

REPUBLIC OF KENYA

MINISTRY OF PUBLIC SERVICE, HUMAN CAPITAL  
DEVELOPMENT AND SPECIAL PROGRAMMES

## PUBLIC SERVICE WORKPLACE POLICY ON HIV, AIDS AND OTHER SYNDEMIC DISEASES

REVISED, 2025



MINISTRY OF PUBLIC SERVICE,  
HUMAN CAPITAL DEVELOPMENT  
AND SPECIAL PROGRAMMES

STATE DEPARTMENT FOR PUBLIC SERVICE  
AND HUMAN CAPITAL DEVELOPMENT



MINISTRY OF HEALTH



NATIONAL SYNDEMIC DISEASES  
CONTROL COUNCIL





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POLICY ON HIV, AIDS AND OTHER  
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# FOREWORD

HIV, AIDS and other Syndemic diseases continue to pose a threat to national development by negatively impacting public health and socio-economic sectors leading to reduced workforce productivity in the public service. With approximately 1.378 million people living with HIV in Kenya (Kenya HIV Estimates 2023) HIV, AIDS and other Syndemic diseases threaten to reverse the socio-economic gains realized in our country over the years.

Taking cognizance of the strong relationship between a healthy workforce and increased productivity at the workplace, the Government has reviewed the Public Sector Workplace Policy on HIV and AIDS (2017), whose implementation contributed to the reduction of new HIV infections and increased life expectancy of the public servants living with HIV. This policy review has incorporated gaps and emerging issues identified during its implementation. This Policy is aligned to Kenya Syndemic Diseases Strategic Framework 2025 – 2030, National Workplace Policy on Tuberculosis Disease Management (2022), National Guidelines on Workplace Mental Wellness (2023), Public Service Counselling and Wellness Policy (2024), Ministry of Health COVID-19 Protocols (2020) and National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021/22 – 2025/26.

This revised policy provides a framework to address HIV, AIDS, and other Syndemic diseases in the public service. It focuses on improving public servants' well-being and productivity through workplace prevention interventions, reduction of stigma and discrimination as well as treatment, care and support for public servants affected and/or living with HIV and other Syndemic diseases, thus enhancing health outcomes for public servants. The implementation of this Policy ensures sustainability of quality services to public servants with HIV, AIDS, and other Syndemic diseases.

The policy outlines a commitment to ensure a harmonized response to HIV, AIDS and Syndemic Diseases in the Public Service. I urge Ministries, Departments, Agencies and Counties (MDACs) and their partners to provide high level support for the implementation of this Policy and end stigma and discrimination associated with HIV, AIDS and other Syndemic diseases at the workplace for improved performance delivery.

Finally, it is my sincere hope that the full implementation of the Strategic Plan will guide the assessment and measurement of performance and achievements of results in the Ministry and will make a significant contribution to Kenya's socio-economic transformation agenda. I therefore look forward to robust collaborations, guided by an agile monitoring and evaluation framework and extant systems to implement the Strategic Plan and ultimately deliver quality services to the citizens.



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PROGRAMMES

# PREFACE AND ACKNOWLEDGEMENT

It is my honor to present this Public Service Workplace Policy on HIV, AIDS and other Syndemic Diseases, which embodies our collective vision and commitment to promoting health and well-being in the Public Service, recognizing that these are essential foundations for sustained productivity and effective public service delivery.

The Public Service Workplace Policy serves as a guiding framework that aligns the Ministry's objectives with the broader National Priorities of ensuring that efforts are directed towards achieving meaningful outcomes for the citizens of our country, as espoused in the Bottom-Up Economic Transformation Agenda and other Development Blueprints.

Kenya has made remarkable progress in the HIV response, with a prevalence rate of 3.3% and approximately 1.378 million people living with HIV (Kenya HIV Estimates, 2023). Key areas of progress have been in the reduction of new HIV infections, reduction of mother-to-child transmission and decline in AIDS related deaths. New HIV infections reduced from 101,448 in 2013 to 16,752 in 2023 and 58,446 AIDS-related deaths in 2013 to 20,480 in 2023 (A Decade of Progress Report, 2013 – 2023). Despite the progress made, HIV remains a serious public health challenge in Kenya. Though ending the HIV epidemic is now within our reach, the sum impact of HIV and AIDS has been exacerbated by opportunistic infections and other Syndemic diseases that may co-exist with HIV, such as non-communicable diseases (NCDs), sexually transmitted infections (STI), malaria, leprosy, tuberculosis (TB) and other lung diseases.

The linkages between HIV, AIDS, other Syndemic diseases and NCDs have warranted integration of prevention and treatment services to increase efficiency and improve coverage thus making it easy for public servants to access services. Integrated services will ensure optimal well-being and performance of public servants to sustain socio-economic gains achieved over the years. Consequently, the Government is implementing strategies to enhance public servants' well-being and productivity.

The review of this Policy was necessitated by the need to incorporate evidence-based interventions targeting public servants with HIV, AIDS, and other Syndemic diseases through a seamless integrated approach. The Revised Policy aims to mitigate the causes and negative impact of these health conditions, including designing and implementing workplace employee assistance programs (EAPs) for comprehensive disease prevention and management in the public service.

The reviewed Policy will promote a safe and healthy work environment in the public service that guarantees dignity and fair labor practices. The policy further focuses on reducing stigma and discrimination to enhance public servants' health, well-being and productivity. Additionally, it defines an institutional framework for its coordination, implementation, monitoring, and evaluation. To this end, the Ministry will endeavor to have indicators on wellness, HIV and other Syndemic diseases embedded in the Government of Kenya performance management system. MDACs are expected to customize this Policy for implementation and alignment with their respective mandates to ensure sustainability and commitment to respond to HIV, AIDS and other Syndemic diseases in the public service.

The review of the fourth edition of this Policy has been a collaborative effort with various stakeholders, whom I wish to sincerely extend my utmost gratitude. I thank the Cabinet Secretary for Public Service, Human Capital Development and Special Programmes, for steering the review process. I also thank the National Syndemic Diseases Control Council (NSDCC) for technical assistance and financial support towards the review and completion of the Policy.

Finally, I also express appreciation to Principal Secretaries, Accounting Officers of MDACs, and their representatives, who gave their invaluable input that enriched the content of this Policy and its applicability.



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# 1

## INTRODUCTION





## 1.1 BACKGROUND

The Ministry of Public Service, Human Capital Development and Special Programmes is responsible for the development and implementation of responsive human resource policies in the public service. Taking cognizance of the strong relationship between a healthy workforce and increased productivity, the Government has reviewed the Public Sector Workplace Policy on HIV and AIDS (2017), whose implementation contributed to the reduction of new HIV infections and increased longevity for the public servants living with HIV.

This Policy review has considered gaps and emerging issues identified during the implementation of the 2017 edition. The Policy is aligned to the Kenya Health Strategy as espoused in the Bottom-up Economic Transformation Agenda (BETA) and other development strategies.

## 1.2 POLICY ISSUES IDENTIFICATION

Kenya has made notable progress in scaling up prevention, care, treatment, and support interventions of HIV, AIDS and other Syndemic diseases. In cases where new HIV infections arise from workplaces, the risk of significant setbacks is high if the public service fails to act strategically and on a timely basis. Potential risks include increased labor costs due to absenteeism, sick leave, bereavement, medical expenses, as well as higher employee turnover. This, in turn, can reduce productivity, lower staff morale, and create a greater need for training and mentoring of replacement workers.

Tuberculosis (TB) is a growing public and occupational health concern that affects most workplaces in Kenya, including the Public Service. Overcrowded working conditions may increase the occurrence of TB transmission from infectious to susceptible individuals. Public servants with HIV, AIDS and other Syndemic diseases have a higher risk of contracting TB. TB may overwhelm the public service workplace if no clear policy is put in place to ensure employees are able to access TB prevention and treatment services.

More males, 59,162 (65%) were diagnosed with TB in 2022, the highest proportion being in the (25-44) age category. This highlights the need for targeted interventions for men in this productive age bracket, as they are at a higher risk and their health directly impacts workplace productivity.

HIV weakens the immune system, increasing the risk of TB in people living with HIV (PLHIV). PLHIV are more susceptible than others to contract TB, with more than 23% being diagnosed with TB/HIV co-infection in 2023. The public service workplace therefore holds enormous potential to implement HIV,

AIDS and other Syndemic diseases prevention and mitigation interventions.

There exists a strong epidemiological and biological link between HIV and other sexually transmitted infections (STIs), which significantly increases the risk of HIV acquisition and transmission. STIs such as syphilis, gonorrhea, and chlamydia cause inflammation and ulcers that compromise mucosal barriers, creating a conducive environment for entry and spread of HIV. Moreover, individuals with STIs are more likely to shed HIV in genital secretions, enhancing the risk of transmission. The co-occurrence of HIV and STIs among employees poses a dual health and productivity burden, particularly where workplace health services are limited or underutilized. The absence of integrated STI screening and treatment within workplace programs on HIV, AIDS and other Syndemic diseases undermines the effectiveness of prevention efforts.

It is estimated that up to 25% of outpatients and 40% of inpatients suffer from mental disorders. Most mental health disorders diagnosed in hospital settings typically include depression, substance use disorders, stress, and anxiety disorders. In Kenya, the estimated prevalence of psychosis is approximately 1%. A growing number of studies demonstrate that untreated mental illness, especially depression and alcohol/substance use disorder, is associated with increased risky sexual behaviours, failure to access and adhere to HIV care and treatment, and increased morbidity and mortality from HIV, AIDS and other Syndemic diseases. Mental illnesses increase the risk of HIV infection since people living with HIV have an increased risk of mental illnesses.

The mental and emotional burden experienced by terminally ill public servants and their colleagues remains a critical yet often overlooked policy concern. Employees living with terminal conditions such as advanced HIV, cancer, or other chronic Syndemic diseases frequently endure significant psychological distress, including anxiety, depression, fear, and isolation. At the same time, colleagues who provide day-to-day support often experience emotional strain, grief, and reduced workplace morale. Inadequate structured psychosocial support mechanisms, stigma associated with terminal illnesses, and limited mental health resources within most public service institutions exacerbate this burden. Recognizing and addressing the mental health needs of both affected individuals and their coworkers is essential for building a compassionate, resilient, and productive public workforce.

Due to increased life expectancy because of Anti-retroviral therapy (ART), it is critical to incorporate NCDs in public service workplace HIV and wellness

programmes. NCDs, including mental illnesses, are currently underdiagnosed due to poor health-seeking behavior. Workplace programmes therefore provide an opportunity for continuous health education and screening, thereby reducing the burden of both HIV and NCDs. This enhances productivity and the overall performance of public servants.

## 1.3 RATIONALE

The Review of the 2017 policy was necessitated by the Executive Order No.1 of 2022, which expanded the mandate of the NSDCC to include HIV and other syndemic diseases, highlighting their critical nature and need for elimination of silo programs; the Kenya Syndemic Diseases Strategic Framework 2025 – 2030; emerging issues such as COVID 19, the rising burden of HIV/TB co-infection, NCDs and Mental Illnesses; newly enacted legislations that have warranted new approaches for prevention, diagnosis and treatment of chronic health conditions in Kenya; as inspired by the Bottom Up Economic Development Agenda, regional and global paradigms such as the Africa Agenda 2063 and the UN Sustainable Development Goals (SDGs) that envision leaving no one behind in all aspects of development, including health. The revised Policy will therefore guide the public service on appropriate integrated approaches to address HIV, AIDS and other Syndemic diseases towards the achievement of these overarching national, regional and global development frameworks.

The Government's response to HIV and AIDS has demonstrated the success of a multisectoral approach and has availed a platform for expanding this success to emerging health challenges such as TB/HIV co-infection, STIs, NCDs, mental illnesses and other Syndemic diseases. The Policy addresses the critical linkages through integration as part of a comprehensive approach to workforce wellness. It further integrates mental health support and workplace wellness interventions as a core component of inclusive and responsive care.

The Policy provides a framework for addressing the effects of loss of working hours due to the impact of HIV, AIDS and Syndemic diseases at the workplace and improves employees' productivity as well as their ability to seek healthcare services without fear of stigma and discrimination.

## 1.4 POLICY GOAL AND OBJECTIVES

### 1.4.1 Policy Goal

The Policy provides a framework for addressing workplace HIV, AIDS, and other Syndemic diseases in the Public Service.

### 1.4.2 Policy Objectives

The Policy defines the Public Service's position on management of HIV, AIDS, and other Syndemic diseases at the workplace. This will ultimately contribute to the delivery of national Syndemic Diseases strategies, goals and objectives, UHC, and the Bottom-up Economic Transformation Agenda. The specific objectives are to:

- i. Guide the management and employees on workplace programmes, rights and obligations regarding HIV, AIDS, and other Syndemic diseases.
- ii. Define coordination framework, administrative mechanisms and minimum internal requirements for responding to HIV, AIDS and other Syndemic diseases in the Public Service; and
- iii. Provide a framework for customization of this Policy by Ministries, Departments, Agencies and Counties (MDACs).

## 1.5 SCOPE OF POLICY

The Policy applies to the Ministries, Departments, Agencies and Counties (MDACs).

## 1.6 POLICY STRUCTURE

This policy is structured into **six (6) chapters**.

<b>Chapter One</b>	Discusses the background and rationale for reviewing the Public Service Workplace Policy on HIV (2017), while describing the relationship between health and workforce productivity in the Public Service. It outlines the Policy's alignment with national, regional and global health strategies and development agenda.
<b>Chapter Two</b>	Contains the situational analysis and provides a comprehensive assessment of the current context, challenges, gaps and opportunities related to the policy issues as identified in this Policy.
<b>Chapter Three</b>	Outlines the guiding principles, objectives, commitments, operational guidelines, strategies and interventions for responding to HIV, AIDS and other Syndemic diseases in Public Service.
<b>Chapter Four</b>	Outlines the framework for implementing the Policy and provides highlights on policy coordination, administrative mechanisms and funding arrangements.
<b>Chapter Five</b>	presents the framework for Policy Monitoring, Reporting, Learning and Evaluation. It provides a systematic approach to track implementation, measure progress, and assess the effectiveness of interventions aimed at preventing, managing, and mitigating the impact of HIV, AIDS and other Syndemic diseases.
<b>Chapter Six</b>	Outlines the review interval that establishes a predetermined timeframe for evaluating and updating the Policy to ensure its continued relevance, effectiveness, and alignment with emerging trends, scientific advancements, and stakeholder needs.



# 2

## SITUATION ANALYSIS



This chapter provides an overview of the Global, Regional and National HIV situation. It further highlights the burden of TB and Non-Communicable Diseases on households and their impact on productivity amongst Public Servants.

According to the UNAIDS Global AIDS Update Report 2024, 39.9 million people were living with HIV globally in 2023, with 53% being women and girls. There were 1.3 million new HIV infections in the world, which was more than three times the target of 370,000 or fewer new HIV infections by 2025. Out of the 1.3 million new HIV infections, 120,000 were children 0-14 years, bringing the total number of children living with HIV in the world to 1.4 million, 86% of whom were in Sub-Saharan Africa. Additionally, globally, 44% of all new HIV infections were among women and girls of all ages. Every week, 4,000 Adolescent girls and young women aged 15-24 years became infected with HIV globally in 2023, with 3,100 of those infections occurring in Sub-Saharan Africa.

In reference to the 95:95:95 global targets, 86% of people living with HIV knew their HIV status, 77% were accessing treatment and 72% were virally suppressed in 2023. HIV treatment programmes have halved the annual number of AIDS-related deaths from 1.3 million in 2010 to 630,000 in 2023. However, treatment coverage continues to be lower in key populations, men and children, especially in Sub-Saharan Africa.

Kenya has the 7th highest HIV epidemic globally, with an estimated 1.37 million people living with HIV. HIV prevalence is estimated at 3.3%, with 16,752 new infections in 2023. Further, Adolescents and youth aged 15-24 years contributed an estimated 39% of new adult HIV infections. Despite the decline in new HIV infections in Kenya by 83% over the last decade (2013-2023), the country did not achieve its HIV prevention target by 12% (2,349 cases) in 2023. Furthermore, Kenya recorded a 10.8% increase in AIDS-related deaths between 2022 and 2023.

In 2022, Kenya reported 90,841 TB cases against an estimated 133,000 incident cases, indicating a case detection rate of 68%. Of the reported cases, 8.3% were previously treated, a 16.6% increase from the previous year, with 761 cases being drug-resistant. In 2023, the number of new TB cases declined to 75,000. The TB treatment success rate in 2023 was 81%, indicating possible progress in treatment outcomes. Additionally, the overall HIV co-infection rate among TB patients was 23% in 2023, a slight decrease from 24% in 2021, though TB remained the most common opportunistic infection among people living with HIV. Despite improvements in some areas, the data suggests

that a significant proportion of TB cases, 32% in 2022 were still missed or unnotified, underscoring the

ongoing need for stronger case finding, reporting, and integration with HIV services.

The country has continued to experience an epidemiological transition in its disease burden from predominantly communicable diseases to a rapidly rising burden of Non-Communicable Diseases (NCDs), resulting in a "triple burden of disease" which is increasingly straining the health system. It is estimated that 51% of Kenyan adults currently suffer from one or more Non-Communicable Diseases (NCDs), with a higher burden in people living with HIV (63%) compared to HIV negative persons. Furthermore, this is expected to increase by 2035, driven by improved life expectancy from milestones in HIV treatment. In 2020, NCDs accounted for approximately 39% of all deaths in Kenya, up from 27% in 2014. This upward trend is expected to continue, driven largely by lifestyle-related factors within the population.

According to the 2018 Kenya Household Health Expenditure and Utilization Survey, the leading conditions that account for over 50% of long Average Length of Stay (ALOS) in health facilities were largely due to NCDs: Accidents and Injuries accounted for 22.2 days, Surgeries 17.2 days, Diabetes 12.7 days, while Hypertension 11.1 days. In addition to their health impact, NCDs have a significant economic impact on households, communities and countries given their chronic nature and cost of care. NCDs have been shown to decrease household income by 28.6% in Kenya thus subjecting families to catastrophic expenditure, spiraling them into a vicious cycle of poverty.

It is estimated that up to 25% of outpatients and 40% of inpatients suffer from mental disorders. The most frequent diagnoses of mental disorders in general hospital settings are depression, substance use disorder, stress and anxiety disorders. The probable prevalence of psychosis in Kenya is 1%. According to the Kenya National NCD Strategic Plan (2021/22–2025/26), the economic burden of NCDs is expected to increase from Ksh 230 billion in 2016 (3.4% of GDP) to Ksh. 607 billion by 2030, representing a substantial growth of approximately 58%. Today, NCDs in the country, including mental illnesses, are currently underdiagnosed due to poor health-seeking behavior.



# 3

## POLICY STATEMENTS

The chapter outlines the framework of the policy built on guiding principles, human resource operational guidelines, and priority workplace interventions for HIV, AIDS and other Syndemic diseases at public service workplaces. To guarantee effective implementation, the Policy defines minimum internal requirements, which MDACs shall adhere to, while fostering a supportive and productive workplace environment.

### 3.1 GUIDING PRINCIPLES

The following guiding principles will form the basis for specific provisions in this Policy:

#### 3.1.1 Recognition of HIV, AIDS, and other Syndemic diseases as Workplace Issues

HIV, AIDS, and other Syndemic diseases are workplace issues, not only because they affect the workforce, but also because the workplace can play a vital role in prevention and management of these diseases.

All public service workplaces shall prioritize HIV, AIDS, and other Syndemic diseases and integrate provision of information and services into their routine activities.

#### 3.1.2 Recognition of linkages between HIV, AIDS, and other Syndemic diseases at the workplace

HIV weakens the immune system, increasing the risk of opportunistic diseases in people living with HIV. People living with HIV experience a higher burden of non-communicable diseases (NCDs) than HIV-negative persons. MDACs shall recognize the negative effects of other Syndemic diseases on public servants living with HIV and their associated stigma and discrimination.

MDACs shall ensure an integrated approach in addressing HIV, AIDS, and other Syndemic diseases at the workplace. In this regard, the MDACs shall continuously facilitate access to HIV, AIDS, and other Syndemic diseases information and services while mitigating the related negative effects on the public servants.

#### 3.1.3 Non-Stigmatization and Non-Discrimination

HIV and AIDS is not transmissible by casual physical contact and the presence of a person with these diseases should not be considered a workplace

hazard. There should be no stigmatization or discrimination of public servants based on known or perceived HIV status. All MDACs should undertake to protect the rights of public servants living with HIV.

To guarantee non-stigmatization and non-discrimination, all public service workplaces shall ensure:

- i. Protection of public servants with HIV and other Syndemic diseases against stigma, discrimination, victimization, or harassment.
- ii. Public servants do not refuse to work or interact with colleagues on the basis of their actual, perceived, or suspected HIV status and other Syndemic diseases and such refusal shall constitute misconduct, and disciplinary action may apply.
- iii. Service regulations on disciplinary and grievance procedures apply equally to all public servants except for where reasonable accommodation is granted.
- iv. Awareness and educational campaigns to address negative attitudes towards people living with HIV, AIDS and other Syndemic diseases.

#### 3.1.4 Gender Responsiveness

HIV, AIDS and other Syndemic diseases affect and impact men and women, boys, and girls differently due to their biological, social, cultural and economic circumstances. The application of this Policy shall be responsive to their different and specific gender needs.

All public service workplaces shall take measures to prevent HIV, AIDS, and other Syndemic diseases and alleviate their impact by:

- i. Ensuring gender equality, equity and empowerment of women and men, boys, and girls.
- ii. Enforcing actions to prevent and prohibit sexual and gender-based violence at the workplace as stipulated in existing laws and Public Service Human Resource Policies and Procedures Manual (2016),
- iii. Engagement of men and women, boys, and girls in HIV, AIDS, and other Syndemic diseases interventions, and
- iv. Sensitization of women and men, boys and girls on their sexual and reproductive health and rights to access services.



All MDACs shall ensure that HIV, AIDS, and other Syndemic diseases prevention interventions are gender responsive and promote dignity, equality, and empowerment of all public servants.

### 3.1.5 Safe and Healthy Work Environment

MDACs shall ensure a safe and healthy work environment in line with the Occupational Safety and Health Act No. 15 (2007) by:

- i. Minimizing the risk of infections by adopting appropriate Universal Infection Prevention and Control Standard Precautions at the workplace. These will include proper and consistent use of personal protective and first aid equipment (gloves, gowns, and face shields), access to post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), TB screening, hand and respiratory hygiene including coughing and sneezing etiquette.
- ii. Ensuring that first aid in the workplace is carried out in accordance with the OSHA 2007 (First Aid rules 2022).
- iii. Sensitization of public servants on the importance of physical wellness, and accident prevention & management.

In addition, public servants shall:

- a. Ensure safety for themselves and others when performing their duties or when attending to their colleagues who have been injured.
- b. Ensure that they are safe from infections that may result from contact with infected body fluids.
- c. Ensure they are screened for diabetes, hypertension, cervical cancer, breast cancer and prostate cancer.
- d. MDACs shall ensure a safe and healthy working environment to reduce the threat of exposures to HIV, AIDS, and other Syndemic diseases risk factors at the workplace.

### 3.1.6 Social Dialogue

The success of HIV, AIDS, and other Syndemic diseases prevention interventions need cooperation and trust between management, employees, clients, and key stakeholders. Consultation brings concurrence and is achieved through building trust, cooperation, willingness, communication, open discussions, dialogue and a common purpose between the management, employees and amongst

themselves. Consultations on prevention and management of HIV, AIDS and other Syndemic diseases shall be part of all collective bargaining agreement negotiations.

### 3.1.7 HIV Testing and Screening for other Syndemic diseases

MDACs shall not require HIV testing or screening for other Syndemic diseases as a prerequisite for recruitment, access to training and promotion. However, MDACs shall promote and facilitate access to HIV testing and screening for health conditions for public servants as part of the workplace wellness programs and in line with HIV and AIDS Prevention and Control Act (2006), MOH HIV Testing Services Guidelines, HRP&PM (2016) and other prevailing Legislations.

### 3.1.8 Fair Labour Practices

All public servants have the right to fair labour practices. Thus, real or perceived HIV, and related disease status is not a cause for termination of employment. All public service workplaces shall ensure that affected public servants are encouraged to work for as long as they are medically fit, and with reasonable accommodation if needed.

Therefore, all public service workplaces will take measures to reasonably accommodate public servants living and affected by HIV, AIDS, and other Syndemic diseases. Reasonable accommodation to help public servants continue in employment may include rearrangement of working time, relief services, special equipment, time-off for medical appointments, additional/flexible sick leave days and opportunities for rest breaks.

### 3.1.9 Continuation of Employment Relationship

In case a public servant with HIV, AIDS, and other Syndemic diseases is unable to perform their current duty, as per staff performance appraisal or medical reports, alternative work arrangements or redeployment to work in areas corresponding to their abilities shall be considered. This can be achieved through re-training and return to work arrangements in line with the relevant national labor instruments.

In addition, appropriate deployment of public servants requiring access to family support and specialized medical care will be considered, where applicable.



### **3.1.10 Disclosure and Confidentiality**

All public service workplaces shall continue to maintain a stigma-free work environment in which the public servants feel safe to disclose their status. All MDACs shall maintain confidentiality on disclosed cases of HIV, AIDS and other Syndemic diseases, and access to personal data shall be strictly bound by the rules of confidentiality consistent with existing laws, regulations, and relevant Codes of Practice. However, the public service shall not take responsibility for personal disclosure to other members of the public.

### **3.1.11 Prevention of HIV, AIDS, and other Syndemic diseases**

Public servants' knowledge levels on HIV, AIDS, and other Syndemic diseases shall be enhanced through sensitization on common risk factors, modes of transmission, modes of prevention, personal protection, behavior change and creation of a stigma-free and non-discriminatory workplace environment.

All public service workplaces shall implement HIV, AIDS, and other Syndemic diseases prevention interventions targeting the public servants, their families, and external stakeholders.

### **3.1.12 Treatment, Care and Support for HIV, AIDS, and other Syndemic Diseases**

Public Service workplaces shall adopt a holistic approach which facilitates public servants' access to affordable HIV, AIDS, and other Syndemic diseases preventive, treatment, care and psycho-social support services, and other related Employee Assistance Programs (EAP) through:

- i. Existing government-supported medical insurance, referrals, and other viable options.
- ii. Linkages and referrals for continuous supportive counselling in line with the Public Service Counselling and Wellness Policy 2024.
- iii. Provision of reasonable accommodation in duties and work schedules in response to changing health status.

### **3.1.12 Treatment, Care and Support for HIV, AIDS, and other Syndemic Diseases**

All MDACs will initiate and sustain strategic partnerships, networking and collaboration with relevant information and service providers for effective integrated HIV, AIDS, and other Syndemic diseases programs.

### **3.1.14 Meaningful Involvement of People Living with HIV and other Syndemic Diseases**

The involvement of PLHIV in decision making, formulation and implementation of HIV and AIDS policies and programs shall be promoted at all levels of the public sector and in line with the Greater Involvement of People Living with HIV principles. All public service workplaces will meaningfully engage people with HIV and other Syndemic diseases in programmes in line with prevailing guidelines.

## **3.2 OPERATIONAL GUIDELINES**

This section addresses operational guidelines related to human resource management, comprehensive prevention and treatment interventions and internal requirements.

### **3.2.1 Human Resource Management Operational Guidelines**

The success of an organization depends largely on its human resources, hence the need to address issues affecting human resources such as HIV, AIDS, and other Syndemic diseases. The public service has an obligation to address the issues posed by HIV, AIDS, and other Syndemic diseases at the workplace, both at organizational and individual levels. This part of the policy addresses the aspects of human resource management as follows:

#### **3.2.1.1 Recruitment and Promotion**

Real or perceived HIV status, and other Syndemic diseases shall not be used as a parameter for recruitment, appointment, deployment, promotion, continued employment, or pursuit of equal opportunities in public service. However, while fulfilling the requirement, public servants undergo medical examination in line with the provisions of the Human Resources Policies and Procedures Manual (HRP&PM 2016) and Occupational Safety and Health Act (OSHA 2007) on medical examination.

#### **3.2.1.2 Sick Leave**

Sick leave will be provided as stipulated in HRP&PM 2016. However, additional sick leave days will be considered for public servants affected by HIV, AIDS, and other Syndemic diseases as part of reasonable accommodation based on confidential disclosure and request.

### 3.2.1.3 Maternity Leave

Maternity leave will be provided as stipulated in the HRP&PM 2016. However, additional maternity leave days may be considered for breastfeeding mothers living with HIV upon request, since babies born to mothers who are living with HIV require to be fed on their mother's milk exclusively for at least six months after birth.

The public service workplaces shall establish lactation stations for mothers and ensure that these stations have the necessary equipment and facilities in line with the Health Act 2017. Where this is not possible, breastfeeding mothers with HIV related needs shall get additional maternity days based on confidential disclosure and request as part of reasonable accommodation.

### 3.2.1.4 Working Hours

Official working hours will apply to all public servants as stipulated in the HRP&PM 2016. However, reasonable accommodation in the form of flexible working hours for affected public servants will be applied based on confidential disclosure and request.

### 3.2.1.5 Counselling and Wellness Services

MDACs will ensure that these services are provided at the workplace as stipulated in the HRP&PM 2016 and Public Service Counselling and Wellness Policy 2024 to support the prevention and management of HIV, AIDS, and other Syndemic diseases in the Public Service.

### 3.2.1.6 Medical Benefits

The existing provision on medical benefits will apply to all public servants as stipulated in the HRP&PM 2016. Public Servants living with HIV, AIDS, and other Syndemic diseases shall enjoy the comprehensive medical insurance cover like any other public servant. MDACs should ensure that they contract medical insurance providers that do not discriminate against public servants with HIV, AIDS, and other Syndemic diseases.

### 3.2.1.7 Deployment and Transfers

The existing HRP&PM 2016 will apply regarding deployment and transfers of public servants. However, for public servants with HIV, AIDS, and other Syndemic diseases, MDACs shall ensure that:

- i. Spouses are not separated, where possible, to minimize related vulnerabilities; and
- ii. Staff requiring access to family support or specialized medical care are deployed appropriately.

### 3.2.1.8 Work Performance, Reasonable Accommodation and Relief Services

The management shall take measures to reasonably accommodate public servants affected with HIV, AIDS, and other Syndemic diseases. Where an employee is temporarily unable to perform their current jobs due to ill health or care giving responsibility for an immediate family member, transfer, or reassignment of tasks; relief services; viable alternative working arrangements; time off for medical appointments; flexible working hours and extended sick leave days shall be provided as may be appropriate, subject to confidential disclosure and request.

All HIV and health-related information disclosed in relation to a request for reasonable accommodation shall be kept confidential.

### 3.2.1.9 Housing, Accommodation and other Benefits

All public officers are eligible for house allowance applicable to their grades as stipulated in the HRP&PM 2016 and in Government circulars issued from time to time. All public servants will be eligible for the existing government housing, accommodation and other related benefits regardless of their HIV, AIDS, and other Syndemic diseases status.

### 3.2.1.10 Training and Development

The existing Human Resource Policies on training and development shall apply to all public servants. In addition, the government will:

- i. Educate and sensitize all public servants on HIV, AIDS, and other Syndemic diseases.
- ii. Regularly undertake skills gap assessments to establish the adequacy of appropriate skills, knowledge, attitudes and competencies for effective service delivery.
- iii. Mainstream HIV, AIDS, and other Syndemic diseases in public service training and development projects and programmes.

### **3.2.1.11 Occupational Safety and Health**

MDACs shall take reasonable measures to secure a safe and healthy workplace to prevent public servants' exposure to HIV, AIDS, and other Syndemic diseases in accordance with OSHA, 2007. Such measures may include, but are not limited to, universal precautions, accident and hazard prevention measures, workplace practice controls, personal protective equipment, environmental control measures, post-exposure prophylaxis (PEP) and other safety measures to minimize related risks.

### **3.2.1.12 Retirement on Medical Grounds**

The service regulations on retirement on medical grounds shall apply as provided in the HRP&PM 2016. Where an employee is medically unfit to continue working, the government will ensure timely processing of retirement for the benefit of the employee and with due regard to the relevant service regulations.

### **3.2.1.13 Terminal Benefits**

The service regulations on payment of terminal benefits shall continue to apply as provided in HRP&PM 2016. The government will facilitate timely processing of terminal benefits.

### **3.2.1.14 Screening, Testing, Confidentiality and Disclosure**

All public service workplaces will promote and facilitate access to voluntary confidential HIV testing and screening for other Syndemic diseases for public servants. Disclosure for HIV status and other Syndemic diseases shall be voluntarily and the working environment shall be accommodative and supportive for those who disclose their health status. Such disclosure shall be handled in a discreet, private, and confidential manner and in line with the

provisions of the HIV and AIDS Prevention and Control ACT, 2006 and other relevant regulations. However, employees shall be encouraged to declare their health status and the employer shall create a non stigmatizing and non-discriminatory work environment in which employees feel safe to disclose their health status.

### **3.2.1.15 Stigma, Discrimination and Rights**

Stigma and discrimination undermine public servants' job performance, welfare, safe healthy work environment and disease prevention efforts, which depend on openness, trust, and respect for basic rights. The rights of public servants with HIV, AIDS, and other Syndemic diseases shall be protected against stigma, discrimination, victimization, violence or harassment.

### **3.2.1.16 Grievances, Concerns, and Recourse**

MDACs shall establish and maintain communication channels and fora for public servants to raise grievances and concerns related to HIV, AIDS, and other Syndemic diseases. Accessible mechanisms for related dispute resolution shall be put in place for redress where public servants' rights have been violated, as provided for in this policy.

Disciplinary action will be taken against any public servant who violates the provisions of this Policy. Public servants shall be sensitized on the functions of the HIV Tribunal and other related legal redress mechanisms. Public servants are encouraged to utilize existing internal conflict resolution mechanisms when aggrieved and consider reporting unresolved cases of discrimination to the HIV Tribunal and other related legal redress mechanisms.

### 3.3 PRIORITY PREVENTION AND MANAGEMENT INTERVENTIONS

MDACs shall customize and implement this Policy in line with the public sector Maisha Certification procedures. The prevention of HIV, AIDS, and other Syndemic diseases will be delivered through a seamless integrated approach to ensure all-around well-being of public servants and external stakeholders.

The program interventions in this section will support the attainment of BETA and UHC commitments through provision of information, services and referrals for public servants, their families, interns, attaches, and external stakeholders. The Program interventions shall include but are not limited to the following:

#### 3.3.1 HIV and AIDS Prevention Sensitization Package

MDACs will make deliberate arrangements to provide comprehensive HIV and AIDS prevention services including a sensitization package for employees and their families. The sensitisation package will include, but not limited to, the following:

- i. Current HIV and AIDS Situation in Kenya, highlighting prevalence, incidence, county profiles and priority populations.
- ii. HIV and AIDS myths and misconceptions
- iii. HIV Prevention package that includes information and education on the basics of HIV and AIDS, modes of transmission, stages of HIV infection, behavior change communication and methods.
- iv. Importance of HIV testing services and access points for testing.
- v. Linkages between Sexually Transmitted Infections (STIs) and HIV.
- vi. Linkages between sexual and gender-based violence (SGBV) and HIV.
- vii. Positive living, anti-retroviral therapy, care literacy and adherence to HIV treatment and adherence support. viii) Reduction of stigma and discrimination toward people living with HIV and TB.
- viii. Linkages between HIV, TB, and Human Rights.
- ix. Disclosure and the importance of confidentiality and maintaining a stigma-free workplace to support a culture of HIV prevention.

#### 3.3.2 Sensitization on Abstinence and Being Faithful

The package on abstinence and being faithful will include education and sensitization on the modes of HIV transmission, abstinence and being faithful, including avoiding risk factors and triggers of risky behaviours, and reduction of stigma and discrimination at the workplace to support a culture of disease prevention.

#### 3.3.3 Promotion of Condom Use and Distribution of Condoms

Condoms prevent transmission of HIV, sexually transmitted infections, unwanted pregnancies, human papillomavirus (HPV) and HIV re-infection in PLHIV.

MDACs shall make a deliberate attempt to ensure that condom dispensers and distribution points are established at strategic points and replenished appropriately. In addition, employees and their families will be trained on proper, consistent, correct use and disposal of both male and female condoms through regular condom demonstration sessions.

The National Syndemic Diseases Control Council will provide technical support for the components above.

#### 3.3.4 Tuberculosis (TB) Prevention Sensitization Package

TB is one of the major diseases related to HIV and AIDS. MDACs shall sensitize staff on TB, focusing on:

- i. Overview of TB in Kenya – Background, situation, and basic facts
- ii. Myths and Misconceptions of TB
- iii. Common signs and symptoms of TB
- iv. Classification of TB – Pulmonary TB, Extrapulmonary TB, TB, DRTB and HIV/TB
- v. TB Prevention, screening, diagnosis, care, and treatment
- vi. Linkages between TB, HIV and Human rights
- vii. Management of TB at the workplace - Workplace adherence support for TB treatment
- viii) Opportunities for workplace TB prevention and control

The National TB, Leprosy and Lung Diseases Program (NTLD-P) will provide technical support for this component.

### 3.3.5 Sensitization Programmes on Non-Communicable Diseases (NCDs)

NCDs are among the diseases commonly linked to HIV and AIDS. People living with HIV are more prone to common lifestyle diseases and thus experience a higher burden of NCDs. This has warranted new approaches for prevention, diagnosis, and treatment of NCDs.

MDACs shall conduct staff sensitization on NCDs with emphasis on the current situation in the country, types of NCDs, common risk factors, prevention, and management of common NCDs, stress management and proper nutrition. In addition, MDACs will make plans for employees, where possible, to access lifestyle modification services. The Department of NCDs at the Ministry of Health will provide technical support for this component.

### 3.3.6 Promotion of Mental Wellness and Prevention of Mental Illnesses

Mental health conditions are among the diseases related to HIV and AIDS. Persons with mental health problems are known to have an increased risk of contracting HIV. On the other hand, Persons living with HIV(PLHIV) are at an increased risk of developing mental illnesses. Mental health problems amongst PLHIV have a negative impact on treatment, adherence to treatment, and prognosis of HIV infection (WHO 2022).

Employees experience work-related stress when faced with work demands and pressures that are beyond their capacity to handle. These factors are linked to high rates of burnout and mental illnesses, therefore making the safety and well-being of the workforce crucial. Mental wellness programmes will be implemented in line with the Public Service Counselling and Wellness Policy 2024 in collaboration with the Ministry of Health.

### 3.3.7 Health Screening

MDACs shall put in place regular health screening programmes and mechanisms for early detection, accurate diagnosis and linkages for proper HIV, AIDS, and other Syndemic diseases management, psycho-social support, and other employee assistance services.

All health screenings will be done in line with the prevailing legislation and the Ministry of Health (MOH) Guidelines. The provision of health screening packages through medical insurance or any other viable options shall include HIV, TB, cancer, cholesterol, blood pressure, blood sugar, BMI and mental illness, among others.

### 3.3.8 Treatment, Care, Support and Employee Assistance Programmes

The MDACs shall provide affordable care, treatment, support, and an employee assistance program for employees with HIV, AIDS and other Syndemic diseases through medical cover. The comprehensive service package will include prevention, care, treatment and support packages for HIV, AIDS, and other Syndemic diseases including nutrition, psycho-social support, rehabilitation of staff with complicated cases, proper disability management, return to work arrangements and other non-clinical services that contribute towards reduction of morbidity and mortality among public servants with HIV, AIDS, and other Syndemic diseases.

### 3.3.9 Interventions Targeting External Stakeholders

MDACs' external stakeholders are affected by HIV, AIDS, and other Syndemic diseases and will require access to related prevention information and services. MDACs shall identify their most vulnerable external stakeholders and reach out to them with HIV, AIDS, and other Syndemic diseases prevention packages.

The specific activities targeting external stakeholders will include, but are not limited to, the following:

- i. Sensitization on HIV, AIDS, and other Syndemic diseases prevention and management in line with the Curriculum for Training on Prevention and Control of HIV and other Syndemic Diseases at the Workplace.
- ii. Distribution and demonstration of proper and consistent use and disposal of male and female condoms.
- iii. Sensitization on prevention and management of mental health, non-communicable diseases and gender-based violence.
- iv. Regular health screening for HIV, TB, blood pressure, blood sugar, BMI, cholesterol, mental illnesses and appropriate linkages to further prevention, treatment, care, and support services in line with the prevailing legislation and MoH Guidelines.

### 3.4 MINIMUM INTERNAL REQUIREMENTS

The implementation of HIV, AIDS, and other Syndemic diseases prevention interventions by MDACs is anchored on the Minimum Internal Requirements (MIR) as outlined below:

- i. Operationalize a mechanism for provision of continuous education and training for public servants on modes of transmission and measures to prevent exposure and infection, including personal protective equipment and post exposure prophylaxis where required.
- ii. Establishment or reconstitution and operationalization of Syndemic Diseases Control Units/Committees with 40% of the membership

drawn from the senior and middle-level management.

- iii. Preparation, submission, and implementation of an annual costed work plan in line with the NSDCC Maisha Certification Procedures.
- iv. Allocation of resources for HIV, AIDS, and other Syndemic diseases prevention programs targeting staff, their family members, and vulnerable clients and external stakeholders.
- v. Collection and dissemination of routine information on absenteeism, morbidity, and mortality for purposes of Human Resource Planning.
- vi. Submission of quarterly reports to NSDCC through the online reporting portal at [www.nsdcc.go.ke](http://www.nsdcc.go.ke) by the fifteenth (15th) day following the end of a quarter.





# 4

## FRAMEWORK FOR IMPLEMENTING THE POLICY





This chapter outlines the Policy implementation framework consisting of the coordination framework, administrative mechanism, legal & regulatory framework and funding arrangements. It takes cognizance of the need for partnerships and collaborations with stakeholders to enhance financial and technical support for effective implementation of the policy. The Coordination Framework and Administrative Mechanisms define the roles of key institutions and structures. The Legal and Regulatory Framework aligns the policy with both international labor conventions and Kenyan statutes.

To ensure sustainability, the Funding Arrangement section outlines the allocation of budgetary resources while emphasizing the need for partnerships and collaborations with stakeholders to enhance financial and technical support for policy implementation. The following coordination and administration mechanisms will apply for the implementation of this Policy:

## **4.1 COORDINATION FRAMEWORK AND ADMINISTRATIVE MECHANISMS**

### **4.1.1 The Ministry Responsible for Public Service**

The Ministry responsible for Public Service through the Directorate for Counselling and Wellness Services shall:

- i. Facilitate the development and/or review and dissemination of this Public Service Workplace Policy on HIV, AIDS and other Syndemic diseases in collaboration with National Syndemic Diseases Control Council (NSDCC).
- ii. Ensure HIV, AIDS and other Syndemic diseases affecting public servants are integrated into national policies, projects and programs.
- iii. Digitalize the online monitoring, evaluation and reporting mechanism to support the implementation of this Policy.
- iv. Integrate implementation of this policy into public service capacity-building programmes and performance management mechanisms.
- v. Mobilize resources for implementation of this policy.

### **4.1.2 The Public Service Performance Management Unit (PSPMU)**

The overall mandate of PSPMU vide Kenya Gazette No. 2431 of 8th April 2005 and the Executive Order No.6 is to facilitate institutionalization of efficient and effective Performance Management. To support

the full implementation of this Policy in public service, the PSPMU will:

- i. Integrate the implementation of this Policy in the Public Service Performance Management mechanism.
- ii. Issue clear guidelines and requirements for coordination of the implementation of this Policy in public service by the specialized agency.
- iii. Monitor and evaluate performance to ensure contracting MDACs are within the parameters of the agreed performance targets.

### **4.1.3 The National Syndemic Diseases Control Council (NSDCC)**

The NSDCC is a State Corporation established under Section 3 of the State Corporations Act, Cap 446, through the National AIDS Control Council Order, 1999 as amended by Legal Notice number 143 of 2022. The expanded mandate of the Council is to lead and coordinate multi-sectoral partnerships in HIV, AIDS and other Syndemic diseases response in Kenya. Regarding this Policy, the NSDCC shall:

- i. Provide policy guidance to accounting officers of MDACs from time to time on the adoption, customization and implementation, in partnership with the Ministry in charge of Public Service
- ii. Initiate and maintain strategic partnerships with key partners to support the successful implementation of this Policy.
- iii. Coordinate the review and support implementation of this Policy in partnership with the Ministry responsible for Public Service and other stakeholders.
- iv. Develop, review, and operationalize standard operating procedures for MDACs Syndemic Diseases Control Committees /or Units.
- v. Provide technical support and enhance capacities of MDACs through sensitizations, inductions, training, mentorship and Maisha Certification procedures to enable successful implementation of this Policy.
- vi. Monitor and evaluate the implementation of this Policy and submit timely annual reports to the PSPMU, Ministry responsible for Public Service, MDACs and other key stakeholders.
- vii. Ensure public education, communication and advocacy to empower MDACs to successfully implement the Policy.
- viii. Strengthen resource mobilization initiatives to support the implementation of this Policy in public service.

#### 4.1.4 Department Responsible for Labor

The State Department responsible for Labor, through the Directorate of Occupational Safety and Health Services (DOSHS), will monitor MDACs' compliance with this Policy in collaboration with the NSDCC as follows:

- i. Include HIV, AIDS and other Syndemic diseases in occupational safety audit guidelines and tools.
- ii. Ensure that mitigation of HIV, AIDS and other Syndemic diseases are integrated into occupational safety training and inspection of all workplaces in Kenya.
- iii. Inspect and audit public service workplaces and provide feedback on compliance with this Policy.

#### 4.1.5 HIV and AIDS Tribunal

The role of the HIV and AIDS Tribunal in the implementation of this Policy shall be to:

- i. Hear and determine any matter or appeal considered to be unfair treatment based on individual's HIV status in line with HAPCA 2006; and
- ii. Award costs of any proceedings before it; and declare payments of damages in respect to any proven financial loss, including future loss, pain, and suffering, both emotional and psychological.

#### 4.1.6 Accounting Officers

The Accounting Officers of MDACs shall:

- i. Customize this Policy for implementation in collaboration with NSDCC and the Ministry responsible for Public Service.
- ii. Provide strategic leadership and budgetary allocation for implementation of the Policy.
- iii. Establish and operationalize Syndemic Diseases Control Committees/Units to coordinate the implementation of this Policy, with 40% of the membership drawn from the senior and middle-level management.
- iv. Integrate and embed implementation of this policy into the institutional Performance Contract.
- v. Develop and strengthen technical and infrastructural capacities for effective implementation of this Policy. Initiate and maintain strategic partnerships with key partners and service providers to support the implementation of this Policy.

- i. Mobilize the management, employees and key external stakeholders to support the implementation of this Policy.

#### 4.1.7 Syndemic Diseases Control Unit (SDCU)

Each MDAC shall establish and operationalize a Syndemic Diseases Control Unit (SDCU). The Unit shall be run by a committee with representation drawn from different departments and 40% of the membership will include the senior management team. A Chair shall be appointed by the accounting officer to oversee the operations of the Unit. The Committee members will be appointed from different departments/divisions, including but not limited to Administration, Human Resource Management, Finance/or Accounts, Technical Functions and Counselling.

The Syndemic Diseases Control Unit shall:

- i. Coordinate customization, implementation and review of this Policy within the institution.
- ii. Develop and disseminate institution-specific HIV, AIDS, and other Syndemic diseases information, education and communication materials with technical guidance from NSDCC.
- iii. Develop and submit annual work plans and quarterly reports on the implementation of the Policy to the Accounting Officer for online submission to NSDCC through the online reporting portal at [www.nsdcc.go.ke](http://www.nsdcc.go.ke).
- iv. Undertake regular monitoring and evaluation and ensure proper record keeping of data on the implementation of this Policy.
- v. Ensure compliance with NSDCC reporting guidelines.
- vi. Carry out necessary measures to ensure that their respective institutions achieve NSDCC MAISHA Certification.

#### 4.1.8 Public Servants

Public servants shall:

- i. Participate in programmes designed to provide HIV, AIDS, and other Syndemic diseases information and services.
- ii. Uphold acceptable work principles in the place of work regarding people with HIV, AIDS and other Syndemic diseases.
- iii. Maintain their preferred level of disclosure and consider voluntary confidential disclosure of their health status in the context of the workplace to enable reasonable accommodation.

- i. Utilize existing internal conflict resolution mechanisms when aggrieved and consider reporting unresolved cases of discrimination to the HIV and AIDS Tribunal.

## **4.2 LEGAL AND REGULATORY FRAMEWORK**

This Policy takes cognizance of the International Conventions on labor issues, the Constitution of Kenya (2010), and Kenya's legislations and policies. It highlights institutional, legal, and regulatory reforms and funding arrangements that will support the implementation of the policy.

### **4.2.1 International Labor Conventions**

The management of HIV, AIDS, and other Syndemic diseases in the public service will be undertaken in line with the following International Labor Organization (ILO) Conventions:

#### **4.2.1.1 Code of Practice on HIV and AIDS and the World of Work 2001**

The Code provides guidelines to address HIV and AIDS in the workplace within the framework of the promotion of decent work.

#### **4.2.1.2 ILO Discrimination (Employment and Occupation) Convention, 1958 (No. 111)**

The convention provides for promotion of equality, opportunity and treatment in employment and occupation for all people, free from discrimination.

#### **4.2.1.3 ILO HIV and AIDS Recommendation, 2010 (No. 200)**

Recommendation No. 200 calls upon national governments, employers, trade and labor unions, employees, and volunteers to eliminate stigma and discrimination, protect human rights and facilitate access to HIV prevention, treatment, care, and support.

#### **4.2.1.4 East Africa Community HIV and AIDS Prevention and Management Act (2012)**

This Act provides for the prevention and management of HIV and AIDS, and protection and promotion of human rights for people living with or affected by HIV and AIDS. Section 26 of the Act

prohibits discrimination in employment based on HIV status and requires that employers, in consultation with the employee, take measures to reasonably accommodate employees with AIDS-related illnesses, such as rearranging work time and provision of time off for medical appointments.

### **4.2.2 Kenyan Statutes**

#### **4.2.2.1 The Constitution of Kenya, 2010**

The Constitution of Kenya, 2010 is the Supreme Law of Kenya and lays the foundation for all other national laws and policies. It provides for matters relating to equality, freedom from discrimination and universal access to services as below:

- i. Chapter 2 under Article 6 (3) provides for national state organs to ensure reasonable access to its services in all parts of the country. This implies that all public servants working at national or county government workplaces need to have access to HIV related services.
- ii. Chapter 4 of the Bill of Rights, Article 27 provides for equality before the Law, right to equal protection and equal benefit. The state shall not discriminate directly or indirectly against any person on any grounds, including race, sex, pregnancy, marital status, health status, ethnic or social origin, color, age, disability, religion, conscience, belief, culture, dress, language, or birth.
- iii. Article 31 states that every person has the right to privacy.
- iv. Article 41 on labour relations states that everyone has the right to fair labour practices.
- v. Article 43 prescribes the right to the highest attainable standard of health, which includes the right to health care services.

#### **4.2.2.2 HIV and AIDS Prevention and Control Act (2006)**

This Act makes specific reference to HIV and AIDS in relation to provision of education and information at the workplace, non-discrimination, privacy, confidentiality, and human rights.

Specifically, the Act provides that:

- i. Under sections 4 and 7, the Government shall promote public awareness about the causes, transmission, prevention, treatment and management of HIV and AIDS through a comprehensive nationwide educational and

- i. information campaign in all places of work and ensure the provision of basic information and instructions on HIV prevention and control to all public servants. Section 7 further notes that information to be provided shall cover issues of confidentiality at the workplace and positive attitude towards employees living with HIV.
- ii. Under section 13, no person shall compel another to undergo an HIV test except where a person is charged with an offence of a sexual nature under the Sexual Offences Act (2006).
- iii. Section 22 prohibits the disclosure of a HIV test result or any related assessment result of another person without his/her written consent.
- iv. In part VIII, the Act makes it an offence for any person to be discriminated against on the grounds of actual, perceived, or suspected HIV status, in relation to employment, access to education, credit, insurance, healthcare, travel, habitation or seeking public office.
- v. Section 25 makes provision for the establishment and functioning of the HIV Tribunal, with jurisdiction to examine cases of HIV-related discrimination, thereby implementing the fundamental rights of people living with or affected by HIV.

#### **4.2.2.3 The Public Service Commission Regulations (2020)**

The Public Service Commission Regulations (2020) prohibit discrimination in appointment, promotion, and transfer of public servants. The regulation provides for the following:

- i. The appointment, promotion and transfer of a public officer shall consider only the merit, ability, seniority, experience, and official qualifications of the candidate.
- ii. If a public officer is incapable, by reason of any infirmity of mind or body, of discharging the functions of public office, he/she may present himself/herself before a medical board with a view to ascertain whether he/she is incapable as aforesaid; and
- iii. Any public servant who is ill shall seek and obtain permission as per existing regulations for absence from the workplace on account of ill health.

#### **4.2.2.4 Health Act (2017)**

The Act is an important legislative framework to operationalize the right to health as enshrined in the Constitution. It seeks to protect, respect, promote and fulfil the health rights of all persons in Kenya to the progressive realization of their right to the highest attainable standard of health, including reproductive health care and the right to emergency medical treatment.

The Act also provides for the right to reproductive health, the right to emergency medical treatment, the right to health information, the right to informed consent, and the right to confidentiality. The Act, under section 71, also requires that employers establish lactation stations for mothers and ensure that these stations have the necessary equipment and facilities. This provision is key as babies of mothers who are living with HIV require that they be fed on their mother's milk for at least six months after birth.

#### **4.2.2.5 The National Cancer Prevention and Control Act (2012)**

In part IV, sub-section 29, the Act provides for promotion of public awareness about the causes, consequences, means of prevention, treatment, and control of cancer through a comprehensive nation-wide education and information campaign and outlaws stigma and discrimination in all its forms.

#### **4.2.2.6 Sexual Offences Act No. 3 (2006)**

The Sexual Offences Act No. 3 of 2006 addresses issues of sexual offences, their definition, prevention, and protection of all persons from harm from unlawful sexual acts. The relevant sections expressly relating to this policy are 3, 4, 23-26.

#### **4.2.2.7 Counsellors and Psychologists Act (2014)**

The Act outlines the qualifications of a professional counsellor and regulates the counseling practice in line with set standards and code of ethics. It makes provisions for training, registration, licensing, practice, and standards of counsellors. Under this provision, counsellors providing counselling services to HIV and AIDS clients must meet the set standards both at the workplace and outside the workplace.

#### **4.2.2.8 Persons with Disability Act Revised Edition 2012**

The Act makes provisions for non-discrimination and non-stigmatization in respect to access to services and opportunities for persons with disability including those in public service and those living with HIV, AIDS and other Syndemic diseases.

#### **4.2.2.9 The Employment Act (2007)**

The Act defines the fundamental rights of employees and the basic conditions of employment. It addresses issues on discrimination (Part II Section 5) and sexual harassment (Part II Section 6). It also sets out the minimum standards applicable for conditions of employment and the fundamental rights of employees.

#### **4.2.2.10 The Labour Relations Act No. 14 (2007)**

The Act protects the employees and prospective employees from discrimination based on their real or perceived HIV status (Part II Section 5a), ensuring equal rights to opportunities for the infected and affected in training, employment, promotions, and other employment benefits.

#### **4.2.2.11 Work Injury Benefits Act, No. 13 (2007)**

The Act provides compensation to employees for work-related injuries and diseases contracted in the course of employment. Part VII of the Act, section 45 (1), makes provisions for workplace equipment and services for first aid to employees in case of accidents.

#### **4.2.2.12 Occupational Safety and Health Act No. 15 (2007)**

The Act provides for the safety, health and welfare of public servants and all persons lawfully present at workplaces and for matters connected therewith. It charges the employers with ensuring a safe and healthy work environment by ensuring all health risks and their associated hazards are closely monitored and managed.

Section 16 (1) prohibits persons from engaging in any improper activity or behavior at the workplace, which might create or constitute a hazard to that person or any other person. The implication of this Act, with

regard to HIV, AIDS and other Syndemic diseases is that the employer must ensure the safety of the workplace so that employees are not at risk of infection. This is in recognition that HIV can be a workplace occupational hazard.

#### **4.2.2.13 Alcoholic Drinks Control Act (2010)**

The Act addresses harm reduction strategies related to alcohol and its role in HIV transmission. This is addressed in the Act in Part VII on education and information (Section 65-67).

#### **4.2.2.14 Mental Health Act CAP 248 2022**

This Act addresses the prevention, care, treatment, and rehabilitation of people with mental disorders. Under this Act, employers with employees suffering from mental illnesses should adhere to the provisions outlined in the Act to safeguard their health and wellbeing. The Act also directs the linkage to professional mental health services for management.

In Part 1 (A) the act provides for obligations of both national and county governments to:

- i. Put in place a mechanism to ensure the rights of persons with mental illnesses are realized, including mechanisms for outpatient comprehensive cover for mental health care and continued care for mental illnesses.
- ii. Carry out sensitization programmes and promote access to prevention, treatment, care, and management of persons with mental illnesses.

In Part II, Section 3, the act provides for the right to mental health services, the right to participate in treatment planning, access to medical insurance, protection of persons with mental illnesses and right to access information on mental health.

#### **4.2.2.15 Data Protection Act (2019)**

This Act provides for the regulation of the processing of personal data; to provide for the rights of data subjects and obligations of data controllers and processors. Section 26 provides for the rights of a data subject, including: to be informed of the use to which their personal data is to be put; access their personal data; object to the processing of all parts of their personal data; correction and deletion of false misleading data. This will safeguard the rights of persons who have shared their data or whose data is

being held by different governmental and non-governmental organizations, including employers.

#### 4.2.2.16 Other Kenyan Policy Guidelines

Other policy guidelines that informed the preparation of this Policy are:

- i. Breast Cancer Screening and Early Diagnosis Action Plan 2021-2025
- ii. Guidelines for Mainstreaming GIPA in Kenya's National Response to HIV and AIDS, 2020
- iii. Guidelines on the use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya in Kenya 2022.
- iv. Integrated Guideline for Tuberculosis, Leprosy and Lung Disease 2021
- v. Kenya AIDS Strategic Framework 2020/21 - 2024/25
- vi. Kenya HIV Testing Services Operational Manual 2022
- vii. Kenya Mental Health Action Plan, 2021 - 2025
- viii. Kenya Mental Health Policy, 2015 - 2030
- ix. Kenya Vision 2030
- x. MOH COVID-19 Protocols (2020).
- xi. National Condom Strategy, 2018-2023
- xii. National Guidelines on Workplace Mental Wellness (2023)
- xiii. National Strategic plan for the prevention and control of non-communicable diseases, 2021/22-2025/26
- xiv. National Workplace Policy on Tuberculosis Disease Management (2022),
- xv. Public Health Act, 2012, Cap 2
- xvi. Public Service Counselling and Wellness Policy, 2024
- xvii. Public Service Discipline Manual, 2015
- xviii. Public Service Human Resource Policy and Procedures Manual, 2016
- xix. The Public Service Workplace Substance Abuse Policy, 2017
- xx. Sustainable Development Goals
- xx. Africa Agenda 2063

## 4.3 FUNDING ARRANGEMENTS

The MDACs shall ensure adequate budgetary allocation for the implementation of this policy. Additional resources may be mobilized through partnerships and collaborations with non-state actors where possible. MDACs are encouraged to explore other viable funding mechanisms for sustainable financing for policy implementation.







# 5

## **MONITORING, REPORTING, LEARNING AND EVALUATION**





This Chapter describes how monitoring, evaluation, learning and reporting of the implementation process of the Policy will be undertaken. The main objective is to measure progress towards planned outcomes of strategies in the Policy in order to identify deviations from expected results and to take necessary mitigative and corrective measures.

A comprehensive Monitoring, Reporting, Learning and Evaluation framework is essential for assessing the effectiveness, impact, and sustainability of this Policy. The monitoring, reporting, learning and evaluation processes shall ensure accountability, inform continuous improvement, and support evidence-based decision-making at all levels of policy implementation.

## **5.1 MONITORING AND REPORTING**

The implementation of this Policy shall be continuously monitored through systematic processes for the collection, management, and analysis of primary and secondary data, utilizing methods such as trends analysis to track progress, contextualize outcomes, identify gaps, and assess effectiveness.

Implementing MDACs shall prepare and submit annual work plans and quarterly progress reports through the Maisha Online Reporting Portal at <https://reporting.nsdcc.go.ke>, or as may be directed

by the National Syndemic Diseases Control Council (NSDCC). Compliance and accountability with policy implementation and reporting obligations will be aligned with the public service performance contract mechanism and NSDCC's performance guidelines to ensure transparency, accountability, and continuous performance improvement.

## **5.2 LEARNING**

MDACs shall prioritize the documentation of innovative practices, successful models, and lessons learned throughout the policy implementation cycle. These insights shall be disseminated across the public service fora to promote institutional learning, foster cross-sectoral collaboration, and enable the replication and scaling of effective approaches.

## **5.3 EVALUATION**


MDACs shall prioritize the documentation of innovative practices, successful models, and lessons learned throughout the policy implementation cycle. These insights shall be disseminated across the public service fora to promote institutional learning, foster cross-sectoral collaboration, and enable the replication and scaling of effective approaches.



# 6

## REVIEW INTERVAL





This Policy shall be reviewed every ten (10) years, or as need may arise, to reflect emerging issues on HIV, AIDS, and other Syndemic diseases. The review will ensure that the Policy remains relevant to the needs of public service and in line with MDACs' strategic plans, and National and County Syndemic Diseases Strategic Frameworks.



**ANNEXES**

**7**



This section contains annexes with details that may not be included in the body of the policy.

## 7.1 ACRONYMS AND ABBREVIATIONS

<b>ADSA</b>	Alcohol, Drug and Substance Abuse
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>BETA</b>	Bottom-Up Economic Transformation Agenda
<b>BMI</b>	Body Mass Index
<b>COG</b>	Council of Governors
<b>COVID</b>	Coronavirus Disease (usually COVID-19)
<b>DOSHS</b>	Directorate of Occupational Safety and Health Services
<b>DRTB</b>	Drug-Resistant Tuberculosis
<b>EAP</b>	Employee Assistance Program
<b>GIPA</b>	Greater Involvement of People Living with HIV
<b>HAPCA</b>	HIV and AIDS Prevention and Control Act
<b>HIV</b>	Human Immunodeficiency Virus
<b>HLM</b>	High-Level Meeting
<b>HOD</b>	Head of Department
<b>HPV</b>	Human Papillomavirus
<b>HRP&amp;PM</b>	Human Resource Policies and Procedures Manual
<b>HTC</b>	HIV Testing and Counselling
<b>IEC</b>	Information, Education, and Communication
<b>ILO</b>	International Labor Organization
<b>KAIS</b>	Kenya AIDS Indicator Survey
<b>KASF</b>	Kenya AIDS Strategic Framework
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDACs</b>	Ministries, Departments, Agencies and Counties
<b>MIPA</b>	Meaningful Involvement of People Living with HIV
<b>MIR</b>	Minimum Internal Requirements
<b>MOH</b>	Ministry of Health
<b>MPSHCD&amp;SP</b>	Ministry of Public Service, Human Capital Development and Special Programmes
<b>MTEF</b>	Medium Term Expenditure Framework
<b>NCDs</b>	Non-Communicable Diseases
<b>NHIF</b>	National Health Insurance Fund
<b>NSDCC</b>	National Syndemic Disease Control Council
<b>NTLD-P</b>	National Tuberculosis, Leprosy and Lung Disease Program
<b>OSHA</b>	Occupational Safety and Health Act
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PITC</b>	Provider Initiated Testing and Counselling
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission of HIV
<b>PSC</b>	Public Service Commission
<b>PSCWP</b>	Public Service Counselling and Wellness Policy
<b>PSLHIV</b>	Public Servants Living with HIV
<b>PSPMU</b>	Public Service Performance Management Unit
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>SDCU</b>	Syndemic Diseases Control Unit/Committee
<b>SDGs</b>	Sustainable Development Goals
<b>SDL&amp;SD</b>	State Department for Labor and Skill Development
<b>SGBV</b>	Sexual Gender-Based Violence
<b>STIs</b>	Sexually Transmitted Infections
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage

## 7.2 DEFINITION OF TERMS AND CONCEPTS

**Affected:** Persons who are affected, either directly or indirectly by HIV, AIDS, and other Syndemic diseases. This includes people with HIV, AIDS, and other Syndemic diseases or experiencing the impact of these diseases.

**AIDS:** Acquired Immunodeficiency Syndrome, which results from advanced stages of HIV infection and is characterized by opportunistic infections, including HIV related cancers.

**Confidentiality:** The right of every person, employee, or job applicant to have his/her medical/other information, including HIV status, kept private.

**Discrimination:** Any distinction, exclusion or preference based on HIV, AIDS, and other Syndemic diseases status, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation.

**Employee Assistance Programme:** A work-based intervention program provided by an employer and is designed to assist employees in resolving personal health-related issues that could impact their life negatively and interfere with work performance and productivity.

**Staff wellness program:** A program that encourages wellness at the workplace and motivates employees to change their risky behavior. Wellness may include a series of activities and policy changes that support healthy living habits in the workplace.

**Staff wellbeing:** The overall mental, physical, emotional, and economic health of employees at the workplace.

**HIV:** Human Immunodeficiency Virus is a virus that attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight infections. If left untreated, HIV can lead to AIDS (acquired immunodeficiency syndrome), the final stage of HIV infection, where the immune system is severely damaged, making the body vulnerable to opportunistic infections and certain cancers.

**Maisha:** A Swahili word that means life. It's a slogan used to depict life due to prevention and management of HIV and AIDS.

**Maisha Certification System:** A compliance and accountability mechanism for delivery of the NSDCC Maisha Guidelines for the Ministries, Counties, Departments and Agencies

**Mental health:** A state of well-being whereby individuals recognize and realize their own abilities, can cope with the normal stresses of life, work productively, fruitfully, and contribute to their communities.

**Mental disorder:** A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

**Chronic health conditions:** A long-term physical, mental or emotional health condition that lasts for 3 months or more, and may be permanent or recurring, often requiring ongoing medical care or management. These include HIV, AIDS and other Syndemic diseases.

**Non-Communicable Diseases:** are chronic diseases that do not result from an acute infectious process and often require lifelong treatment. The common NCDs include cardiovascular diseases, diabetes, cancers, chronic lung diseases, chronic kidney diseases, complications arising from accidents and injuries, and mental illness.

**Physical wellness:** Maintaining a healthy body through regular exercise, proper nutrition, adequate sleep, and preventive healthcare. It involves making lifestyle choices that support overall well-being, such as staying active, managing stress, and avoiding harmful habits.

**Post-Exposure Prophylaxis:** Immediate treatment administered within 72 hours to a person who has been exposed to HIV.

**Prevention:** Strategies, interventions and programmes designed to reduce the risk of acquiring, transmitting or developing diseases or adverse health conditions.

**Screening:** The application of a medical procedure or test to people who have no symptoms of a particular disease, to determine their likelihood of having the disease.


**Sexual Harassment:** The act of persistently making unwelcome sexual advances or requests against the wishes of a person.

**Stigma:** Negative beliefs, behaviours or attitudes directed toward individuals or groups based on perceived differences or characteristics, such as health status, disability, gender, or behavior.

**Syndemic Diseases:** The aggregation of two or more concurrent or sequential disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease that additively increase negative health consequences e.g. HIV, sexually transmitted infections, malaria, tuberculosis (TB), and lung diseases.

**Psycho-social Support:** Psychological and social services that are provided to help a person cope with difficult situations and challenges.

**Reasonable Accommodation:** Any change, modification, or adjustment to the application or



hiring process, job conditions, equipment, work environment, or the way a job is usually performed, that is reasonably practicable and enables a qualified person with a disability—including those living with HIV and other syndemic diseases—to perform the essential functions of a job, access or advance in employment, or enjoy equal access to benefits and opportunities available to other employees. Accommodations are considered “reasonable” if they do not impose an undue hardship on the

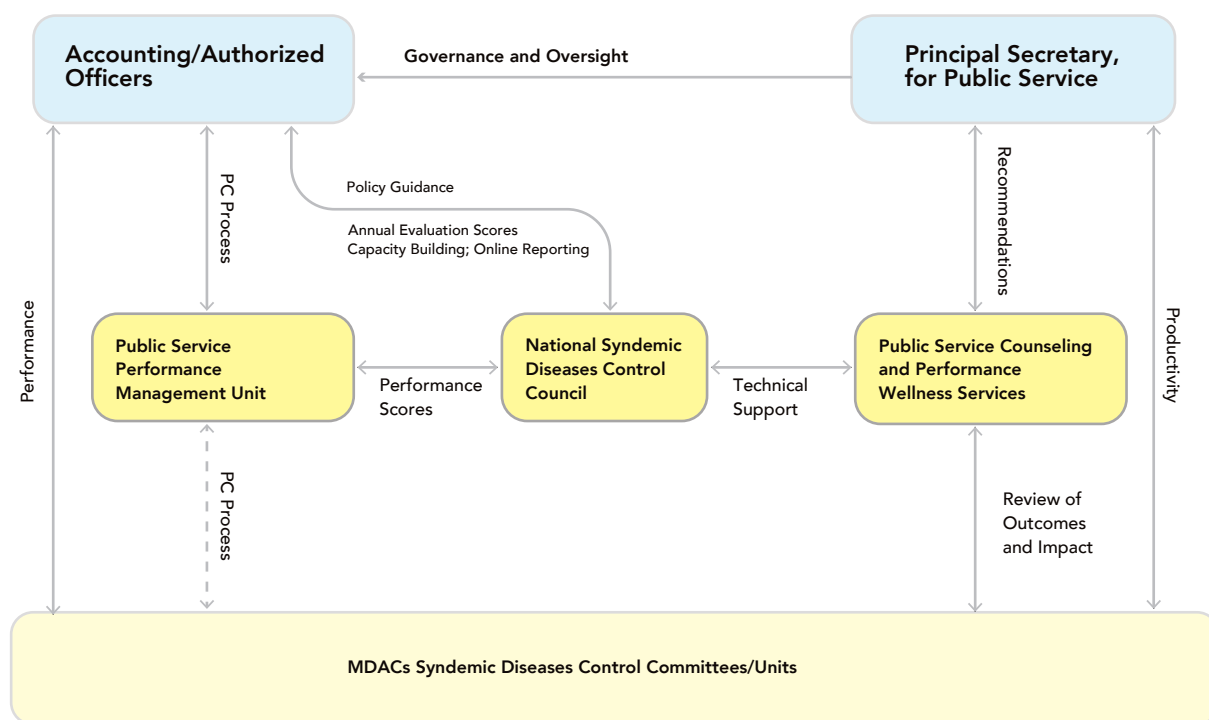
employer or create a direct threat to health or safety.

**Risks:** Pre-disposing factors for HIV, AIDS, and other Syndemic diseases that range from biological, physical, sexual, environmental, behavioral, and metabolic factors.

**Workplace:** Occupational settings, stations, and places where employees spend time on gainful employment.

## 7.3 FLOW CHARTS OF THE COORDINATION FRAMEWORK

The institutional framework for the implementation of this Policy is as illustrated below:



### NOTE:

Dotted lines indicate indirect communication and consultation

Solid lines indicate direct communication, consultation and reporting, oversight and feedback



## 7.4 POLICY IMPLEMENTATION MATRIX

This structured implementation plan will guide effective monitoring of the policy's implementation, ensuring accountability, and facilitating continuous improvements over the 10-year period.

Output	Objective	Activity	Target	Timeline	Responsible Agencies	Evidence of Performance
1. Policy disseminated and awareness created	Disseminate the policy and build awareness among public sector employees, management, and stakeholders.	Develop and distribute communication materials to stakeholders. Conduct awareness workshops and sensitization sessions for	MDACs	Continuous	NSDCC MPSHCD&SP Counties	Workshop attendance records Dissemination reports
2. MDACs capacities enhanced through sensitizations and trainings	Strengthen the capacity of MDACs committees and staff on policy implementation	Develop training materials on HIV, AIDS and Syndemic Disease Conduct training sessions for Syndemic Diseases committees, public servants	447 MDACs Committees and other staff	Continuous based on need	NSDCC MPSHCD&SP MDACs	Completed training materials (curriculum, manuals) Training & attendance reports
3. Policy Integrated into Performance Management	Ensure integration of the policy into performance Management mechanisms	Integrate emerging policy issues into the Public Service Performance Management mechanisms	Inclusion of Prevention of HIV and other Syndemic diseases into Performance Contract	Year 1 & 2	MPSHCD&SP NSDCC	Performance Contract Guidelines
4. Monitoring and Evaluation (M&E) System developed	Develop an online system to track policy implementation and assess productivity	Develop M&E frameworks, conduct baseline assessments, and establish reporting mechanisms Management	Develop an integrated M&E system that monitors performance and evaluates productivity	Year 1 –10 (continuous updates)	MPSHCD&SP NSDCC	Annual progress reports M&E dashboards, Evaluation reports
5. Periodic Policy Review and Updates	Ensure policy remains relevant and responsive to emerging trends	Conduct mid and end term evaluations. Update policy as needed	Mid-term review End term review	Year 5 and 10	MPSHCD&SP NSDCC	Mid and End term Review reports
6. Data Collection and Reporting	Improve evidence-based decision-making and accountability.	Collect and analyze data on implementation of this policy impact on productivity	447 MDACs quarterly reports on prevention interventions Impact Study	Year 1 –10 (continuous updates)	NSDCC MPSHCD&SP	Data dashboards Quarterly/annual reports Survey findings
7. Programmatic Interventions	To promote the well-being of employees and ensure a productive workforce.	Implement HIV, AIDS, and Syndemic disease prevention interventions as guided by this Policy	447 MDACs implementing and reporting on prevention of HIV, AIDS and Syndemic Diseases interventions to NSDCC	Year 1 –10 (continuous)	MPSHCD&SP NSDCC	Reports from Maisha Online System
8. Lessons learnt and good practices	To promote institutional learning, foster cross-sectoral collaboration, and enable the replication and scaling of effective approaches.	Conduct fora for sharing good practices for MDACs	At least 70% of MDACs participating	Year 1 –10 (continuous)	MPSHCD&SP NSDCC	Reports Attendance reports

## 7.5 MONITORING AND EVALUATION RESULTS MATRIX

Objective	Key Performance Indicator (KPI)	Baseline 2023/2024	Target	Data Source	Means of Verification	Frequency of Reporting
Policy disseminated and awareness created	% of employees accessing condoms at the workplace	16 condoms per man per year	40 condoms per man per year	Partner online Reporting System	Condom inventory	Quarterly
	Number of public servants accessing Employee Assistance Programs (EAPs).	N/D	On need basis	Partner online Reporting System	Report from health service provider	Quarterly
Promote Health Screening	# of employees reached with Screening services (HIV, NCDs, TB, Syndemic diseases)	0	80% (600,000) by year 10	Partner online Reporting System	Report from health service provider	Quarterly
Reduce stigma and Discrimination	% of employees aware of workplace non-discrimination policies ***Proxy: No. sensitized on Workplace policy	N/D	90%	Partner online Reporting System	Survey result, Attendance lists	Quarterly
Create Awareness	% of employees reached with HIV and syndemic diseases prevention education	0.3% (2,619)	90%	Partner online Reporting System	List of participants	Quarterly
Increase domestic financing for HIV, AIDS and other Syndemic diseases	Proportion of budget allocated for HIV, workplace health and wellness programs.	Ksh. 114,128,505	5% increase annually	Partner online Reporting System	Budget reports	Annually
Increase Employee Productivity	Total number of hours lost due to illness Calculated as: ***No. of sick employees* average sick days per employee* average working hour per day	N/D	Reduction in hours lost annually	Productivity Measurement framework	Productivity metrics	Annually
Ensure compliance with policies & regulations	% of MDACs submitting quarterly reports through the Partner Online Reporting System	14%	95% by year 10	Partner online Reporting System	Quarterly reports received	Quarterly
	% of public servants benefiting from workplace health interventions	(3.56%) 28,508	95% by year 10	Partner online Reporting System	Impact Study Compliance Audit	Annually
	Number of MDACs with operational Syndemic Diseases Control Committees/Units	(85%) 403/474	90% by year 3	Partner online Reporting System	Appointment letters; Meeting minutes	Quarterly
	Number of MDACs adopting and customizing the policy	None	100% adoption by Year 3	End Year Evaluation report	Evaluation reports	Quarterly

### Key Calculation

#### Total Hours Lost:

##### 1. Determine the number of employees who were sick

Example: 50 employees reported sick in each period.

##### 2. Find the average number of sick days per employee

Example: Each sick employee took an average of 3 days off.

##### 3. Multiply by the average working hours per day

Example: Each employee works 8 hours per day.

##### 4. To assess the economic Impact

Multiply total lost hours by the average wage per hour





REPUBLIC OF KENYA

## **PUBLIC SERVICE WORKPLACE POLICY ON HIV, AIDS AND OTHER SYNDEMIC DISEASES**

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