decision-making and Coordination	All HEIs have the structure required by the Framework for HIV and AIDS Workplace Programmes for Higher Education in South in place, have established a Workplace Sub-Committee and appointed a person(s) to manage and lead the Workplace Programme components of the HEI HIV and AIDS programme	1.1 Establish Structures to lead, manage, coordinate and monitor the HEI HIV and AIDS Workplace Programme	■ Establishment of a Workplace Programme Sub-Committee falling under the HICC, including setting an agenda and defining roles and responsibilities	Minutes of HIV AND AIDS Workplace Programme Sub-Committee
			■ Appointment of Workplace Programme Sub-Committee members	Minutes of HIV AND AIDS Workplace Programme Sub-Committee
			■ Appointment of Workplace Programme Sub-Committee chairperson - senior manager or VC	Minutes of HIV AND AIDS Workplace Programme Sub-Committee
			■ Appointment of Workplace Programme Executive Champion	Minutes of HIV AND AIDS Workplace Programme Sub-Committee
			■ Workplace Programme representatives appointed onto the stakeholder forum	Minutes of stakeholder forum
			■ Employees made aware of Programme and structuring	Copies of internal staff communications
		1.2 Use of personal leadership strategies to strengthen the HIV and AIDS Workplace Programme	■ Senior management undertake VCT	Review of senior management diaries
			■ Senior management speak publically about HIV and AIDS in the workplace setting	Review of senior management diaries/ public records

Table 8 Continued

Key Performance Area	Overall Expected Result	Key activities	Suggested Institutional Indicators	Means of Verification
2. Research and Analysis	Each HEI is able to understand the impact of the illness on its employee base, has established both the direct and indirect costs, identified programmatic gap areas as well as necessary attitudinal and behavioural changes required.	2.1 Understand the direct and indirect costs of HIV and AIDS to the institution through the completion of a programmatic budget calculating in kind and cash expenses	■ Calculation of in kind and cash expenses of HIV and AIDS Workplace Programme	Workplace Programme Budget
		2.2. Understand the indirect and direct cost of the epidemic to the HEI through a cost impact analysis	■ Calculation of current economic risk as well as future modelling	Economic impact Analysis Report
		2.3 Identify gaps within the current HIV and AIDS Workplace Programme through a situational analysis	■ Benchmark of current institutional HIV and AIDS workplace practices	Situational Analysis Report
		2.4 Understand the nature and extent of the epidemic within the workforce through a sero-prevalence survey or highly representative VCT campaign	■ Prevalence of the HEI, including percentage of employees across age, gender, job category	Sero-prevalence Report
		2.5 Understand the Knowledge, Attitudes and Behaviour of the employee base trough a KAPB Survey	■ Attitudes and Behaviour with regards to HIV and AIDS	KAPB Survey Report
3. Workplace HIV and AIDS Policy	Each HEI has developed and distributed a workplace HIV AND AIDS chronic disease policy encapsulating the principles of this Workplace Framework as well as the national policy framework, aligned to relevant labour legislation and institutional HR policies	3.1 Development of a new or review of an existing HIV and AIDS Workplace Policy	■ Workplace HIV and AIDS policy in place or reviewed	Copy of the workplace policy as well as minutes documenting the review
		3.2 Alignment of the HIV and AIDS Workplace Policy to the Policy Framework and the Workplace Programme framework	■ HIV and AIDS Workplace Policy aligned to the Policy Framework and meets the minimum requirements of the Workplace Programme framework	Completed checklist from the Workplace Programme framework implementation guide
		3.3 Alignment of the Workplace Framework to existing relevant labour legislation and institutional HR polices	■ HIV and AIDS Workplace Policy aligned to existing relevant labour legislation and institutional HR policies	Copy of the Workplace Policy incorporating references to labour legislation and institutional HR policies
		3.4 Consultations with key stakeholders in developing the policy	Policy developed in a consultative manner	Interviews with key stakeholders

Table 8 Contiinued

Key Performance Area	Overall Expected Result	Key activities	Suggested Institutional Indicators	Means of Verification
4. Workplace HIV and AIDS Prevention Programme	Each HEI has developed an integrated prevention response to HIV and AIDS through aligning the institutional Workplace Programmes to both this Workplace Framework as well as to relevant individual institutional policies thereby promoting a level of equity and standardization	4.1 Development of an information, education, communication and behaviour change programme	■ IEC campaigns/ interventions that have taken place (e.g pamphlets handed out, industrial theatre etc as per the menu of options given in the Workplace Programme Implementation Guide	Policy documents and reports
			■ Employees that can identify correct means to prevent sexual transmission	KAPB Survey Report
			■ Percentage of employees who reject major misconceptions about HIV	KAPB Survey Report
			■ Percentage of employees who used a condom during last sexual intercourse	KAPB Survey Report
			■ Percentage of employees involved in the HIV and AIDS Workplace Programme	KAPB Survey Report
			■ Proportion of employees who believe that they will not be discriminated against if they disclosed that they were HIV +	KAPB Survey Report
			■ Proportion of staff that have engaged with a peer educator in the last 12 months	KAPB Survey Report
		4.2 Implementation of a condom promotion programme	■ # of condom outlets at the HEI	Implementation reports
			■ # male condoms distributed	Stock/HR records
			■ # female condoms distributed	Stock/HR records
			■ Percentage of employees who used a condom during last sexual intercourse	KAPB Survey Report
			■ Percentage of employees who can explain how to use a condom	KAPB Survey Report
			■ Number of peer education/ sessions promoting consistent and regular condom use	Implementation reports/ training records

Table 8 Contiinued

Key Performance Area	Overall Expected Result	Key activities	Suggested Institutional Indicators	Means of Verification
		4.3 Implementation of an ongoing capacity building programme	■ # of senior management having gone through awareness/capacity building	Training records
			■ # of general staff going through awareness sessions	Training records
			■ # Workplace Sub-Committee members trained on how to implement a Workplace Programme	Training records
			■ # of peer educators trained	Training records
		4.4 Provide access to Voluntary Counselling and Testing	■ Percentage of employees who received an HIV test in the last month	Clinic/Service Provider Records
			■ Proportion of VCT attendees that are HIV +	Clinic/Service Provider Records
			■ Proportion of employees who had a test in the last 12 months and know their status	KAPB Survey Report
		4.5 Provide access to treatment of sexually transmitted infections	■ Proportion of employees getting treatment for STIs	Medical Records
			■ # of STIs reported per thousand in the workplace population	Medical Records
		4.6 Provision of universal precautions	■ Existence of universal precautions policy	Policy exists
			■ # people trained in universal precautions	Training Records
			■ Universal precaution kits available and accessible	Review of kit to ensure sufficient stock in place and accessible
		4.7 Provision of access to Post Exposure Prophylaxis	■ .# of times PEP has been given to employees in a year	HR/Stock records
			■ Number of hours between possible exposure to HIV and the starting of PEP	Medical Records
5. Workplace HIV and AIDS Treatment and Care Strategy	Each HEI has developed a treatment and care strategy for employees infected with HIV and AIDS which aligns the institutional Workplace Programmes to both this Workplace Framework and the relevant individual institutional policies thereby promoting a level of equity and standardisation	5.1 Facilitation of access to treatment and care for all employees	■ # of employees on HAART	Medical/ Service provider Records
			■ # of employees on Pre-HAART	Medical/ Service provider Records
			■ # patients lost to follow up	Medical/ Service provider Records
			■ # patients exited programme	Medical/ Service provider Records

Table 8 Contiinued

Key Performance Area	Overall Expected Result	Key activities	Suggested Institutional Indicators	Means of Verification
6. Monitoring and Evaluation	At an institutional level, each HE has developed and implemented a monitoring and evaluation plan and system to facilitate the management and evaluation of their own individual HE HIV and AIDS Workplace Programme. At a sectoral level, each HEI is in a position to submit a standardized quarterly report against basic national sectoral level indicators	6.1 Development of a M and E plan	■ M and E plan in place	Workplace Documents
			■ # meetings per year during which programmes and policies are reviewed and evaluated	Workplace Documents/ Minutes of meetings
			■ Regularity of review and analysis of data collected through the workplace programme	Workplace Documents/ Minutes of meetings

Notes and References

NOTES

1. NMMU, Rhodes CPUT, UCT, SU and UWC discussion during workshops
2. SAfAIDS (2009)
3. HEI Sector Situation Analysis 2008/9

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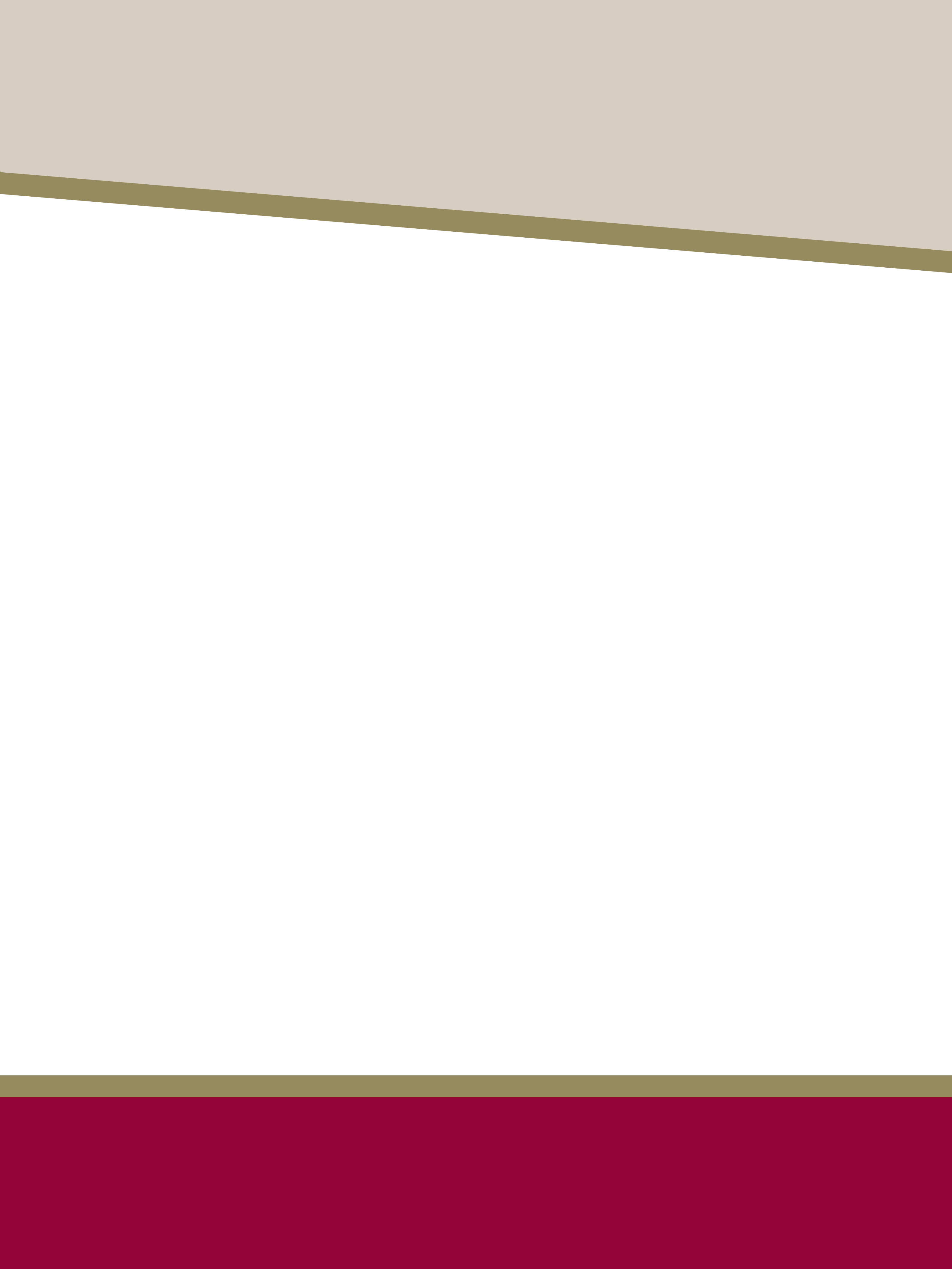

The Higher Education HIV and AIDS Programme (HEAIDS) is an initiative of the Department of Higher Education and Training undertaken by Higher Education South Africa. It is funded by the European Union under the European Programme for Reconstruction and Development in terms of a partnership agreement with the Department.

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Funded under the European Programme
for Reconstruction and Development

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