



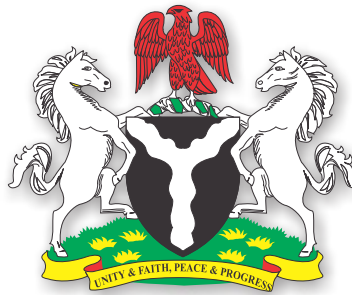
FEDERAL REPUBLIC OF NIGERIA



GUIDELINES FOR THE IMPLEMENTATION OF THE NATIONAL WORKPLACE POLICY ON HIV AND AIDS AND NATIONAL ACTION PLAN



FEDERAL MINISTRY OF LABOUR AND PRODUCTIVITY



FEDERAL REPUBLIC OF NIGERIA

GUIDELINES FOR THE IMPLEMENTATION OF THE NATIONAL WORKPLACE POLICY ON HIV AND AIDS



¹
FEDERAL MINISTRY OF LABOUR AND PRODUCTIVITY

FOREWORD

The workplace remains an essential avenue for addressing HIV and AIDS in the productive sector of our national economy. However, most workplace interventions are not properly implemented for lack of a comprehensive framework to undertake implementation of HIV programmes. The Guidelines for the implementation of the National Workplace Policy on HIV and AIDS provides such framework in a more coordinated manner.

It is in this regard that the revised Guidelines and National Action Plan provides a more updated approach by incorporating the National Strategic Plan on HIV and AIDS, National Policy on Public Private Partnership for Health in Nigeria and the International Labour Organisation (ILO) Recommendation on HIV and AIDS in the World of Work (No.200) and the ILO Convention on Discrimination No.111. In addition, the Guidelines give meaning and direction to the implementation of the National Workplace Policy on HIV and AIDS. Furthermore, it simplifies a step by step approach required to implement effective HIV and AIDS workplace policy at the enterprise level.

The revised Guidelines and National Action Plan demonstrates the Government's total commitment to intensify its comprehensive programme in line with the Presidents Comprehensive Plan on HIV and AIDS to fight HIV and to promote the right and dignity of workers infected with and affected by HIV and AIDS in Nigeria.

The practical advice and management guidance provided will help implement intervention strategies against HIV and AIDS in the workplace. It will also help enterprises fulfill their corporate responsibilities while improving their profitability and more importantly keeping the worker safe, healthy and productive.

I hereby recommend this "Guidelines and National Action Plan" to all employers, workers and workplaces that want to start an HIV and AIDS workplace response either in the private, public or in the informal economy.



Dr. O. C. Illoh

Permanent Secretary

Federal Ministry of Labour and Productivity.

ACKNOWLEDGMENT

The Guidelines and National Action Plan for the implementation of the revised National Workplace Policy on HIV and AIDS was the product of great efforts by social partners, the resource persons and the consultant. The Guidelines and the National Action Plan were made possible through the technical and financial assistance provided by the International Labour Organization (ILO).

I wish to express my sincere gratitude to our social partners - Nigeria Employers' Consultative Association, Nigeria Labour Congress, Trade Union Congress, National AIDS Control Agency, State AIDS Control Agencies, National Association of Nigerian Traders, Nigeria Business Coalition Against AIDS, Federal Ministry of Health, Federal Ministry of Women Affairs and Social Development, the Network of People Living with HIV and UNAIDS for the significant roles played in reviewing the implementation Guidelines and National Action Plan on HIV and AIDS. My profound gratitude also goes to the International Labour Organization (ILO), particularly the ILO Country Office, in Abuja, under the able leadership of Mrs. Sina Chuma-Mkandawire for the technical and financial support provided during the review process.

May I also acknowledge Mr Timi Owolabi, the Consultant; Mr Dennis Zulu, ILO Chief of Programme, Dr. Runo Onosode, ILO Technical Expert on HIV and AIDS and the staff of the Ministry particularly Mr Godson N. Ogbuji for their valuable contributions during the several workshops, meetings and the validation of the document.

More importantly, I appreciate the approval and goodwill of the Honourable Minister and the Permanent Secretary of Labour and Productivity for creating an enabling environment for the review process.

Finally, I offer profound gratitude to all those who shared their expertise and provided regular technical input and feedback for the finalization of this document. It is hoped that this document will provide the requisite guidance to successfully implement HIV and AIDS interventions and programmes in all workplaces across the country both in the private, public and informal sectors of our economy.



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ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Antiretroviral Therapy
BCC	-	Behavioural Change Communication
BMO	-	Business Membership Organizations
CBOs	-	Community Based Organizations
CSOs	-	Civil Society Organizations
FML&P	-	Federal Ministry of Labour & Productivity
FMOH	-	Federal Ministry of Health
FMWA&SD	-	Federal Ministry of Women Affairs and Social Development
VCT	-	Voluntary Counselling and Testing
HIV	-	Human Immunodeficiency Virus
IEC	-	Information, Education and Communication
ILO	-	International Labour Organization
PLHIV	-	People Living with HIV
PMTCT	-	Prevention of Mother to Child Transmission
M&E	-	Monitoring and Evaluation
NACA	-	National Agency for the Control of AIDS
NECA	-	Nigeria Employers' Consultative Association
NEPWHAN	-	Network of People Living with HIV and AIDS in Nigeria
NGOs	-	Non-Governmental Organizations
NLC	-	Nigeria Labour Congress
NWWP	-	National Workplace Policy on HIV and AIDS
SACA	-	State Agency for the Control of AIDS
SMWA&SD	-	State Ministry of Women Affairs and Social Development
SMOH	-	State Ministry of Health

STIs	- Sexually Transmitted Infections
TUC	- Trade Union Congress
TOT	- Training of Trainers

GLOSSARY OF TERMS

Affected persons: means persons whose lives are changed by HIV or AIDS owing to the broader impact of the pandemic.

AIDS: refers to the Acquired Immunodeficiency Syndrome which results from advanced stages of HIV infection, and is characterized by opportunistic infections or HIV-related cancers, or both.

Asymptomatic care: steps taken to promote the well-being of a person infected by a disease agent but exhibiting no medical symptoms, through medical, psychosocial, spiritual and other means.

Confidentiality: means the right of every person, including workers, job applicants, job seekers, interns, apprentices, volunteers, and laid-off and suspended workers to have their information, including medical records and HIV records kept private.

Counselling: means a confidential interactive session between a professional and a client aimed at exploring and identifying the risks of the client to HIV and AIDS.

Discrimination: means any distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation, as referred to in the Discrimination (Employment and Occupation) Convention, 1958, and Recommendation, 1958.

Workers' organization: means any combination of persons, the principal purposes of which are the representation and promotion of workers' interests and the regulation of relations between workers and employers, and includes Nigeria Labour Congress and Trade Union Congress but not an organization or association that is dominated by an employer or employers' organization.

Employer: a person or organization employing women and men workers under a written or verbal contract of employment, which establishes the rights and duties of both parties, in accordance with national law and practice. Government, public authorities, private enterprises and individuals may be employers.

Employers' organization: means any combination established by employers, the principal purposes of which are the representation and promotion of employers' interests and the regulation of relations between employers and workers.

eMTCT: elimination of Mother to Child Transmission.

Epidemic: a disease, usually infectious, that spreads quickly through a population

Epidemiology: the study of the distribution and determinants of disease in human populations.

Evaluation: an assessment of progress towards the achievement of an objective. Generally carried out at a specific point, or points in time.

Formal sector: the sector of the economy in which women and men workers and employers are registered and/or organized into unions and associations; in which there are rules and regulations governing participation in the sector.

GIPA: greater involvement of people living with HIV and AIDS is a principle that aims to realise the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives.

HIV: refers to the Human Immunodeficiency Virus, a virus that damages the human immune system. Infection can be prevented by appropriate measures.

VCT: HIV Counselling and Testing is a programme that serves as an entry point to a comprehensive continuum of care which seeks to facilitate provision of care, and good quality, uniform and equitable HIV counselling and services in the country.

HIV testing: any form of testing designated to identify the HIV status of a person, including blood tests, saliva tests or medical questionnaires.

Immune system: a complex system of cells and cell substances that protects the body from infection and disease.

Incidence of HIV: the number of new cases of HIV in a given time period, often expressed as a percentage of the susceptible population.

Indicator: a direct or indirect measure of change.

Informal sector: small scale units producing and distributing goods and services, consisting largely of independent self-employed persons, some of whom also employ family labour and/or a few hired women and men workers or apprentices; which operate with very little capital or none at all; which use very low level of technology and skills; which therefore operate at a low level of productivity; and which generally provide very low or irregular incomes and highly unstable employment to workers.

Informed consent: means the process of obtaining consent from a patient/worker to ensure that the person fully understands the nature, implications and future consequences of HIV testing before such a person consents to take the test.

Opportunistic infections (OI): are illnesses caused by various organisms, many of which usually do not cause disease in persons with healthy immune systems.

Monitoring: an on-going assessment or measurement of a programme that aims to provide early indications of progress or lack of progress in the achievement of the programme's objectives.

Pandemic: an epidemic occurring simultaneously in many countries.

Persons living with HIV (PLHIV): means persons infected with HIV.

Policy: Written document that aims at setting out an organization's position and practices on HIV and AIDS.

Positive living: A way of living with HIV or AIDS which enables people to cope with the difficulties and challenges they might face, and to live a long and fulfilling life.

Post-exposure prophylaxis (PEP): Means antiretroviral, including medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or non-occupational, as in unprotected sex with a person with HIV infection. The latter is sometimes referred to as Non Occupational-Post Exposure Prophylaxis.

Prevalence of HIV: The number of people with HIV at a point in time, often expressed as a percentage of the total population.

Prevention programme: A programme designed to prevent HIV transmission, including components such as awareness, education and training, condom distribution, treatment of sexually transmitted infections, occupational infection control.

Reasonable accommodation: means any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with HIV or AIDS to have access to, or participate or advance in, employment.

Risk: Probability of a person acquiring HIV.

Risky behaviour: Individual, or group behaviour, which increases the risk of becoming infected with HIV

Risk assessments: Identify factors that may make a particular workforce, workplace or surrounding communities more vulnerable to infection with HIV

Screening: These are measures whether direct (HIV testing), indirect (risk assessment) or asking questions about tests already taken or about medications.

Sexually Transmitted Infections: These are infections transmitted through sex and include among others, HIV, syphilis, chancroid, chlamydia, herpes, and gonorrhea. It also includes conditions commonly known as sexually transmitted diseases (STDs).

Social Partners: means the government, employers and their organizations and workers and their organizations

Stigma: means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by HIV.

Vulnerability: means the unequal opportunities, social exclusion, unemployment or precarious employment, resulting from the social, cultural, political and economic factors that make a person more susceptible to HIV infection and to developing AIDS.

Workplace: refers to any place in which workers perform their activity.

Worker: refers to any persons working under any form or arrangement.

World of Work: means a working environment which persons are in some way or another associated with and also includes persons stated in section 4.1 of this policy.

CHAPTER 1

INTRODUCTION

1.1 Background

Some achievements have been recorded in the implementation of HIV and AIDS workplace interventions in Nigeria. However, these achievements are not widespread as HIV and AIDS continue to impact negatively in most workplaces through absenteeism, loss of skills, stigma and discrimination as well as low productivity. The epidemic primarily affects workers and as infected workers become ill they will take additional sick leave; this will disrupt workplace operational activities. This disruption is amplified when more qualified and experienced workers are absent, as finding a temporary replacement becomes more difficult.

In order to reaffirm the country's commitment to addressing the impact of HIV and AIDS in the workplace particularly the high levels of unfair stigma and discrimination faced by people affected by HIV and AIDS, gender disparities, and prevent workers from being infected; the Federal Government through the Ministry of Labour and Productivity, in consultation with all the stakeholders, revised the National Workplace Policy on HIV and AIDS to bring it in line with ILO Recommendation, concerning HIV and AIDS and the World of Work 2010 (No.200).

Furthermore, given the need to assist employers, workers and their organizations in both the public and private sectors, including the informal sector, the implementation guidelines have been reviewed to provide practical guidance on the implementation of HIV and AIDS interventions in the World of Work.

1.2 Objectives of the Implementation Guidelines

The primary objective of the implementation guidelines is to provide policy guidelines to assist employers, workers and their organizations to develop and implement comprehensive gender sensitive HIV and AIDS workplace policies and programmes. These policies and programmes must be developed within the framework of decent

work in the formal and informal sectors in both the public and private sectors in order to:

- (a) Promote access to education including equitable worker benefits and employment protection
- (b) Eliminate unfair discrimination and stigmatization in the workplace based on real or perceived HIV status including dealing with HIV testing, confidentiality and disclosure
- (c) Create a safe and healthy working environment
- (d) Promote appropriate and effective ways of managing effects of HIV and AIDS in the workplace
- (e) Protect the rights of people living with HIV and AIDS and sensitize them to options for redress
- (f) Manage grievance procedure in relation to HIV and AIDS
- (g) Give effect to international obligations of Nigeria on HIV and AIDS in the World of Work and
- (h) Facilitate the review and enactment of appropriate laws and statutes to incorporate HIV and AIDS issues.

In order to give effect to the NWWP, the Implementation Guidelines have been revised to realize the following objectives:

- Σ Guide employers, workers and their organizations to implement the NWWP
- Σ Provide practical information on the implementation of HIV and AIDS workplace policies and programmes and
- Σ Provide examples of good practices on how to respond to the impact of HIV and AIDS in the workplace.

These Implementation Guidelines further unpack the following key focus areas covered in the Code:

- Σ Scope of the Implementation Guidelines and key principles
- Σ Legal framework
- Σ Elimination of unfair discrimination and promotion of equal opportunity and treatment
- Σ Promoting a healthy and safe working environment
- Σ Management of HIV and AIDS in the workplace
- Σ Monitoring and evaluation.

The implementation guideline is designed as an accessible, user-friendly manual for employers, workers and their organizations on how to deal with fundamental human

¹ NACA (2011): Evaluation of Small/medium private companies with HIV and AIDS interventions under Global Fund Round 5 programmes in Nigeria.

rights, freedoms and responsibilities of all workers, including principles of gender equality, right to be free from compulsory testing and disclosure of HIV status, and non-discrimination in response to the impact of HIV and AIDS in the workplace.

1.3 Scope

The scope of the Guidelines for the Implementation of the National Workplace HIV and AIDS Policy covers all persons in a working environment, formal and informal workplaces under all forms of working arrangements, comprising:

- (a) All workers working under all forms or arrangements and at all workplaces including
 - i. persons in any employment or occupation;
 - ii. those in training, including interns and apprentices;
 - iii. volunteers;
 - iv. job seekers and job applicants and
 - v. laid-off and suspended workers.
- (b) All sectors of economic activity, including the private and public sectors and the formal and informal economies
- (c) Armed forces and uniformed services.

1.4 Legal Framework

The implementation guidelines must be read in conjunction with the National Workplace Policy, the Constitution of the Federal Republic of Nigeria and all relevant legislation as amended, which includes:

- Σ The 1999 Constitution of the Federal Republic of Nigeria
- Σ Labour Act No 21 of 1 August 1971 (Chapter 198) as amended up to 1990
- Σ National Agency for the Control of HIV and AIDS (establishment) Act of 22 February, 2007
- Σ Worker's Compensation Act, December 2010
- Σ National Human Rights Commission (Amendment) Act of 16 December 2010

1.5 Guiding Principles

The following general principles should apply to all actions involved in the national response to HIV and AIDS in the workplace and are in tandem with the Constitution of

the Republic of Nigeria and other relevant national laws, international conventions and recommendations particularly ILO Recommendation 200. They are as follows:

1.5.1 Respect for human rights, fundamental freedoms and equality: Employers, men and women workers as well as other stakeholders must understand that the response to HIV and AIDS contributes significantly to the realisation and sustenance of human rights, dignity, fundamental freedoms, responsibility and equality for all, including workers, and their dependants.

1.5.2 No discrimination based on real or perceived HIV status: Elimination of unfair discrimination is a major principle for protection of the rights of individuals. Real or perceived HIV status must not be reason for exposing men and women workers to unfair discrimination or stigmatisation at their workplace. Employers and co-workers must ensure that unfair discrimination at workplace is discouraged in its totality.

1.5.3 The right to access and continue in employment: Real or perceived HIV status is not a valid cause for determination (suspension, termination, demotion, or/and dismissal) of employment. Men and women workers with HIV-related medical issues must not be denied the possibility of continuing to perform their roles at the workplace, unless proven medically unfit to do so. Men and women workers with HIV and AIDS must be reasonably accommodated and be able to work for as long as medically fit. Medical examination should be limited to the capacity of a worker to perform the task(s) of a particular job.

1.5.4 Testing and confidentiality of information: Men and women workers as well as their dependants must enjoy confidentiality relating to their HIV status or that of their co-workers. Workers must not be compelled to undergo HIV testing or other forms of screening for the purpose of determining their HIV status unless found to be justified by the Industrial Court. HIV test results must be confidential, not disclosed to a third party and not endanger access to jobs, tenure, job security or opportunities for advancement.

1.5.5 Gender equality: In comparison to men, women and girls are at greater risk and more vulnerable to HIV infection and are disproportionately affected by HIV. Women's empowerment is a key factor in responding to HIV and AIDS and the world of work. Measures must be taken in the world of work to ensure gender equality, prevent violence and harassment, protect sexual and reproductive health and rights and involve men and women workers, regardless of their sexual orientation, in the HIV response.

1.5.6 Prevention programmes: The workplace must facilitate access to a comprehensive information and education to reduce the risk of HIV transmission and

HIV-TB co-infection because prevention of all modes of HIV transmission and TB must be a fundamental priority.

1.5.7 Occupational health and safety: The workplace must be safe and healthy for all workers, and they must benefit from programmes to prevent specific risks of occupational transmission of HIV and related transmissible diseases, such as TB, especially in jobs most at risk, including the health care sector.

1.5.8 Treatment, care, and support: Men and women workers as well as their dependants must have equitable access to treatment, care and support services on HIV and AIDS. All men and women workers must have access to affordable health services, social security, insurance schemes or other employment-related benefits either through the employer, the State or Non-Governmental Organizations. Programmes of care and support must include measures of reasonable accommodation in the workplace for PLHIV and those living with HIV-related illnesses.

1.5.9 Social dialogue/consultation: Implementation of policies and programmes on HIV and AIDS should be based on cooperation and trust amongst government, employers and workers and their representatives. Employers and workers should engage in the design, implementation and evaluation of national and workplace programmes, with the active involvement of persons living with HIV and AIDS.

CHAPTER 2

SECTORAL AND ENTERPRISE LEVEL WORKPLACE HIV AND AIDS POLICY

2.1 Introduction

An HIV and AIDS Workplace Policy is a set of guidelines stating an organization's position and practices for preventing the transmission of HIV infection and managing HIV and AIDS among its workers, their dependants and the host community. It sets out standards of expected behaviour for management and staff towards reduction of stigma and discrimination against fellow workers living with HIV and AIDS in the workplace. It also guides the implementation of HIV and AIDS programmes in the workplace in particular and the community in general.

2.2 Key Components of a Workplace HIV and AIDS Policy

The basic components of a workplace policy are as follows:

- Σ Safe and healthy work environment
- Σ No mandatory HIV and AIDS testing
- Σ Treatment, care and support of workers living with HIV and AIDS
- Σ Protection and promotion of workers' rights

2.2 How to Prepare a Workplace Policy

- Σ Conduct needs assessment of the particular enterprise looking at vulnerability factors, knowledge and myths, capacity, demographic characteristics and the organization's functions.
- Σ Set up a committee that is representative of the organization's population made up of management and workers' representatives.
- Σ Develop Terms of Reference for the committee.
- Σ Develop a draft within the context of national policies and other relevant policies/legislations on HIV and AIDS.
- Σ Disseminate this draft policy to all stakeholders for their inputs.

- Σ Finalize the draft and forward it to the top management for adoption and approval.
- Σ Disseminate the approved policy to all workers and other stakeholders.

CHAPTER 3

REDUCING HIV INCIDENCE THROUGH SAFE AND HEALTHY WORK ENVIRONMENT

3.1 Introduction

Employers must provide and maintain a workplace that is safe and void of risk to men and women workers in the organization. In other words, the workplace must be safe for everyone so as to reduce and prevent transmission of HIV. In the workplace, workers may be involved in occupational accidents which involve bodily fluids; hence every workplace should operate within the provisions of the Occupational Health and Safety Act; which specifies Standard Precautions to be followed for the prevention and control of HIV and AIDS and other opportunistic infections. All employers, in both public and private sectors and formal and informal sectors must ensure that systems and services remain responsive to the needs of people living with HIV and AIDS. This includes integrating HIV and TB care with an efficient chronic-care delivery system, expanding of operating hours of service delivery points, ensuring a continuum of care across service delivery points, strengthening quality standards, and adequate monitoring of drug resistance.

All formal and informal as well as private and public organizations should assess workplace environment and conditions with a view of identifying any occupational risks that may lead to transmission of HIV. Moreover, workers, organizations and government must employ relevant strategies to fight against child labour and child trafficking that may result from the death or illness of family members or caregivers due to HIV and AIDS, and to reduce the vulnerability of children to HIV and AIDS. Adequate measures must be in place to protect children and young workers against HIV and AIDS. Specifically, workplace policies and programmes on HIV and AIDS must cater for the special needs of children and young persons in the response to HIV and AIDS.

Employers should ensure a safe and healthy work environment including the application of universal safety precautions and measures such as the provision and maintenance of protective equipment and First Aid.

3.2 How to step down this policy on safe and healthy working environment:

To create a safe and healthy working environment, this document provides practical guidelines to address the following:

- Σ Prevention
- Σ Treatment, care and support (See section 5.0 for details)
- Σ Occupational health and safety

3.2.1 Prevention

Prevention programmes include awareness programmes, education, male and female condom promotion, universal precautions, and STI management. For effective prevention of HIV and AIDS it is imperative to adopt the implementation of a mix of prevention interventions which focus on key populations (i.e. populations at greater risk). High prevalence of HIV and risk of HIV transmission occurs in environments characterised by poverty, poor access to information, high level of unemployment, exploitation of women and other poverty-related factors. When individuals at risks are well informed, educated, knowledgeable and confident about their rights regarding HIV and AIDS, they would be able to protect themselves against unsafe sexual practices. Comprehensive workplace wellness response to HIV and AIDS starts with the initiation and implementation of workplace prevention programmes. This includes promoting the physical and mental health as well as well-being of the employees.

The key components of a comprehensive workplace HIV and AIDS prevention programme include:

- Σ Peer-education/group discussions on a range of topics
- Σ Voluntary counselling and testing programmes (on-site service and/or referral to a service in the community)
- Σ Infection control programme, specifically focusing on health care providers.
- Σ Awareness raising activities include education and training, campaigns, use of print and electronic media, production and/or distribution of pamphlets, leaflets, handbills.
- Σ Organizing special events/programmes or marking days set aside for HIV and AIDS such as the World AIDS Day, etc
- Σ Promote safer sex practices, including instructions/demonstration on the use of male and female condoms, and
- Σ Optimal management of STIs and tuberculosis, as part of a workplace health service delivery or referral.
- Σ Treatment of opportunistic infections (OI) and provision of nutritional supplements.
- Σ Promotion of hygiene and proper nutrition, with special emphasis on the vulnerability of women to HIV and prevention strategies that can lessen this vulnerability.

3.2.1.1 Benefits of HIV and AIDS workplace prevention programme

These include:

- Σ Reducing risk behaviour resulting in HIV and STD infections.
- Σ Increasing people's awareness about HIV and AIDS as well as improving knowledge of key facts.
- Σ Promoting VCT with the attendant benefits of knowing one's HIV status.
- Σ Creating a more tolerant and accepting attitude towards men and women employees living with HIV.
- Σ Producing positive effects on morale and productivity.
- Σ Ensuring a safe working environment.
- Σ Promotion of abstinence, especially for young people.

3.2.1.2 Indicators of a successful HIV and AIDS prevention programme:

The under-listed are some noticeable indicators of a successful HIV and AIDS prevention programme:

- Σ Have top management support and commitment
- Σ Have a forum to exchange experiences and ideas
- Σ Are backed by access to health services
- Σ Are developed, implemented and monitored by inclusive/bipartite committees
- Σ Are integrated into general health promotion programmes
- Σ Develop an environment for long-term behaviour change
- Σ Are monitored for impact through collection and review of health, sick leave, turnover and productivity data
- Σ Provide training and information support to staff managing the programme and
- Σ Are based on needs assessment

3.2.1.3 Developing prevention programmes

To effectively combat the spread of HIV and AIDS and promote a high level of tolerance against PLHIV, inclusive workplace prevention programmes must be organized and implemented. In developing HIV and AIDS prevention programmes, the following should be considered:

- Σ Involvement of varying forms and media in prevention programmes' implementation
- Σ Motivation to act
- Σ Tweaking programmes to target cultural contexts, gender, age and literacy levels
- Σ Understanding how the disease may affect one's life and family
- Σ Integrating HIV programmes into other workplace programmes such as safety and health promotion programmes
- Σ Prerequisites for behaviour change
- Σ Correct basic knowledge

- Σ Ensuring that programmes support social values
- Σ Acceptance and non-discrimination
- Σ Skills for decision-making, negotiation, condom use, etc.
- Σ Ensuring that programmes convey messages which promote risk reduction behaviour.

3.2.2 Occupational safety and health

Employers should ensure that appropriate equipment and materials are available to protect men and women workers from risk of exposure to HIV. In addition, organizations should implement universal infection control procedures which include:

- Σ Hand washing after touching blood, body fluids, secretions, excretions, and contaminated items, whether gloves are worn or not.
- Σ Wearing of gloves when touching blood, body fluids, secretions, excretions and contaminated items, or before touching mucous membranes and non-intact skin.
- Σ Wearing of masks, eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and activities that are likely to generate splashes or spray of blood or body fluids, secretions and excretions.
- Σ Measures for handling of patient-care equipment soiled with blood, body fluids, secretions, and excretions and for the provision and disposal of disposable syringes.
- Σ Measures for general environmental control, such as routine care and cleaning of environmental surfaces.
- Σ Measures for handling transport and processing of used linen soiled with blood and body fluids, secretions and excretions in a manner that prevents contamination.
- Σ Measures to prevent injuries when handling, cleaning and disposing of needles, scalpels and other sharp instruments.
- Σ Use of mouthpieces, resuscitation bags or other ventilation devices as an alternative method to mouth-to-mouth resuscitation and
- Σ Isolation of patients who either contaminate the environment or cannot be expected to assist in maintaining appropriate personal hygiene or personal control.

3.2.2.1 How to manage occupational exposure to HIV

It is recommended that the following steps be taken in the event of an occupational exposure to HIV:

- Σ *Evaluate the exposure*: assess the nature of the incident and whether it warrants the provision of pro-exposure prophylaxis to the affected person
- Σ Conduct immediate infection control by immediately cleaning the affected area with antiseptic agent and water

- Σ Where there is an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risks, including clear and accurate information and training on the hazards and procedures for safe work
- Σ In case of workplace accidents, workers who are exposed to HIV infection should be assisted to benefit from standard prophylactic procedures
- Σ Personnel policies should make provisions for workers to move with their families during transfer in the course of their work
- Σ People who are in an occupation that requires routine travel in the course of their duties should be provided with the means to minimize the risk of infection including information, condoms and adequate accommodation
- Σ *Determine the HIV status of the exposure source:* take various steps to identify the HIV status of the source person involved in the occupational incident, such as checking existing medical records to determine whether HIV status is known, requesting voluntary HIV testing with pre and post-test counselling, or requesting a doctor to provide a clinical diagnosis of the patient and
- Σ *Provision of post-exposure prophylaxis:* with on-going HIV testing at regular intervals, in the case of high-risk exposures

3.2.2.2 Compensation for HIV and AIDS occupational infection

Employers should reasonably assist /compensate men and women employees infected with HIV by providing information on the procedures for a compensation claim, or/and helping to collect the information needed to prove occupational infection with HIV. An employee may be entitled to compensation if he or she becomes infected with HIV as a result of an occupational incident. Employers should take reasonable steps to assist employees with the application for benefits, including:

- (a) Providing information to affected employees on the procedures that will need to be followed in order to qualify for a compensation claim and
- (b) Assisting with the collection of information which will assist with proving that the employee was occupationally exposed to HIV infected blood.

3.2.2.3 Monitoring occupational exposure

Formal and informal as well as private and public organizations should ensure adequate monitoring of all occupational exposure to HIV at workplaces. To do this, the nature and extent of occupational incidents, the steps taken after such incidents, as well as ongoing medical evaluation of affected employees should be monitored.

3.2.3 Voluntary counselling and testing

Voluntary counselling and testing are essential aspects of the prevention interventions

of HIV and AIDS prevention programme(s). Equal access to voluntary HIV counselling and testing is a major strategy that encourages individuals to take on these responsibilities because self-awareness of one's HIV status triggers people's life-changing decisions which include early start of treatment programme. Counselling helps people to come to terms with their HIV status. It also ensures they have more basic facts (causes, spread and prevention) about HIV and AIDS.

Pre-test counselling is an essential tool that provides individuals with information necessary for him or her to make informed decisions regarding the meaning and purpose of HIV testing, having an HIV test or not, meaning of positive and negative results, care, sexual relations, psycho-social implications, etc., safer sex and strategies to reduce risk, and coping strategies regarding HIV positive test results. After an individual receives his or her test results, such an individual should be taken through post-test counselling (at least two sessions) in order to discuss with the individual tested and make him or her understand the test results. Workplace HIV counselling programmes should ideally be general counselling programmes. This will ensure that the VCT service does not become stigmatised. Many organizations chose to integrate HIV counselling into their Employee Assistance Programme (EAP).

3.2.3.1 Counselling and informed consent

Counselling improves people's understanding of the disease, how to manage their lives, and mental readiness on how to deal with the results of the test. Effective counselling reduces stress and anxiety about getting tested for HIV. Individuals are better sensitised on the process and benefits during the counselling session(s). Some of the issues of discussion during counselling sessions include:

- Σ Past sexual activities that might put individuals at risk
- Σ Clarifications on the meaning and implications of positive and negative HIV test results
- Σ Sources of reliable support when test results are positive
- Σ The plan of action, ahead of time in case the result is positive
- Σ The importance and advantages of personal coping strategies regarding the results and
- Σ Willingness to have the HIV test done.

Counselling and support should be made accessible to all workers and adapted to the different needs and circumstances of women and men. To implement fair access to counselling and support, employers should consider the following:

- Σ Identify professionals, self-help groups and services within the local community or region which specialise in HIV and AIDS-related counselling and the treatment of AIDS and other opportunistic infections
- Σ Identify relevant community-based organizations that may be helpful resource facilities to men and women workers living with HIV and AIDS

- Σ Encourage men and women workers to contact qualified health care providers or refer them for initial assessment and treatment if not already being treated and
- Σ Make available and provide men and female workers opportunities to fair access to established procedures to follow in case of exposure to HIV

3.2.3.2 HIV Testing and Authorisation of HIV Testing

Men and women workers including migrant workers, jobseekers and job applicants must not be required to undergo HIV testing or other forms of screening for HIV so as to determine the workers' HIV status. However, authorisation for mandatory HIV testing for men and women workers may only be granted by the Industrial Court. Mandatory testing for HIV must not be a requirement in the workplaces. The results of HIV testing should be confidential and not endanger access to jobs, tenure, job security or opportunities for advancement.

3.2.3.3 Confidentiality and Disclosure

Confidentiality builds trust among employers, workers and health care providers. Workers expect and assume that their medical records or health information should be kept with utmost confidentiality without letting a third party have access to it. Therefore, workers are not legally compelled to disclose their HIV status to co-workers or their employers. However, when and where a worker willingly discloses his or her HIV status to the employer or to other workers, this information may not be disclosed to others without the worker's express written consent.

Where written consent is not possible, efforts must be taken to ensure the concerned worker confirms his or her willingness to disclose his or her HIV status. Third party's access to personal data relating to men and women workers' HIV status and related medical information must be done with adherence to the rules and policies of confidentiality corresponding with relevant national laws.

CHAPTER 4

TREATMENT, CARE AND SUPPORT

4.1 Introduction

Employers' ability to provide workplace HIV and AIDS treatment, care and support boosts workers' morale and ensures that men and women living with HIV and AIDS at workplaces are healthy and productive. Such a gesture indicates that the employer is interested and concerned about the health and well-being of their workers. The treatment of HIV is critical to HIV prevention intervention. Several informal and formal organizations as well as many private and public health facilities offer HIV and AIDS counselling services. It is expedient for employers to ensure those men and women workers as well as their dependants living with HIV and AIDS-related illnesses have access to treatment, care and support services irrespective of the types of insurance scheme that supports it. These include access to free or affordable:

- a) Voluntary counselling and testing
- b) Nutrition consistent with treatment requirements
- c) Antiretroviral treatment and adherence education, information and support
- d) Treatment for opportunistic infections and any HIV-related illnesses, in particular tuberculosis and
- e) Support and prevention programmes including psychosocial support.

Care and support programmes must include measures of reasonable accommodation in the workplace for men and women workers living with HIV or HIV-related illnesses. Strategies must be developed while mechanisms are created to encourage openness, acceptance and support for men and women workers living with HIV and AIDS and to ensure that they are neither unfairly discriminated against nor stigmatised.

4.2 Care and Support

The workplace response in each situation should be situated or placed within the context of the peculiarity of each enterprise, situation or workplace. Solidarity, care and support should guide HIV and AIDS issues in the workplace.

Every workplace shall do the following in terms of care and support for workers living with HIV:

- ✓ Use its best endeavour to provide such workers with medical attention and

- medicines including treatment of opportunistic infections
- ✓ Educate workers on positive living
 - ✓ Provide counselling, medical and psychological assistance
 - ✓ Facilitate the provision of antiretroviral drugs in line with national guidelines
 - ✓ Have a budget line for care and support.
 - ✓ Make information on care and support services available to all workers, i.e. VCT centres, referral centres etc.
 - ✓ Facilitate the provision of counselling and other forms of social support to workers infected and affected by HIV and AIDS.
 - ✓ Provide where feasible, financial assistance for cost of treatment and other care.
 - ✓ Ensure that linkages reach beyond the worker to cover their families in particular their spouses and children
 - ✓ Ensure that workers with HIV-related illness have access to medical treatment and are entitled, without discrimination, to agreed existing sick leave provisions
 - ✓ HIV-infected workers should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they cannot continue with normal employment, efforts should be made to offer them alternative employment without prejudice to their benefits.

CHAPTER 5

PROTECTION AND PROMOTION OF THE RIGHTS OF WORKERS

5.1 Introduction

The National Workplace Policy stipulates that HIV status should not be a basis for the stigma, discrimination and exclusion of persons living with HIV from occupational benefits, employment, etc.

Stigma refers to negative thoughts or feelings directed at individuals or groups who are perceived to have some characteristics that make them different. HIV stigma is directed at individuals or groups perceived to be living with HIV and AIDS, as well as family members or health care workers who associate with them.

Discrimination can be defined as “any distinction or restriction based on exclusionary perceptions or attributes that restricts the rights of an individual on the basis of his HIV status” (ILO Convention No. 111). It could be direct or indirect.

5.2 Direct and Indirect Discrimination

Direct discrimination occurs when a distinction, exclusion or preference is made on the basis of a direct reference to individual's HIV status. For example, an employment policy that provides lower remuneration to men and women workers living with HIV directly discriminates on the basis of their HIV and AIDS status.

Discrimination may be indirect when the application of a certain practice or policy impacts more negatively on people living with HIV and AIDS. For example, a training and development policy that provides training opportunities to workers who have not used sick leave during a given period may indirectly discriminate against workers living with HIV and AIDS who are more likely to have used sick leave when they start to develop opportunistic infections related to HIV and AIDS.

5.3 Exclusion

This arises when a worker is denied his/her rights based on HIV status. In implementing this policy issue:

- Σ No applicant should be refused offer of employment based on HIV status
- Σ No employer should deny a worker access to opportunities for promotion, training or other benefits
- Σ Workers should not be disengaged from work on account of their HIV status
- Σ All workers should have equal access to facilities in the workplace
- Σ No worker should be paid a salary less than that of another worker for same work or work of equal value performed based on HIV status
- Σ Where employers and workers agree that there has been adequate information and education provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with a worker with HIV and AIDS.

Based on the above, employment policies and procedures should not discriminate against workers in any form or the other.

5.4 Rationale for the elimination of unfair discrimination

- Σ Nigeria is committed to giving attention and due regard to the country's law which respects equality, human dignity and freedom
- Σ It is recognised that protecting the rights of PLHIV is a significant stride towards reducing the effect HIV has on the lives of those infected and affected. Similarly, protecting the rights of PLHIV is a strategy that prevents the spread of the HIV epidemic
- Σ The Nigerian Constitution recognises that certain vulnerable groups in society need more protection, as a result of the impact that discrimination has on their lives, in order to assist them to participate fully in their rights and entitlements
- Σ Promoting and supporting the rights of men and women employees living with HIV helps them to continue working productively for as long as they are medically fit to do so. Moreover, promoting the rights of PLHIV creates a climate of openness and acceptance in which men and women employees living with HIV will be more willing to come forward for testing, counselling and care, thus helping to reduce the spread of HIV.

5.5 Employment Policies and Practices:

5.5.1 Protection of the rights of job seekers and employment prospects:

HIV/AIDS is not just a health issue but also a social justice issue. Since everyone is entitled to fundamental human rights without discrimination; people living with HIV/AIDS have the same rights as those who are HIV-negative. These rights include right to education, employment, health, travel, marriage, procreation, social security and occupational benefits. Protection of human rights empowers individuals and communities to respond to HIV infection, reduce vulnerability to infections as well as lessen the impact of the epidemic on those affected.

5.5.1.1 Steps to protecting the human rights and employment prospects of job seekers and employees including PLHIV:

- ✓ Education of stakeholders on HIV/AIDS issues in the workplace
- ✓ Advocacy visits to employers of labour
- ✓ Providing employees access (information, referral or service provision) to VCT under confidential cover
- ✓ Employees and prospective employees' personal health records should be kept confidential
- ✓ There should be no compulsion by the employer to force an employee to reveal HIV related information
- ✓ There should be neither direct nor indirect pre-employment test for HIV.
- ✓ Employees should be given to normal medical tests of current fitness for work and these tests should not include testing for HIV

5.5.2 Recruitment procedures, advertising and selection criteria: The procedure for recruitment and selection procedures and policies must not exclude people (directly or indirectly) on the basis of HIV status. Employers and organisations must not insist that only applicants who are HIV negative may apply

5.5.3 Job classification and grading: Workplace policies relating to job classification and grading of men and women employees should not unfairly discriminate against employees living with HIV and AIDS. For instance, no employee must be directly or indirectly denied of certain types of employment, position and workplace location on the basis of his or her HIV status.

5.5.4 Appointment process: The appointment process cannot unfairly discriminate, directly or indirectly, against applicants living with HIV and AIDS. Men and women applicants who are HIV positive must not be denied appointments.

5.5.5 Job assignments: Employers should not assign jobs to men and women employees based on their HIV and AIDS status with a mind of unfairly discriminating, directly or indirectly, against employees living with HIV and AIDS. For instance, men and women employees living with HIV and AIDS should not be unfairly denied the opportunity to take job assignments which require travelling abroad.

5.5.6 Remuneration, employment benefits and terms and conditions of employment: Employees with HIV and AIDS may not be unfairly discriminated against, directly or indirectly, for instance by offering them lower rates of pay or denying the employee benefits, on the basis of their HIV and AIDS status.

5.5.7 Performance evaluation systems: At workplaces, policies regarding performance evaluation should not unfairly discriminate, directly or indirectly, against men and women employees living with HIV and AIDS. Employees living with HIV and AIDS must be evaluated on a fair and non-discriminatory basis.

5.5.8 Training and development: Training and development policies may not unfairly discriminate, directly or indirectly, against employees living with HIV and AIDS. Men and women employees must not be denied training opportunities because they live with HIV and AIDS

5.5.9 Working environment and facilities: Policies relating to the working environment and work facilities should not unfairly discriminate, directly or indirectly, against employees living with HIV. For instance, employees living with HIV and AIDS should enjoy equality of access to workplace facilities such as toilets and canteens.

5.5.10 Promotion/demotion and transfer: HIV status should not be criterion to unfairly discriminate, directly or indirectly, against employees in effecting transfer at workplace, and determining promotion opportunities or for demoting men and women employees living with HIV and AIDS.

It should be noted that:

- Σ Any changes in job status should be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard.
- Σ When an employee becomes too ill to perform his/her agreed functions, standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination.

5.5.11 Disciplinary measures other than dismissal: Policies and procedures regarding disciplinary measures should ensure that HIV status is not used to unfairly discriminate, directly or indirectly, against employees living with HIV and AIDS. PLHIV should be fairly treated in the application of such workplace disciplinary measures.

5.5.12 Termination of employment and dismissals: Real or perceived positive HIV status should not be the basis for terminating or dismissal of employees. Before an employment contract is terminated, the following should be considered:

- Σ Real or perceived HIV status is not a valid cause for termination of employment
- Σ Persons with HIV-related illness should not be denied the opportunity of continuing to carry out their work
- Σ Where an employee has become too ill to perform their current work, an employer is obliged to explore alternatives, including reasonable accommodation and redeployment
- Σ The employer should ensure that as far as possible the employee's right to confidentiality regarding his or her HIV status is maintained during any incapacity proceedings

Common errors relating to dismissals and grievances include:

- Σ Co-employees' awareness of employee's HIV status leading to making their work environment unpleasant or even intolerable
- Σ Non-maintenance of confidentiality during grievances proceedings/incapacity

- hearings
- Σ Challenges regarding disputes between supervisors and employees on sick leave allocation and/or how to accommodate an HIV-related disability
- Σ Employers dismissing employees as soon as they identify HIV positive employees
- Σ Employers refusing to adapt, accommodate or find alternatives for incapacitated employees

Meanwhile, in order to determine the appropriateness of an employee's incapacity, some criteria to consider include employee's ability to perform the work, nature of the incapacity, the extent to which the employee is capable of performing the work, likelihood of recovery or improvement, the size of the business, the extent to which the employee work duties can be adapted, availability of alternative work, effect of the employee's absence on the organisation's operations, length of service, and cause of the incapacity.

The following precautions may be taken to ensure that unfair dismissal is prevented

- Σ Employers should develop clear guidelines on the procedures that must be followed in dismissals, particularly dismissals for incapacity
- Σ All managers and supervisors should be aware of the law and policy, as well as how to apply it within the particular workplace and
- Σ HR policies should include clear policy statements on dismissals setting out what steps the company will take to adapt an employee's working environment, how it could accommodate ill employees and what alternatives, if any, exist.

5.5.13 Inherent requirements of a job: Workplace employment policies which distinguish exclude or prefer job applicants or men and women employees with HIV negative status may not be unfair if it is based on the inherent requirements of a particular job. An inherent requirement of a job is an essential characteristic, quality or capacity that is required in order to fulfil the duties of a job.

5.5.14 Continuation of employment relationship: Real or perceived HIV status should not be a ground for discrimination, preventing recruitment or continued employment or the pursuit of equal opportunities which is consistent with the provision of the Discrimination (Employment and Occupation) Convention, 1958 ratified by Nigeria

HIV infection or AIDS shall not provide a basis for termination of employment. Where fitness to work is compromised by HIV/AIDS and related illnesses, the employer shall make efforts and make arrangements aimed at providing reasonable accommodation for the individual affected (**See section 5.7**).

To step down this policy issue, workplaces should ensure that:

- Σ No termination of appointment occurs as a result of HIV positive status
- Σ Medically certified temporary absence from work does not constitute a valid

reason for termination of appointment

- Σ HIV test shall not be part of pre-employment medical examination
- Σ HIV test shall not be part of routine medical examination

5.6 Elimination of unfair discrimination and promotion of equal opportunities

In order to ensure that unfair discrimination against PLHIV at workplaces is eliminated, and promote equal opportunities without bias about employees' HIV and AIDS status, employers and trade unions should take positive measures which include:

- Σ Developing HIV and AIDS policies and programmes for the workplace, such as HIV and AIDS policies based on the principles of non-discrimination and equality
 - Σ Awareness, education and training on the rights of all persons with regard to HIV and AIDS
 - Σ Mechanisms to promote acceptance and openness around HIV and AIDS
 - Σ Providing support for men and women living with HIV and AIDS and
 - Σ Developing grievance procedures and disciplinary measures to deal with HIV-related complaints in workplaces

5.6.1 Common problems regarding elimination of unfair discrimination and promoting a non-discriminatory workplace

- Σ Some companies and organisations refusing to hire job applicants who are living with HIV, thus having no regard for their ability to perform the inherent requirements of a job. At the extreme, female employees sometimes experience greater discrimination since their HIV status is easily determined during antenatal screening
- Σ Men and women employees living with HIV being offered different, and often sub-standard, terms and conditions of employment and employee benefits
- Σ Employees living with HIV being passed over for promotional and training opportunities and
- Σ Employees living with HIV being dismissed based on their HIV status.

5.6.2 Key points for trade unions and employers on prohibition and elimination of unfair discrimination

- Σ Develop a policy on the elimination of unfair discrimination on the basis of HIV status and include the elimination of harassment based on HIV status
- Σ Ensure that other policies and procedures that promote non-discrimination in your work environment include HIV status or AIDS as a ground for non-discrimination
- Σ Evaluate and review your employment policies and practices to ensure that they do not discriminate, either directly or indirectly, on the basis of HIV and AIDS
- Σ Take discrimination seriously: ensure that disciplinary procedures are in place, or that existing grievance procedures can be utilised, to deal with disputes relating to unfair discrimination on the basis of HIV and AIDS

- Σ Make your commitment to non-discrimination on the basis of HIV and AIDS known in the work environment
- Σ Create an awareness of the rights of employees living with HIV and AIDS through education, training and media activities
- Σ Be seen to provide programmatic support for employees living with HIV and AIDS
- Σ Consider involving people living openly with HIV in your awareness and support services for affected employees and
- Σ Determine and address the fears, prejudices and misconceptions around HIV and AIDS in your working environment in order to build understanding and support for employees living with HIV.

5.7 Reasonable Accommodation

To ensure that workers enjoy equal employment opportunities, employers must provide reasonable accommodation for all men and women workers, including those living with HIV and AIDS. To effectively care for and support people living with HIV and AIDS at workplaces, employers should provide reasonable accommodation for PLHIV and related sicknesses. Reasonable accommodation means any modification or adjustment to a job or to a workplace that is practicable and will enable persons living with HIV and AIDS to have access to or continue to advance in employment. These include: modification of jobs or programme schedules such as allowing flexible time-off for PLHIV to keep medical appointments, granting of compassionate leave and acquiring or modifying equipment devices, flexible sick leave, part-time work etc.

In summary, provision of reasonable accommodation should follow the guidelines of the ILO Recommendations concerning HIV and AIDS and the World of Work 2010 (no 200); ILO Code of Practice on HIV and AIDS and World of Work. Where a worker has become too ill to perform their current work, an employer is obliged to follow accepted guidelines regarding dismissal for incapacity before terminating a worker's services, in accordance with the Code of Good Practice on Dismissal contained in Schedule 8 of the Labour Relations Act. However, in instances where a worker living with HIV and AIDS can no longer perform his or her job functions as a result of ill health, termination for incapacity in such a situation must be conducted in accordance with the Code of Good Practice on Dismissal.

5.8 Social Dialogue

This involves all types of negotiations, consultation or simply exchange of information between or among representatives of government, employers and workers on issues of common interest relating to issues of economic and social policy especially with HIV and AIDS issues.

Social dialogue is important in all issues relating to HIV and AIDS because it will lead to ownership of the process and engender sustainability in prevention, care and support, and impact mitigation.

5.9 Grievance Procedure

Grievance procedure is a step by step process by which a worker lodges his/her complaint and follows up to ensure his or her complaint is attended to and addressed satisfactorily. Workers should be able to resolve HIV and AIDS related issues by using existing grievance procedures. Employers shall put in place procedures that would enable workers seek redress for offences against the principles of this policy. To achieve this,

- Σ Employers shall ensure that the rights of workers with regard to HIV and AIDS and remedies available to them in the event of breach of such rights become integrated into grievance procedures.
- Σ Employers should create an awareness and understanding of the grievance procedures and how workers can utilize them.
- Σ Employers should develop special measures to ensure confidentiality of the complainant during such proceedings including ensuring that such proceedings are held in private. In other words, personal information regarding HIV status divulged by a worker living with HIV during grievance procedure must not be disclosed outside the proceedings.
- Σ To facilitate the maintenance of confidentiality, arrange for an external mediator/facilitator to assist with resolving the dispute.
- Σ The grievance should be handled without delay.
- Σ Provide support to workers who try to resolve disputes using these procedures.

CHAPTER 6

GENDER EQUALITY

In recognition of the differential vulnerabilities of women and men to HIV/AIDS and women's traditional roles in caregiving, workplaces shall ensure that female and male employees are involved at every point in policy formulation, programme planning and implementation so as to capture the aspirations of vulnerable groups.

6.1 To step down this policy issue, workplaces should ensure the following:

- ✓ Active involvement of men and women in the HIV/AIDS committee in each workplace
- ✓ An environment that ensures equal respect for men and women in the workplace
- ✓ HIV/AIDS Education of women particularly in the area of prevention of mother to child transmission,
- ✓ HIV/AIDS programmes in the workplace that also take into consideration peculiar issues affecting women, including the prevention of gender based violence
- ✓ Education programmes that will break stereotyped norms about masculine behaviour which may lead to unsafe sex and/or non-consensual sex.
- ✓ Promote programmes to reduce sexual and domestic violence
- ✓ Promote the use of female condoms within HIV workplace programmes

CHAPTER 7

THE NATIONAL ACTION PLAN

7.1 Introduction

Before discussing the national action plan it is important to take a look at the goal, objectives and outputs of the National Workplace policy on HIV and AIDS which are as follows:

Goal of the Policy

Provide framework for development of comprehensive and gender-sensitive HIV and AIDS response in the workplaces.

Objectives

The objectives of this policy are to ensure the development of policies and programmes within the framework of decent work in the formal and informal sectors of the private and public sectors and specifically to:

- Σ Reduce the incidence of HIV in workplaces through a healthy and safe working environment
- Σ Promote HIV counselling and testing in the workplace so that all workers know their HIV status
- Σ Promote care, treatment and support for people living with HIV/AIDS within the world of work
- Σ Eliminate discrimination and stigmatization in the workplace based on HIV status or gender
- Σ To provide a framework for monitoring and evaluating the impact of HIV/AIDS within the world of work.

Outputs of the national workplace policy on HIV and AIDS

The implementation of the policy is expected to result into the following outputs.

- i. Comprehensive knowledge and information on HIV and AIDS prevention available in the workplaces

- ii. Workers know their HIV status
- iii. Care, treatment and support provided to people infected and affected by HIV/AIDS within the world of work
- iv. Stigma and discrimination on the basis of HIV/AIDS status eliminated from the world of work
- v. The effectiveness of HIV and AIDS programmes is monitored within the world of work.

7.2 National Action Plan

The National Action Plan was developed around the outputs of the policy, and the strategies and activities contained in the action plan are those which can be implemented within the two-year time frame (January 2015- December 2016).

Policy Output 1: Comprehensive knowledge and information on HIV and AIDS prevention available in the workplaces

Strategies	Activities	Time frame	Responsibility for implementation	Output
1.1 Establishment/ Upgrading of coordinating structures in the workplaces	Establish the National Steering Committee for the HIV workplace policy.	January 2015	FML&P	National Steering Committee established.
	Engage with management on the need to revitalize workplace structures.	On-going	- FML&P - NACA/SACA - Workers' Union - CSOs	HIV workplace structures re-organized
	Support committees to develop work plans for implementing workplace programmes		- FML&P - NACA/SACA - Employers' organizations - Workers' organizations	
1.2 Development or upgrading of organizations' HIV and AIDS workplace policies to be in tandem with the revised	Support established committees to develop /review existing HIV workplace policy	On-going	- Employers' organizations - Workers' organizations - Individual private sector organizations	Organizations' workplace policy developed or reviewed.

National Policy on HIV and AIDS in the world of work	Appropriate structure/ organ approve workplace policy developed by various organizations	On-going	- Private Sector Organization - Public sector Organizations.	Various private sector organizations have approved workplace policies.
	Disseminate the HIV workplace policy in the workplaces	On-going	- Employers' organizations - Workers' organizations	HIV workplace policy disseminated in various workplaces
1.3 Promotion of appropriate behavioural change in the workplaces	Seek for management buy-in in the BCC process.	On-going	- Employers' organizations - Workers' organizations	Management buy-in in various workplaces assured and obtained.
	Identify needs and risks of workers' population and prepare an assessment of BC needs.	On-going	- Employers' organizations - Workers' organizations - FML&P - NACA - Development Partners	BCC risk and needs of workers identified
	Develop the BCC strategy through the committees	On-going	- National Steering Committee - Workers' organizations - FML&P - NACA	BCC strategy for workplaces developed and disseminated.
	Develop, print and distribute BCC materials	On-going	- Employers' organizations - Workers' organizations - Private sector organizations - NGOs/CSOs - NACA/SACA	BCC materials developed printed and distributed
	Develop communication support materials		- Workers' organizations - Private sector organizations - NGOs/CSOs - FML&P - NACA/SACA	Communication support materials developed.
	Train peer educators on the implementation of the BCC and prepare follow-up activities.	On-going	- FML&P - NACA/SACAs - Federal Line Ministries - Private Sector Organizations - NGOs/CSOs	Peer educators from various workplaces trained on BCC strategy.
	Support Peer Educators to undertake sessions based on the BCC	On-going	- FML&P - NACA/SACAs - Federal Line Ministries - Private Sector	Peer educators conduct training sessions on BCC strategy.

	strategy.		Organizations	
	Prepare monitoring forms to be filled by Committees on targets achieved.	On-going	• NGOs/CSOs	
	Support the relevant Ministries/umbrella organizations to mobilize informal sector operators to implement HIV activities in their workplaces	On-going	• FML&P • NACA/SACAs • Federal Line Ministries • Umbrella NGOs/CSOs	Some informal sector operators have implemented HIV activities in their workplaces.
1.4 Promotion of increased use and availability of HIV prevention commodities in workplaces	Conduct training sessions on condom use in workplaces.	On-going	• FML&P • NACA/SACAs • Federal Line Ministries • Private Sector Organizations • Trade Unions • NGOs/CSOs	Training sessions on condom use conducted in various workplaces
	Develop and distribute BCC materials on condom use.	On-going	• FML&P • NACA/SACAs • Federal Line Ministries • Private Sector Organizations • Trade Unions • NGOs/CSOs	BCC materials on condom use developed and distributed
	Condom placement in strategic/designated places in the workplace encouraged	On-going	• FML&P • NACA/SACAs • Federal Line Ministries • Private Sector Organizations • Trade Unions • NGOs/CSOs	Condoms are available in strategic places in the workplace.
1.5 Allocation of funding for prevention			•	
			•	

Policy Output 2: Workers know their HIV status

Strategies	Activities	Time frame	Responsibility for implementation	Output
2.1 Promotion of VCT amongst employees whose results will not be used for employment purposes	Conduct awareness programmes about the benefits of VCT	On-going	• Employers' organizations • Workers' organizations • NACA/SACA • NGOs/CSOs	VCT awareness programme in various workplaces conducted.
	Train VCT	On-going	• Workers' Union	VCT counsellors in

	counsellors in the workplaces		- Private sector organizations - NGOs/CSOs - NACA/SACA - Federal/State Line Ministries	various workplaces trained
	Develop, print and distribute BCC materials on VCT	On-going	- Employers/ Private sector organizations - Workers Unions - NGOs/CSOs - NACA/SACA - Federal/State Line Ministries	BCC materials on VCT printed and distributed.
	Conduct VCT in the workplaces	On-going	- FML&P - NACA/SACAs - FMOH - NGOs/CSOs	People in workplaces have access to HIV testing in the workplaces.

Policy Output 3: Care, treatment and support provided to people infected and affected by HIV/AIDS within the world of work.

Strategies	Activities	Time frame	Responsibility for implementation	Output/Outcomes
3.1 Development and promotion of sustainable, appropriate and effective HIV and AIDS treatment, care and support programmes in the workplace	Conduct meetings with Employers' organizations to agree on the HIV sensitive social protection measures for workers living with HIV	September 2014	- FML&P - Employers/ Private sector organizations - NACA - NEPWHAN	HIV sensitive social protection schemes in workplaces agreed upon and implemented
	Sensitize management in workplaces to include HIV treatment in the medical treatment policy	On-going	- FML&P - Employers/ Private sector organizations - Workers Unions - NGOs/CSOs - NACA/SACA	Management in workplaces sensitized
	Conduct advocacy to management to establish referral mechanisms with HIV treatment centres.	On-going	- FML&P - Employers/ Private sector organizations - Workers Unions - NEPWHAN - FMOH/SMOH - NGOs/CSOs - NACA/SACA	Advocacy management to in workplaces conducted
	Establish support groups in the workplaces	On-going	- FML&P - Employers/ Private sector organizations - Workers Unions	Support groups established in the workplaces.

			• NEPWHAN • NGOs/CSOs	
3.2 Integrate psychosocial support and HIV and AIDS Counselling at the workplace	Support FMLP and relevant line ministries to develop care, support and psychosocial packages to be delivered by public sector	On-going	• FMLP • Relevant Line Ministries • NACA	Care, support and psycho-social packages developed and provided.
	Develop and/or disseminate the list of designated providers of ART, care, support and psycho-social services for referrals.	On-going	• FML&P • FMOH, • FMWA&SD • SMWA&SD • NACA/SACAs	List of ART, care, support and psycho-social centres developed and circulated.

Policy Output 4: Stigma and discrimination on the basis of HIV/AIDS status eliminated from the world of work.

Strategies	Activities	Time frame	Responsibility for implementation	Output
4.1 Promotion and protection of rights of all employees irrespective of the HIV status or gender	Train Labour Inspectors on how enforce the non-discriminatory provisions of the workplace policy.	On-going	• FML&P • NACA/SACA • NEPWHAN	Labour Inspectors trained on enforcement of non-discriminatory provisions of the workplace policy.
	Sensitize employers on the need to ensure confidentiality and voluntary disclosure of HIV status amongst workers.	On-going	• FML&P • Employers • Private sector organizations	Confidentiality and voluntary disclosure of HIV status assured in all workplaces
	Sensitize employers on the need to ensure that HIV status does not affect job status or employment benefits.	On-going	• FML&P • Employers' Organization • Workers' organizations • NACA/SACA	Employers sensitized on the need to not discriminate in terms of employment benefits
	Develop, print and distribute BCC materials on stigmatization of workers living with HIV	On-going	• Employers/Private sector organizations • Workers Unions • NGOs/CSOs • NACA/SACA • Federal/State Line Ministries	BCC materials on stigmatization developed, produced and distributed

	Develop, produce and distribute BCC materials on sexual harassment in workplaces.	On-going	- FML&P - Employers/Private sector organizations - Workers Unions - NGOs/CSOs - NACA/SACA	BCC materials on sexual harassment developed, produced and distributed.
	Conduct anti-stigma sessions with workers in workplaces	On-going	- FML&P - NACA/SACAs - NGOs/CSOs	Anti-stigma sessions in workplace conducted
	Train Industrial Court Judges on relevant provisions of the workplace policy.	On-going	- FML&P - NACA/SACA	Industrial Court judges trained on relevant provisions of the workplace policy.

Policy Output 5: The effectiveness of HIV and AIDS programmes is monitored within the world of work.

Strategies	Activities	Time frame	Responsibility for implementation	Output
5.1 Strengthen the capacities of HIV and AIDS Desk Officers in monitoring and evaluation of workplace interventions.	Train HIV and AIDS Desk Officers on M&E	Oct 2014	- FML&P - NACA - Umbrella Private Sector Coalitions - Employers' organizations	National Workplace policy on HIV and AIDS printed and distributed.
	Develop, produce and disseminate simple M&E guide for workplace policies.	Nov. 2014	- FML&P - NACA	Dissemination workshops on the NWWP at National and State Levels held.
	Train HIV and AIDS Desk Officers on data collection for workplace policy	On-going	- FML&P - NACA - Umbrella Private Sector Coalition on HIV and AIDS	HIV and AIDS Desk Officers trained in data collection for workplace policy interventions.
5.2 Collection/upgrading of data and information on workplace issues	Conduct baseline survey on workplace issues	June 2015	- FML&P - NACA/SACA - NEPWHAN - Umbrella Private Sector Coalition on HIV and AIDS	Baseline data on key workplace policy indicators established
	Collect periodic data and information on workplace issues	On-going	- FML&P - NACA/SACA - NEPWHAN - Other CSOs - Umbrella Private Sector Coalition on HIV and	Periodic data on workplace issues collected and analysed

CHAPTER 8

MONITORING AND EVALUATION ARRANGEMENT AND FRAMEWORK FOR THE NATIONAL ACTION PLAN

8.1 Monitoring and Implementation Arrangements

The monitoring and evaluation of the national plan of action will be undertaken at various levels as follows:

The **FML&P** will lead the monitoring and evaluation of the implementation of the national policy on HIV/AIDS and the world of work. This will be based on the M&E framework as indicated in Section 8.2. The FML&P will on annual basis include the M&E activities in the annual work plan for the implementation of the national policy on HIV and AIDS in the world of work. The activities to be budgeted for and implemented will be derived from the M&E framework. The FML&P shall collaborate with other government agencies in the execution of its functions.

The **Employers' Organizations-NECA** will lead the monitoring and evaluation activities within the private sector, based on the relevant outputs contained in the national action plan.

The **NLC and TUC** will lead the monitoring and evaluation activities within the workers' union based on the relevant output as contained in the national action plan.

The **NGO networks / forum** arrangements at the national level will lead the monitoring and evaluation activities within the NGO sector, based on the relevant outputs as contained in the national action plan.

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8.2 Monitoring and Evaluation Framework

S/ No	Outputs	Indicator	Baseline data	Key milestones	Source of data	Frequency of Data Collection	Responsibility for implementation
1.	Comprehensive HIV and AIDS information and knowledge available in the workplaces	Number of workplaces with HIV prevention control programme in the public, organized private and informal sector.	To be determined (TBD)	- Setting up or upgrading of workplace committees - Development of workplace policy - Development of programmes on HIV and AIDS prevention and control measures.	HIV and AIDS workplace study	Biennial	Employers FML&P, Workers' Unions, NACA/SACA FMOH/SMOH
2.	Workers have access to HIV Counselling and services in the workplace and they know their status	Number of workers in public, organized private and informal sector who know their HIV status	TBD	- Annual VCT week execution - Referrals, workplace-medical facilities in place.	Annual reports of FML&P, Employers' organizations	Annual	Employers FML&P, Workers' Unions, NACA/SACA FMOH/SMOH
3.	Care, treatment and support provided to people infected and affected by HIV and AIDS within the world of work.	Number of workplaces that provide enabling environment for PLHIV to access treatment, care and support	TBD	- Treatment of HIV-related ailments now part of medical benefits of the medical allowance of workers - Workplaces have support groups	HIV and AIDS workplace study	Biennial	Employers FML&P, Workers' Unions, NACA/SACA FMOH/SMOH
4.	Stigma and discrimination on the basis of HIV/AIDS status eliminated from the world of work	Number of workplaces with HIV workplace policy addressing stigma and discrimination.	TBD	- Regular sensitization programmes on stigmatization and discrimination - HIV and AIDS is included in curricula for training labour inspectors and industrial labour judges	HIV and AIDS workplace study Annual reports	Annual, Biennial	Employers FML&P, Workers' Unions, NACA/SACA FMOH/SMOH
5.	The effectiveness of HIV and AIDS programmes is monitored within the world of work.	Number of workplaces in the public, private and informal sector that submit M&E reports	TBD	- Monitoring forms are collected from workplaces - Preparation of quarterly reports	Annual M&E report	Annual	Employers FML&P, Workers' Unions, NACA/SACA FMOH/SMOH

CHAPTER 9

RESOURCING THE IMPLEMENTATION OF WORKPLACE POLICY

The Federal Ministry of Labour and Productivity, National Agency for the Control of AIDS and State Agencies for the Control of AIDS and other social partners shall mobilize additional funds and technical support from development and/or implementing partners in ensuring the implementation of the policy.

APPENDIX 1: Checklist for Institutionalizing Workplace HIV and AIDS Response

- Σ HIV/AIDS committee is set up with representatives from top management, supervisors, employees, trade unions, human resources, occupational safety and health committee, industrial relations unit, people living with HIV and AIDS, if they agree,
- Σ Do a needs assessment of the workplace,
- Σ The Managing Director or Chief Accounting Officer should be the Chairperson of the Committee
- Σ Committee is given a Terms of Reference
- Σ Roles and responsibilities of members are clearly defined with a focal person as a desk officer
- Σ A budget line for HIV and AIDS in the workplace
- Σ A work plan for HIV and AIDS activities
- Σ A monitoring and evaluation plan exists in the workplace.

APPENDIX 2: NEEDS ASSESSMENT

Assessing the Risks and Impact of HIV and AIDS on the Organization

A number of behavioural characteristic, social and economic conditions increase the likelihood of becoming infected with HIV.

The nature of work that employees are engaged in may also put them at risk. There are a number of questions that have been asked in order to assess the risk HIV poses in companies and to the employee.

- Σ Does your company employ employees who live without or away from their spouses and families?
- Σ Do sex employees operate around the camping communities of your employees?
- Σ Does the company run long-distant transportation? Do the drivers spend several days on the road?
- Σ Are employees well paid in an area of high unemployment and poverty?
- Σ Do employees in the company travel alone often and stay away for several days?
- Σ Do employees frequent areas where sex employees operate? Do they engage in sexual relationship with these women?

Assessing company risk:

A “yes” answer to any five of the above question may be accepted for possible HIV risk. Measuring the impact of HIV in a company depends on a number of factors.

- Σ Having a large workforce
- Σ The lengths of time employees stay away from their homes and families.
- Σ The HIV prevalence in the surrounding community.
- Σ The prevalence of treatable STIs (Gonorrhea, Syphilis, Chlamydia, Herpes, etc) among the workforce and the communities around.
- Σ The general health of the employees

Direct economic impact of HIV on Households

- Σ It is an expensive disease for households and creates numerous problems that affect work quality and performance.
- Σ Family incomes fall by 40% to 60% as the bulk of earnings is spent on medical care.
- Σ It results in prolonged absence from work due to ill health causing a reduction in income.
- Σ Family members who are not sick tend to spend time caring for the sick instead of going to work.
- Σ Family assets are sold to care for the sick.

- Σ Funeral expenses rise tremendously as monies are spent on funerals.
- Σ Children are absent from school because they act in some situations as caregivers and heads in homes.

Direct economic impact of HIV on business

- Σ Increases the cost of providing medical assistance
- Σ Increases the cost of health, life insurance coverage etc.
- Σ The amount payable to employees as death benefits increases.
- Σ Increased cost of recruitment and training.
- Σ Increased absenteeism, decline in morale and production results in a fall in profit.
- Σ Increased loss of technical skills and experienced staff and turnover of inexperienced ones.

A WORKER WHO IS HIV POSITIVE IS STILL VERY PRODUCTIVE

“A Worker Who Is HIV Positive Is Still Very Productive”



This Guidelines for the implementation of the National Workplace Policy on HIV and AIDS and National Action Plan was revised and printed with technical and financial support of the International Labour Organisation (ILO), Country Office in Abuja.