

# KANUNGU DISTRICT LOCAL GOVERNMENT



**KANUNGU DISTRICT**

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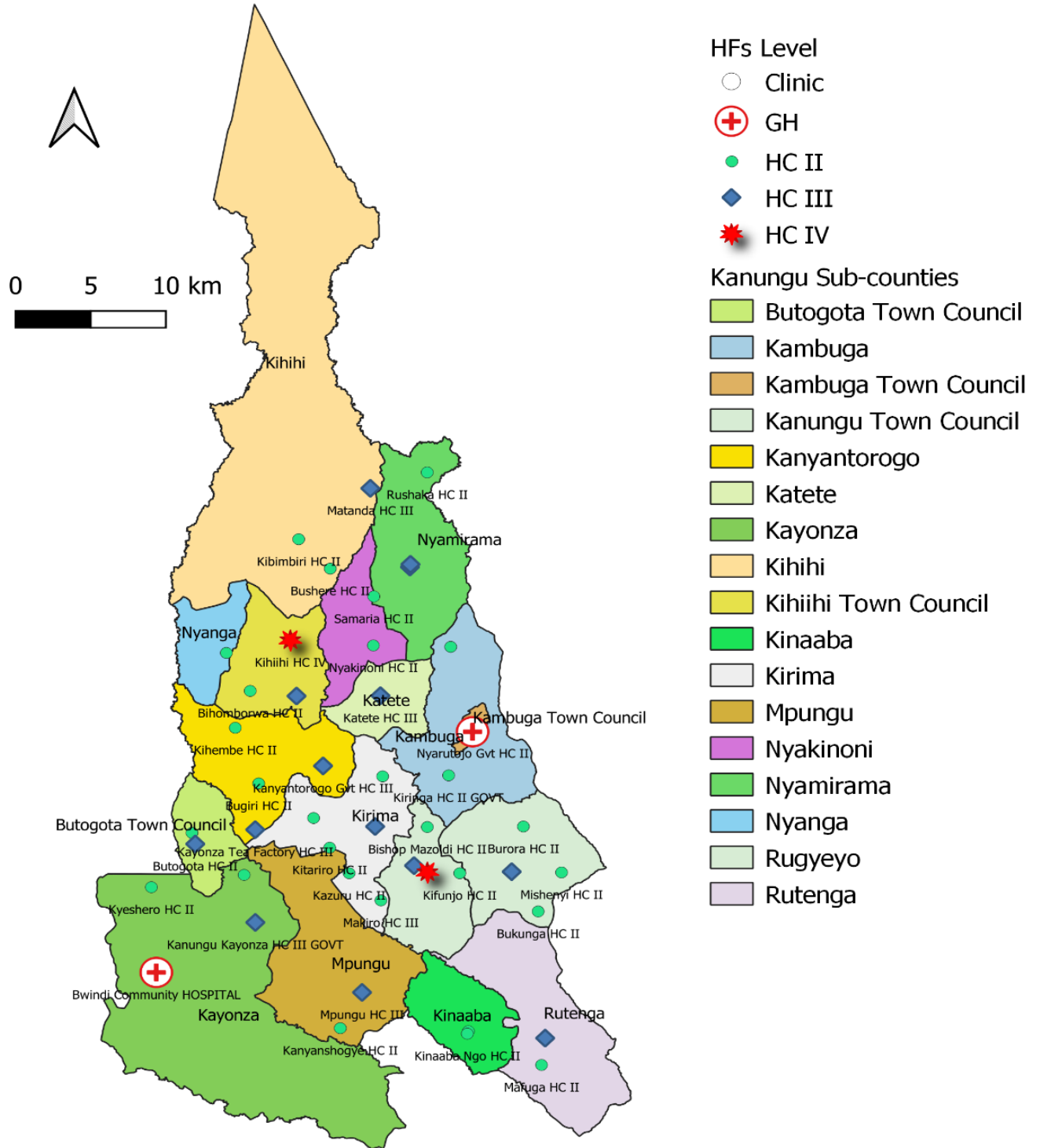
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## **Customized HIV and AIDS Workplace Policy**

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MAP SHOWING KANUNGU DISTRICT



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## Acronyms

ACP AIDS	Control Programme
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral drugs
CBO	Community Based Organization
GIPA	Greater Involvement of People Living with HIV/AIDS
GoU	Government of Uganda
HIV	Human Immune deficiency Virus
IEC	Information, Education and Communication
ILO	International Labour Organization
MACA	Multi-sectoral Approach to Control of HIV/AIDS
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health MoLG Ministry of Local Government
MoPS	Ministry of Public Service
eMTCT	Elimination of Mother to Child Transmission of HIV
NGO	Non-Governmental Organization
SDGs	Sustainable development goals
PWHAs	People Living With HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
DAC	District AIDS committee
SAC	Sub county AIDS committee
UAC	Uganda AIDS Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
HCT	Health Counselling and Testing
WHO	World Health Organization

## **FOREWORD**

The Human Immunodeficiency Virus (HIV) continues to have a disastrous impact on the social and economic development of our country Uganda and has proved to be one of the biggest obstacles for the Government to achieve the sustainable development goals (SDGs).

The HIV/AIDS epidemic affects the most productive segment of our labour force, people in the 15 – 49 years age group. It is depriving families, communities and the entire nation of the young and most productive people. The erosion of human capital, loss of skilled and experienced workers and reduction in productivity results in a mismatch between human resources and labour requirements, with a grave consequence for both the private and public sectors. HIV/AIDS is devastating in terms of increasing poverty, reversing human development achievement, exacerbating child labour, reducing food production, violating fundamental human rights at work particularly with respect to discrimination and stigmatization of workers affected by HIV/AIDS as well as putting a strain on our already overstretched health services.

The aim of this district workplace policy is to provide a framework for prevention of further spread of HIV and mitigation of the socio-economic impact of the epidemic. The policy recognizes HIV/AIDS as a workplace issue, which should be treated like any other serious illnesses / conditions in the workplace. It emphasizes the importance of promoting and protecting human rights, participation of people living with HIV/AIDS, gender equality as well as prevention, care, support and treatment as the major tools to be used in addressing the impact of HIV/AIDS in the District in line with Governments effort of ending HIV as a health threat by 2030.

**ENG. SAM ARINEITWE KAJOJO**  
**DISTRICT CHAIRPERSON/KANUNGU**

**Acknowledgements:**

The district extends deep appreciation to UAC for the technical support in reviewing this policy. UAC facilitated the DAC in reviewing this policy. Sincere gratitude goes to the individual members of the Technical Working Group for their valued contribution and time spent in preparing this customized workplace policy. The team includes the District Health Officer, Principal Human Resources officer, District Planner, District Community Development Officer and the District HIV Focal Person. Special thanks go to the District HIV Focal Person for coordinating the activities of the Technical working group and for refining and putting the policy document together.

The Workplace Policy on HIV and AIDS has been developed to assist Heads of department in their departmental response. Its operational emphasis will give practical guidance and ensure successful response design. All the strategic areas covered by this Policy on HIV/AIDS are included in the national policy frameworks that aim at ending the HIV as a health threat by 2030.

Finally I pay tribute to all our development partners that are involved in HIV/AIDS response in the district by supporting government efforts in all manner possible to fight the scourge.

We will forever be grateful for their commitment to resource mobilization towards HIV/AIDS response.

**TWEHEYO DAVID BETEGA**  
**CHIEF ADMINISTRATIVE OFFICER**

## CHAPTER ONE

### 1.0: Introduction and Background

This document gives the policy of the Kanungu District Local Government to enhance and expedite the intervention by the District and Lower Local Governments in the fight against HIV/AIDS in Kanungu. It is intended to give the stakeholders insight into the role of Lower Local Governments in this regard and the mechanism for co-coordinating the Local governments within the mandate and structure of their Association. The key issue in this document is to address the challenges posed by HIV/AIDS to the District and to ensure a conducive HIV/AIDS workplace program and policy both at Kanungu District Local Government and as developed by member Lower Local Governments.

### 1.1: HIV/AIDS in the Local Government places of Work.

HIV/AIDS and the 'place of work' refers to the environment within the workplace comprising of workers and employers as well as the socio-economic aspects / relations that exist at the workplace and ensures that representatives of Local Government, employers and workers have a forum for negotiation, consultation or exchange of information on issues of common interest related to the workplace. The place of work is broad and takes into account the workplace with its usual bi-partite structure comprising of employers and workers; but goes beyond to include the consumers of the goods and / or services that are a product of the workplace. In a community where the HIV prevalence is very high, at the individual level more resources are likely to be channeled towards health care than purchase of goods and services. It is normally in the interest of an institution that their workers remain healthy to maintain productivity.

The workforce is particularly vulnerable in respect to exposure to HIV because workers spend a significant proportion of their daily hours of activity within the workplaces. This gives a lot of opportunity for social interaction with people of opposite sex who are not their spouses or relatives. Examples of high-risk workplaces include migrant labour populations, the long distance drivers in the transport industry etc. This scenario provides a fertile ground for spread of HIV unless specific precautions are taken to reduce risk of transmission within the places of work.

The district customized work place Policy on HIV/AIDS applies to: -

- a) All workers from the public and private sectors in the district.
- b) All employers from the public and private sectors in the district.
- c) All practices related to human resource that form part of the policy component of this Local Government

The policy on HIV/AIDS covers the following areas:

1. Non-discrimination on the basis of known or perceived HIV status
2. Confidentiality
3. HIV testing within the workplace
4. Greater involvement of people living with HIV/AIDS
5. Promotion of prevention, treatment, care and support

## **1.2: The Policy Formulation Process**

This policy was reviewed through a participatory consultative process involving key stakeholders. The stakeholders included council committees, DAC, representatives of people living with HIV (PLHIV), AIDS service organizations (ASOs) and senior management, Middle managers and entry level employees.

## **1.3: Purpose and Goal of the Public Service Policy on HIV and AIDS**

The purpose of this Workplace Policy on HIV and AIDS is to provide a set of guidelines to address the HIV epidemic in the District. The policy gives guidelines to the Public Service managers on how to –

- i. Prevent HIV transmission among employees;*
- ii. Practically provide for treatment, care and support of employees living with HIV and their families;*
- iii. Mitigate the impact of HIV on the Public Service; and*
- iv. Eliminate stigma and discrimination on the basis of real or perceived HIV status.*

The policy contributes to the goal of a healthy and effective Public Service that provides consistently excellent service, while ensuring the wellness of its employees. This is also in line with Government focus of ending HIV as a health threat by 2030

## **1.4: Institutional capacity to address HIV/AIDS**

- Leadership in the whole district is committed to the fight against HIV/AIDS
- Established structures (DAC/SAC) at all levels. These are good implementation structures for responses considered effective in the fight against HIV/AIDS through the partnership structure, a system of health service institution and CBOs.
- The district HIV/AIDS Focal Person who coordinates all HIV/AIDS related activities.
- Support from International development partners and NGOs.
- Most of the funding of HIV/AIDS activities in the District is by USAID.
- The creation of output of 000013 in the budget for HIV mainstreaming.

## **1.5: Sensitization in the HIV/AIDS response**

- Most of the people are aware of preventive measures through ongoing IEC strategies in all communities.
- Sensitization about HIV/AIDS has become multi-sectoral; implemented by all departments of District/Lower Local Governments. NGOs and CBOs, too, have taken up the task of sensitizing communities including LG officials in their areas of operation.
- The most common source from which people receive information and sensitization about HIV/AIDS include the mass media, mainly local radios i.e Kinkizi FM, Kanungu FM and KBS FM, formal assemblies by local community leaders and other officially designated persons, visits by agents of Government and NGOs and Local CSOs.
- Actors in HIV/AIDS work have found Radio stations to be an effective medium of communication in form of short adverts and talk shows. It is almost impossible to ignore the messages since they are played on each station quite frequently.



- A common approach for scaling up sensitization in different socio-demographic and special population groups is the setting up of a network of peer educators.

**HIV/AIDS has resulted into:**

1. *A risk of reduced productivity, with possible decline on returns to investment, which may negatively impact on investor confidence.*
2. *Loss of skilled workers. Absenteeism together with the entry into the labor market of orphaned children, who have to support themselves, may lower both the average working age and the skill level.*
3. *Conflicts at workplaces that result from stigmatization and discrimination of PLWAs can lead to declining morale, and hence consequent collapse*
4. *Threat of social stability. Aggravating social inequality*
5. *Threat to productivity due to absenteeism, loss of skills, higher employment benefits.*
6. *Hiring replacement workers.*
7. *High costs of treatments and funerals.*
8. *Retraining of workers.*
9. *Provision of family pension.*

The workplace represents an ideal forum for tackling the epidemic because it is a place where diverse groups of people come together on a regular basis and have existing structures and facilities that can be used for prevention, care and support programs.

In response to the above findings, Kanungu District Local Government has decided to carry out the following activities:-

- Facilitate LLGs to enact clearly defined non-discriminatory HIV/AIDS policies/bye-laws and ordinances to protect the rights of all individuals.
- Advocate for and conduct training and equipping of workplace peer educators with all the relevant skills to sensitize, counsel and make referrals so as to increase awareness levels about HIV/AIDS at the workplaces.
- Supporting the mainstreaming of HIV and AIDS activities by allocating funds on output **000013** of budget for FY2023/2024
- Ensure provision of correct information about HIV/AIDS, home based care, HCT, PMTCT and ART, care for orphans and PLWAs from the workplaces both in the formal and informal sector.
- Oversee the development of a mechanism to facilitate the establishment and coordination of workplace HIV/AIDS programs/policies in LLGs.

**1.6: Objective, expected outputs and outcomes**

Enhance the capacity of local governments and local actors to co-ordinate HIV/AIDS issues at the decentralized level and to address policy and other interventions that aim at ending HIV as a health threat by 2030.

***Expected Outputs:***

- *Institutional capacity for leadership and coalition building to respond to HIV/AIDS strengthened at decentralized levels*
- *Coordination, partnership and networking for HIV/AIDS response at various levels enhanced.*
- *Information generation and dissemination among various stakeholders improved*
- *Resource mobilization and utilization for HIV/AIDS response enhanced*
- *Policy and byelaws/ordinances on OVC and for the workplace produced*
- *A monitoring and evaluation framework developed and reports produced jointly by the implementing agencies.*

## **CHAPTER TWO**

### **2.0. Situational Analysis of HIV/AIDS**

In Kanungu HIV prevalence has progressively declined from 18.4% in 2007 to 7.1% in 2022. This reduction is as result of interventions by various development partners and Government.

Despite a sharp decline in the prevalence rate of HIV/AIDS in the district to 7.1%, HIV still remains a challenge and contributes significantly to the district's morbidity and mortality. In FY 2012/2013, only 157 pregnant women were on ARV's out of 451 women eligible for ART. Overall, only 86 % of the eligible people for ART were receiving treatment compared to target 90%people.

In Kanungu the drivers for the epidemic include poverty, limited knowledge about the epidemic, risk perceptions, and poor access to health care, culture (widow inheritance) gender inequality, stigma discrimination and violation of human rights. GBV cases are more rampant and has been among the top most driver of HIV.

The socio-economic impact of HIV and AIDS is being felt by individual employees, their families and the Public Service. The negative effects include death of employees from AIDS-related illnesses, loss of productivity through absenteeism due to illness and attending funerals, increased medical costs, increased poverty among households of employees living with HIV, increased staff benefits and an increase in labour costs with the hiring and training of replacement staff.

Despite a sharp decline in the prevalence rate of HIV/AIDS, HIV still remains a challenge contributing significantly to the morbidity and mortality. As more people become infected, with HIV, many will die of AIDS. Prevention efforts must be scaled up and intensified as part of a comprehensive response that simultaneously expands access and care.

### **2.1: Gaps and barriers to HIV/AIDS interventions in Work Places**

### **2.2: Openness/denial**

The National response to HIV/AIDS has been a policy of openness and political commitment. Although wrong attitudes like prejudice, stigma, denial, and discrimination are still mildly prevalent and may hinder openness about HIV/AIDS among workers, a lot has been attained. This encourages the leadership to address any issues of apathy and suppress this. The most affected are the elite or senior staff who fear exposure and still fear to speak out unlike in the rural setting where many now go for VCT services. There is also insufficient treatment facilities for AIDS related infections and this too is a major hindrance to openness. The lack of free (or subsidized) treatment largely contributes to unwillingness to attend VCT services by majority of the urban workforce.

### **2.3: Integration of HIV/AIDS/Mainstreaming HIV/AIDS in Departments**

The existence of HIV/AIDS strategic plans does not mean that they have been integrated into the District Development Plans, (DDP) Organizations carrying out health related work have made attempts to include HIV/AIDS strategies in their programs, including caring for the sick, provision of medical care and nutritional support. There is need to integrate HIV/AIDS at the workplace in all aspects of local government operations. Mainstreaming has been steadily taking root as many now understand how this can be implemented.

## **2.4: Resource Mobilization and Allocation**

Kanungu District has taken the initiative to mobilize resources for HIV/AIDS and the allocation made towards HIV/AIDS intervention has been minimal, if at all. Availability of funds would support the establishment of polices, awareness raising programs, treatment and care and putting in place facilities like information brochures, condoms and gloves. The resource envelop is limited but Kanungu District is trying their best to commit even more resources to HIV/AIDS, in close collaboration with other NGOs.

## **2.5: Social-cultural practices**

Kanungu District should have a clear policy on the above. Cultural practices may be positive; while others are risky and can increase or encourage HIV infection to an individual. A data base on these cultural practices should be made. Cultural practices that predispose or increase the risk of infection with HIV in urban (as well as rural) areas include:-

- Infidelity among married persons; (if it does happen)
- Boyfriend-girlfriend affairs;
- Sexual harassment (sex demanded as a precondition to recruitment and promotion);
- Denial
- Window inheritance
- Unsafe sex; and
- Prostitution as a form of earning income

## **2.6: Migration**

Urban areas, urban growth centres and Camps for people displaced by insurgency are critical epi-centres of the disease. They deserve special attention and focus by Kanungu District and other stakeholders.

For over 20 years now, parts of Uganda have been insecure due to insurgency. Many have migrated to urban areas which are believed to provide sanctuary, and serve as safe havens during insurgency. Many families close to areas of insurgency rebel activities and cattle rustling usually seek refuge in urban areas. Redundancy, poverty and weakening society norms that are characteristic of internally displaced people's, (IDP) camps conspire to force some women and girls into commercial, and mostly unprotected sex to cope with the difficult living conditions including food shortage and lack of shelter, and survival generally.

The high mobility of this population abets the spread of HIV and also makes impact mitigation responses difficult. For example, the CHAI (Community-led HIV/AIDS Initiative) as a strategy to combat the spread of HIV/AIDS may not thrive in such areas e.g the program in Lira Municipality is increasingly finding it difficult to benefit IDPs in their camps.

Long distance drivers and fishermen in fishing villages and landing sites have also been identified as a group to be handled by Kanungu District in the decentralized response as their working conditions may offer a challenge to HIV/AIDS interventions.

## **CHAPTER THREE**

### **3.0: HIV/AIDS Workplace program**

Communities are in dire need for strong local Government response to end HIV and AIDS. Kanungu District should set an example of best practice of caring for its members. Kanungu District should express its determination in supporting the fight against HIV/AIDS by creating an enabling environment for the planning and implementation of sustainable, practical and effective workplace programmes.

#### **Key stages of developing an HIV/AIDS strategy in guiding lower local governments.**

- Discussing and analyzing the HIV/AIDS problem
- Identification of core values and guiding principles for lower local governments.
- Identification of priority areas for action as well as roles and responsibilities
- Compilation of indicators to monitor success
- Resource identification, mobilization, allocation and utilization

### **3.1: Key future areas of strategic policy interventions by Lower Local Governments**

1. Provision of foster care or childcare institutions for orphans and other vulnerable children.
2. Review of social welfare policies with a view to address issues raised by HIV/AIDS.
3. Care for PLHIV and the terminally ill, at home or in institutions.
4. Decreasing locally raised revenue, and the ability to afford Kanungu District services.
5. Poor school attendance due to failure to pay school fees and children becoming caretakers of the sick and emergence of child providers.
6. Support programmes that increase household incomes.
7. Reduction of violence against women and children.

### **3.2: Developing an HIV/AIDS policy in workplaces of Local Governments**

An HIV/AIDS policy is a written document that sets out an organization's position and practices as they relate to HIV/AIDS.

### **3.3: Core principles (mainly based on the ILO code of practice on HIV/AIDS) that cannot be omitted in an HIV/AIDS policy include:**

- None discrimination in employment related to HIV status eg career opportunities
- principles of equality and equity must be adhered to
- continuation of employment regardless of HIV status
- Confidentiality
- Responsibility
- Inclusion and human dignity
- Health and safe work environment
- Gender equality as the basis of interventions for prevention and coping
- VCT and non-screening for employment or recruitment or promotion
- Recognition of the importance of social dialogue, consultation with employees and their representatives in developing and implementing policy
- Recognition of the need for programs of prevention, care and support as the basis for addressing the epidemic in the workplace
- accessing employees to ART (free where possible)

The Commitment of Kanungu District should be demonstrated by the commitments of both financial and human resources to develop; implement and sustain the program. Focal Persons should be established and their roles clearly outlined at all levels. The policy must be translated into practice.

### **3.4: Integrating Workplace HIV/AIDS Program in Kanungu District plans**

A workplace HIV/AIDS program outlines how all the different elements within the policy will be translated into practice at the workplace. Key elements of an HIV/AIDS workplace program include:

- An impact assessment of HIV and AIDS on the organization
- HIV/AIDS awareness programs
- Voluntary HIV testing and counseling programs
- HIV/AIDS education and training
- Condom availability and distribution
- Encouraging health treatment for STDs
- Universal infection control procedures including post exposure prophylaxis
- Creating an open and accepting environment
- Treatment of opportunistic infections for all PLHA staff
- Counseling and other forms of psycho-social support for affected stakeholders and their families
- ART and referral of patients/clients for further management
- Management, evaluation and review of the program.

*The Kanungu District workplace program shall focus on the following:*

### **3.5: Coordination and Management.**

Kanungu District shall ensure:-

- Existence of an HIV/AIDS Focal Point Person, (FPP) with clearly defined roles and duties
- Establishment of the HIV/AIDS Task Forces and Partnership committees at the District, (DAC), Sub County/Town Council (SACs), Parish and Village levels etc. for implementation and coordination of programs.
- Provision of regular progress reports to District Council and top Management.
- Conducting annual review on implementation of this policy and the changing needs as per epidemic.
- Carrying out of impact assessments as need be so as to inform strategic planning, and establish cost of the epidemic on LLG resources
- Constant review of employee benefits, and a skills succession plan as part of HR Development strategy.
- Regular review and monitoring of the policy/program through data collection and analysis to monitor trends.
- Communication of any information on amendments, etc. to workers

### **3.6: Awareness raising and prevention.**

Kanungu District shall ensure:-

- Awareness raising through ongoing continuous, regularly updated information dissemination, and education about HIV/AIDS, basic facts on transmission, prevalence

rates, national/international policies, employment rights and current, treatment, care and support options.

- Distribution of media materials, e.g. brochures, leaflets etc. to all staff members and their families. Dissemination materials shall be adapted/translated as appropriate to reflect diversity in terms of staff position, culture, religion etc.
- Peer education within areas of work by trained educators
- Drivers should be provided with a minimum First Aid Kit
- Involvement of PLWHA in the design and provision of awareness raising as a means of combating stigma
- Involvement of religious leaders in fighting stigma and raising awareness on HIV/AIDS.

### **3.7: Healthy and Safe Work Environment**

Kanungu District shall ensure:

- Access to barrier methods which provides protection against infection. E.g. free access to male and female condoms, and updated information on storage, use and disposal
- Provision of first aid kits with protective gear in case of accidents e.g. gloves, syringes and needles, and helmets for motorcycle riders.
- Post exposure prophylaxis (PEP) for staff exposed to the risk of HIV infection, through accident or sexual assault, whether in the workplace or elsewhere
- Provision of counseling and reasonable paid time off for staff following occupational or other expire
- STI management
- Encouragement of healthy lifestyles e.g. dietary information

### **3.8: Equal Treatment and Anti-Discrimination Measures**

Kanungu District shall ensure:-

- Nurturing of positive attitudes within the workplace through training and awareness – raising
- That pre-employment medical tests should not include an HIV/AIDS test
- That indirect screening questions in verbal or written form are not included in interviews.
- That an individual's HIV status does not affect recruitment choices and/or promotion prospects and/or other work opportunities, such as transfers, training and travel (unless there are clear health grounds for doing so).
- That discrimination and/or harassment of staff on the grounds of their HIV status will be treated as a disciplinary matter and the relevant part of the existing personnel policy will be amended accordingly.
- On disclosure; a person should be encouraged to inform his/her supervisor about his/her HIV/AIDS status when no longer able to perform assigned duties, or where he/she so desires
- On benefits: An HIV/AIDS person is entitled to equal benefits with the uninfected employee.

## CHAPTER FOUR

### 4.0: Care and Support

#### **Medical care and associated costs**

- The benefits shall include access to ARV treatment, as well as the costs of treating opportunistic infections.
- Kanungu District shall provide health packages that can prolong/improve lives of PHA
- The workplace management in collaboration with UAC, MoLG and MoPs shall review their health policies to ensure that all critical/terminal illnesses are adequately covered in order to uphold the principle of equity and non-discrimination and avoid a situation whereby people with HIV/AIDS become subject to resentment and increased stigma on the grounds of 'favoritism' within the health policy.

### 4.1: Counselling services

- Management shall create an open and accepting environment for counseling affected and infected at work.
- Management shall ensure provision of an effective and suitable counseling service to accompany the treatment
- Kanungu District shall encourage voluntary confidential counseling and testing
- Counseling shall include, pre and post-test counseling to equip recipients with problem solving tips and skills
- Staff shall be given the option to choose where to access counseling services, within the workplace management or other counseling service providers. The Kanungu District shall provide information to all staff on where HIV-related advice, counseling and referral could be found outside the work environment.
- Kanungu District shall identify a suitable staff member from whom staff can seek confidential advice, counseling and referral on HIV-related matters. Adequate time and training shall be provided to that individual to enable her/him to fulfill these functions adequately.

### 4.2: Medical Care and Associated Costs

- The benefits shall include but will not be limited to access to ARV treatment, as well as the costs of treating opportunistic infections
- Kanungu District shall enlist the services of professional medical personnel in the administration of ARVs, and provide information to staff on possible access points for ARVs within the different program and operational areas
- Proper sensitization and education about the use of, and dangers of misuse of the drugs shall be provided. Employees shall take full responsibility for ensuring adherence to medical direction

#### **4.3: Creating an open and accepting environment**

- Extended sick leave and/or compassionate leave: existing provisions shall be reviewed and revised as necessary to take account of the situation of staff infected and/or affected by HIV/AIDS.
- Shall include flexible working hours and time off for counseling and medical appointments, part-time and return to work arrangements
- HIV/AIDS status shall not, under any circumstances, be used as a basis for termination of employment. Staff with HIV-related illness shall be enabled to continue in employment so long as they are fit for available, appropriate work
- In case of termination of employment due to extended illness, staff with HIV/AIDS shall be accorded similar benefits and conditions to termination due to other serious illness.

#### **4.5: Confidentiality**

- All employees shall have a right to confidentiality on their medical information
- A staff member's HIV status shall always be treated as confidential
- An employee who divulges information about the HIV status of a staff, without that member's consent, shall be subject to disciplinary action. The relevant part of the disciplinary procedures under the existing personnel policy shall be amended accordingly.
- Access to benefits shall not be pegged to declaration of one's status
- Management shall assist staff, who feel so, to disclose his/her status in the presence of a counselor or a doctor. The information shall be kept confidential.

#### **4.6: Implementation of the program**

- a) HIV/AIDS Task Force Committees: the DACs and SACs right up to the lower level shall be established.
- b) Shared Responsibility: Responsibility for implementation of the different elements of the program will be shared across the staff, and the community including CBOs, NGOs

#### **4.7: Training/Capacity Building**

- Staff shall be trained in implementation of the program.
- Training on the general needs of people living with HIV/AIDS and their caregivers shall be carried out
- Information and training shall be provided to all irrespective of gender, race, nature of employment and sexual orientation. Such information and training shall be integrated into existing education and human resources policies and program as well as occupational safety and ant-discrimination strategies
- Staff training on HIV/AIDS shall take place during paid working hours and attendance by all staff including senior staff shall be treated as part of work obligations.



#### **4.8: Resource Mobilization**

- Management shall be encouraged to develop resource mobilization plans and activities e.g. identify opportunities for volunteers to offset costs, e.g introduction of a volunteer/trainee of internship program as back-up support and delegation
- management shall hold donor conferences with development partners with a view to mobilize resources
- Management shall ensure that the HIV/AIDS strategic plan is integrated into the DDP and that there is an annual budget line for HIV/AIDS activities. This will be operationalized by using 0.1% as guided by Ministry of Finance and Planning.

#### **4.9: Monitoring and Review**

- Management shall establish a monitoring and evaluation mechanism of the program based on agreed indicators by the three ones of the UAC i.e One national Monitoring and Evaluation Framework
- There shall be a bi-annual review of implementation to address attainment of goals and objectives

##### **4.9.1: Getting started**

Kanungu District must seek to benefit from additional funding from Government and other agencies for example the global fund, President Bush initiative etc.

- 1) Consultations with Local Government workers and key stakeholders to build consensus based on local state of the epidemic.
- 2) Conduct a situation and impact analysis of HIV/AIDS in each LLG/locality
- 3) Review the impact of HIV/AIDS on the functioning of the Kanungu District
- 4) Identify some preliminary priority areas e.g. Policy
- 5) Approval of policy framework by established committee and management
- 6) The District Aids committee undertakes further research and develops program goals and specific objectives, place for activities and a budget for identified/approved activities
- 7) Integration of program into existing organization and personnel policies (health policy, grievance, harassment, equal opportunities, etc) and revision of these policies to bring them in line with HIV workplace program.
- 8) Review of monitoring indicators and strengthening the Reporting systems.
- 9) Implementation of awareness-raising and prevention components of the program commences (at least at the level of resource planning, training and budgeting)
- 10) Implementation of the work place activities.
- 11) Review and revision of the policy as appropriate
- 12) Adoption by Lower Local Government councils.

### 5.0: HIV/AIDS Workplace program and policy at Kanungu District

Kanungu District policy at the Secretariat has ensured the following:-

- Availability of condoms in accessible areas and toilets
- Appointed the focal person on HIV/AIDS activities
- Attending HIV/AIDS related fora and programs
- Is the secretariat for the self-coordinating entity, (SCE) of the decentralized response to HIV/AIDS
- Participates actively in HIV/AIDS national partnership committee meetings

### 5.1: Conclusion

Uganda has taken bold steps in the fight against HIV/AIDS, led by His Excellency the President and aims at ending HIV as a health threat by 2030. Kanungu District have supported this struggle in various ways. The significant contribution of Kanungu District is to coordinate the efforts of the Lower Local Governments and to help invigorate their interventions especially the establishment of SAC/TACs. Accelerating the decentralized response to HIV/AIDS is timely and is the logical step to ensure a sustainable response for HIV/AIDS prevention at the grassroots and ending HIV by 2030. Kanungu District commitment is to lead by example in the struggle.

### DISTRICT COORDINATION

