Indicators to monitor the implementation and impact of HIV/AIDS workplace policies and programmes in the UN system

International Labour Organization

Contents

Introduction

It has been recognized in the UN system that the *ILO Code of Practice on HIV/AIDS and the world of work** should be applied in the UN workplace as in any other. The Code of Practice contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed at the enterprise, community and national levels.
The urgent need to address the impact of HIV/AIDS on UN staff and their families was highlighted when the heads of UN agencies met during the Committee of Cosponsoring Organizations (CCO) in Rome in April 2002 and determined the necessity to review and assess the compliance of UN personnel policy on HIV/AIDS with the ILO Code of Practice with a view to scaling up the response to the epidemic and managing its impact on the UN workplace.

This document contains:

- a summary of the main findings of the compliance review and its implications;

- the indicators developed to monitor implementation in the world of work; and

- an outline of implementation benchmarks to address HIV/ AIDS in the workplace.

1 Implementation of UN personnel policy on HIV/AIDS

The review of UN personnel policy on HIV/AIDS with reference to the ILO Code of Practice was conducted in the context of the UNAIDS Inter-Agency Task Team (IATT) on HIV/AIDS in the World of Work, convened by the ILO. The specific objectives of the IATT were to provide an assessment of UN HIV/AIDS policies and their compliance with the key principles of the ILO Code, and to develop of a set of indicators to monitor the implementation and effectiveness of HIV/AIDS workplace policies and programmes.

The compliance report concluded that the UN personnel policy on HIV/AIDS (1991) was founded upon good principles. In conjunction with the UNAIDS guidance notes, it had promoted good practices. The focus of the policy was considered to be too narrow, however, and sometimes poorly integrated into human resource frameworks, which had resulted in uneven compliance. The ILO Code of Practice takes account of the evolution of the HIV pandemic and developments in our understanding of its nature and impact. HIV/AIDS is recognized in the Code as a fundamental challenge to the operation of the workplace as well as an issue of corporate social responsibility. Taking a human rights-based approach, the Code promotes comprehensive workplace programmes that include care, prevention, and the protection of rights both in and beyond the workplace.

The evolution of policy understanding over the past ten years, and the benefit of examples of good practice (many included in the compliance report), helped the IATT identify gaps and weaknesses in current policy implementation and agree priorities:

*   all UN workplaces should have an HIV/AIDS policy and programme, and should allocate adequate human and financial resources to the undertaking;

*   there should be promotion of good corporate practices on HIV/AIDS based on non-discrimination, including arrangements to ensure health care for all workers regardless of type of contract;

*   there should be full integration of HIV/AIDS into human resource structures, with involvement of senior management and line managers for effective implementation and sustainability;

*   there should be development of 'reasonable accommodation' options for staff affected by HIV/AIDS without prejudice to their employment prospects, such as adaptation of duties, working times and so on;

*   there should be close cooperation between management and the workforce, with active involvement of staff living with HIV/AIDS, including the establishment of a committee responsible for HIV/AIDS and related issues;

- the gender dimension of HIV/AIDS should be integrated in prevention programmes, counselling, and care and support, addressing the risks faced by women and the burden of care on households;

- information, education and learning opportunities should be provided, adapted to the age, gender, educational level, culture, race, and sexual orientation of employees—all with the active involvement of staff associations/representatives and people living with HIV/AIDS (PLWHA);

- core staff should be trained to address the organizational and human resources implications of HIV/AIDS for key groups including supervisors, personnel officers, peer educators, workers' representatives, and health and safety staff;

- community outreach and linkages with local HIV/AIDS campaigns, groups and services should be strengthened, including links to schools, associations of PLWHA, and NGOs.

The review found that allocation of financial and human resources for HIV/AIDS was uneven between and even within agencies and field offices. Overall implementation across the UN workplace suffered from lack of systematic monitoring and evaluation. In this respect, there was an urgent need to develop indicators to monitor the implementation of HIV/AIDS policies and programmes. Workplace indicators on HIV/AIDS and suggested tools for measurement are presented in the next section.

2 Indicators to monitor the implementation of HIV/AIDS workplace policies and programmes

Consideration should be given to measuring the indicators listed on the following pages at regular intervals to determine implementation of an HIV/AIDS policy. Indicators may be measured, for example, on a semi-annual or annual basis for the purpose of implementation and monitoring.

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
1. Commitment and action: development and implementation of appropriate policy			
1. Number and type of written policies and/or policy components within the workplace addressing HIV/AIDS	Policy components: 1. Non-discrimination statement 2. Gender equality 3. Healthy and safe work environment/ Universal Precautions 4. No mandatory testing and no screening (no denial of employment) 5. Confidentiality 6. No job termination if fit to work. Possibility of "reasonable accommodation" 7. Promotion and provision of prevention services 8. Care and support services. Same opportunities/benefits as other employees It should also be noted whether the policy is in place, and that it was adopted by leadership/representatives of management and workers, through social dialogue	Acknowledgement of HIV/AIDS as a workplace issue by management and workers Recognition of a set of actionable workplace rights and obligations regarding HIV/AIDS Agreement on a framework for action for managing HIV/AIDS in the workplace	Compliance with HIV/AIDS policy principles **Tools** Workplace monitoring and evaluation Reporting by focal point/contact /shop steward Workplace surveys Review of corporate social responsibility/Human resources policies **Data tracking table:** - number and percentage of workplaces with each type of policy component - percentage of workplaces with a total of 0-9 policy components
2. Number of workplaces within an identified target group (agency or organization) with active committees responsible for HIV/AIDS policy development, implementation and monitoring	The committee should be composed of representatives of workers and employers, including PLWHA, and should report regularly to management	Ensure stakeholder participation in development of policy and an active role in ongoing needs identification, implementation and monitoring	**Tools** Internal workplace monitoring Review of organizational mechanisms, terms of reference and scope of work Self (internal) evaluation/reviews Workplans Reports of the HIV/AIDS committee **Data tracking table:** - percentage of workplaces with active committees
3. Number of workplaces with HIV/AIDS resource persons in the workplace	A resource person is an individual who is trained and knowledgeable with respect to HIV/AIDS policy, HIV/AIDS issues, and service delivery	Resource persons are essential to capacity building within the workplace and to serve as focal point for advocacy, education and support	**Tools** Terms of reference and reporting by focal point to HIV/AIDS committee Human resource surveys **Data tracking table** - numbers of resource persons per capita
4. Number of workplaces that have collaborative arrangements with HIV/AIDS resource persons, advocacy groups and service providers	A collaborative arrangement: is a written or practical agreement between the workplace and an external resource person or service providers An external resource person or organization: is a qualified individual or group including NGOs, CBOs, universities, local, regional or national government agencies, networks of people living with HIV/AIDS	The workplace is part of the community and building on the links between them promotes the effectiveness of HIV/AIDS policy implementation and increases the benefits to the worker, his or her family and the surrounding community including through capacity building and exchange of knowledge and expertise	**Tools** Surveys Report of activities by the HIV/AIDS committee **Data tracking table:** - percentage of workplaces with collaborative arrangements

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
5. Number of reports/reviews on financial-needs assessment of implementing HIV/AIDS policy submitted to and approved by senior management, and percentage of annual budget used for HIV/AIDS programmes (internal and external)	Workplaces should undertake financial needs assessment to implement HIV/AIDS policy and carry out programme of activities with inputs from the workplace committee HIV/AIDS programmes are internal for workers and their families A workplace should also follow good corporate social responsibility by seeking to extend HIV/AIDS services to the surrounding community or otherwise contribute to HIV/AIDS prevention and care activities, e.g. through sponsorship	It is essential to ensure adequate and responsible resource allocation for policy implementation and capacity building within the organization to achieve and implement a sustainable HIV/AIDS policy	**Tools** Human resources survey Identifiable and available resources for conducting agreed activities Calendar of transfer of resources for HIV/AIDS activities **Data tracking table:** - frequency of financial needs assessments conducted in a target group of workplaces
6. Number of reports submitted and taken into account by senior management on monitoring and evaluating of HIV/AIDS policy	Senior management should benchmark monitoring and evaluation reports and make them available to staff	Good HIV/AIDS policies ensure accountability and enable feedback to and from staff	Commitment of management and level of accountability **Tools** Reports and surveys Record of deliberations/minutes of senior management decisions
7. Number of recommended HIV/AIDS policy components appearing in employee contracts or collective bargaining agreements	Contracts and collective bargaining agreements are formal written documents developed by employers (contract) or in negotiations with staff union committees/associations (collective bargaining agreements) that stipulate worker rights, work requirements and provisions, serving as legal instruments for the worker	The successful implementation of an HIV/AIDS policy and programme is promoted by fostering mutual trust between employers, workers and their representatives and the recognition of respective rights and the creation of a mechanism for enforcement and redress in the event of a breach	**Tools** Monitoring and evaluation reports Review of contracts and collective bargaining agreements **Data tracking table:** - frequency of HIV/AIDS policy references in legal contracts and agreements in a target group of workplaces

2. Increased availability and use of prevention, care and support services

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
1. Number of requests for "reasonable accommodation" submitted and accepted to ensure continuation of the employment relationship for workers affected by HIV/AIDS	Reasonable accommodation is a modification or adjustment to a job or a workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment, such as adjustment of tasks, working hours, or breaks, or transfer without prejudice to the worker's employment prospects	HIV/AIDS must not be a cause for termination of employment. Persons with HIV/AIDS related illnesses should be assisted to work for as long as medically fit in available, appropriate work - 'reasonable accommodation' provisions are an indication of the quality and level of implementation of an HIV/AIDS workplace policy	**Tools** Inclusion of HIV/AIDS dimension in regular human resources reports to management or executive boards
2. Number of workers who report satisfactory use of specific HIV/AIDS services over a determined period of time	HIV/AIDS services include: ● HIV/AIDS education and learning opportunities; ● condom availability (male and female condoms) and instructions on use; ● treatment of opportunistic infections and STIs; ● voluntary counselling and testing (VCT); ● antiretroviral therapy (ART); ● care and support services; and ● IDU and drug and alcohol abuse services	To determine extent and use by workers of HIV/AIDS services, and level of satisfaction with the services available	**Tools** Customer satisfaction and service quality survey to be prepared by external reviewers/auditors **Data tracking table:** - percentage of workers reporting satisfaction with services

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
3. Number and type of services made available in or through employee assistance programmes for HIV/AIDS care and support	Care and support services include, among others: health care, home-based palliative care, treatment services for opportunistic infections, advice on legal, credit, housing, and bereavement issues. Care and support services can exist in the workplace, or by employee referral to services provided through partnerships or collaborative arrangements with community support groups	Provision of care and support is one key principle of the ILO Code of practice and a measure of the quality and level of implementation of the HIV/AIDS workplace policy	**Tools** Feedback from users of services Feedback from implementing partners External review of services provided
4. Number of members of the workforce covered by health insurance		Solidarity, care and support should guide the response to HIV/AIDS in the workplace. Regardless of type of contract, all workers, including workers with HIV/AIDS, have a right to affordable health care services. There should be no discrimination against them and their dependents in access to and receipt of benefits from occupational schemes as well as social security programmes	**Tools** Review of relevant statistics to be included in the health insurance periodical reports **Data tracking table:** - percentage of workforce covered by health insurance
5. Number of service provider agreements with conditionality clauses requiring compliance with HIV/AIDS policy	Third parties must adhere to HIV/AIDS policies with regard to the key principles of non-discrimination and ensuring that all workers regardless of contract have access to health care arrangements. Conditionalities must be negotiated when organisations or workplaces put out tenders for service providers		**Tools** Supervision and regular monitoring of mandatory contractual provisions referring to health insurance coverage and HIV/AIDS in tender documents and service contracts **Data tracking table:** - percentage of service provider agreements with conditionality clauses requiring compliance with the HIV/AIDS policy

3. Improved knowledge and attitudes to reduce HIV/AIDS risk behaviour

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
1. Number of workers who correctly identify three means of protection against HIV infection		To determine state of knowledge of HIV prevention methods to tailor programme and activities to suit the needs of workers and gather a risk profile of the workplace	Current level of knowledge **Tools** HIV/AIDS competencies included in the course of performance appraisal processes without prejudice to the employee Baseline survey on knowledge, attitudes, perceptions and behaviour (KAPB survey) administered to a representative sample of workers according to age, gender and position Follow-up surveys after implementation of educational programmes **Data tracking table:** - percentage of workers correctly identifying means of protection before and after educational activities

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
2. Number of workers who report awareness of an HIV/AIDS policy in their workplace and can correctly identify at least 50% of policy components		The level of awareness of an HIV/AIDS policy among workers and their perception of how their workplace deals with HIV/AIDS issues are essential ingredients for successful implementation	Awareness of workers of their workplace rights and means of redress and assistance **Tools** KAPB survey **Data tracking table:** - percentage of workers who are aware of their workplace policy and the rights it protects
3. Number of workers who report seeking or who intend to seek information and/or counselling on HIV/AIDS		Educational activities should create a climate of confidence in which workers can ask questions. To determine level of preparedness among workers to seek further information about HIV/AIDS, level of interest and perceived information needs related to HIV/AIDS issues	Propensity to seek HIV/AIDS-related information **Tools** KAPB survey **Data tracking table:** - percentage of workers seeking further information on HIV/AIDS
4. Number of workers who are aware of the gender dimensions of HIV/AIDS and the different risks of men, women and children		More equal gender relations and the empowerment of women are vital to the successful prevent ion of HIV transmission and to enable households and communities to cope with HIV/AIDS	According to the cultural context, gender attitudes and norms relevant to risk of HIV transmission **Tools** Household level impact of HIV/AIDS including differential impact on men, women and other family members, orphans and extended family KAPB survey
5. Number of managers, workers' representatives and workers (including their family members and service providers) who participate in educational programmes and training on HIV/AIDS	Participation in education programmes can refer to attendance, advocacy, active involvement, and lending support and encouragement Educational programmes include learning opportunities and experiences directed or delivered by an expert or a peer educator usually in a group setting	The commitment of management, workers' representatives and leadership at all levels is a vital ingredient of successful workplace programmes on HIV/AIDS	**Tools** Reports from educational and training programmes **Data tracking table:** - percentage of managers and senior leadership participating in educational activities

4. Reduced stigma and discrimination against workers and their families living with HIV/AIDS

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
1. Number of workers who report they would fear losing their jobs or professional opportunities if they sought to obtain VCT services or information about such services or if they were known to be HIV positive	Discrimination may also arise from a perceived HIV/AIDS status, or on the grounds of sexual orientation	The culture of the workplace and the perceptions of workers regarding how HIV/AIDS is dealt with in their workplace will affect their readiness to seek information or otherwise access HIV related services. Perceptions before and after educational activities are important clues to changes in attitudes and openness to information on risk reduction	**Tools** KAPB survey **Data tracking table:** - percentage of workers who report fear of stigma and discrimination

Indicator	Indicator dimensions and criteria	Rationale	What the indicator measures and measurement tools
2. Number of workers who report an accepting or supportive attitude towards HIV positive workers and towards HIV positive persons outside the workplace		The workplace culture is a key factor bearing on the ability of HIV/AIDS affected workers to continue in employment and to access HIV/AIDS services	**Tools** KAPB survey
3. Number of medical staff (within or servicing the workplace) who are sensitized and who respect confidentiality	Sensitized medical staff are trained on HIV/AIDS or are otherwise aware of HIV/AIDS related issues and able to offer support and/or counselling	Safeguarding confidentiality of personal HIV/AIDS related information is a primary means of encouraging workers to access HIV/AIDS services; strict confidentiality reduces the potential for discrimination and promotes effective prevention, care and support	**Tools** Review of confidentiality procedures and practices Number of complaints received on breaches of confidentiality through feedback form **Data tracking table:** - percentage of medical staff sensitized to HIV/AIDS
4. Number of workplaces that provide time during normal working hours for HIV/AIDS education and training		Acknowledging HIV/AIDS as a workplace issue means investing resources and work time to address HIV/AIDS issues to ensure maximum participation by workers and to demonstrate commitment	**Tools** Reports of activities and compliance with educational schedule **Data tracking table:** - percentage of workplaces within an identified target group
5. Number of HIV/AIDS related complaints and grievances in the workplace		Non-discrimination is a right; workers who feel that they have suffered discrimination due to their known or perceived HIV status have a right to redress	Level of awareness of HIV/AIDS related rights and level of satisfaction with workplace environment in dealing with HIV/AIDS related issues **Tools** Number of complaints through formal mechanisms, or administration of anonymous questionnaires Report of ombudsperson or mediator, or from any other body/mechanism agreed by the committee

3 Implementation benchmarks

The following benchmarks may be used in the UN workplace.

Workplace policy and programme

- All UN workplaces have a joint HIV/AIDS committee composed of representatives of workers and management, and of PLWHA where they agree
- All UN workplaces have an HIV/AIDS policy and programme
- All UN workplaces have an HIV/AIDS focal point or equivalent
- All UN workplaces monitor and evaluate HIV/AIDS policy and programme implementation

Non-discrimination

- All UN workplaces report zero-tolerance for discrimination and actively implement the principle of greater involvement of people with HIV/AIDS in the workplace
- All UN workplaces state in their vacancy notices that there is an HIV/AIDS workplace policy in place, and that they do not discriminate against applicants on the basis of HIV status
- No staff member is discriminated against on the basis of real or perceived HIV status

Prevention and training

- At least 90 per cent of staff can name at least three ways to protect themselves from HIV infection
- All staff have access to either learning opportunities or training on HIV/AIDS prevention
- All committees and training teams have a gender balance
- Female and male condoms are available in all workplaces, along with instructions for their use

Care and support

- All staff have 100 per cent access to voluntary confidential testing and counselling and to antiretroviral treatment
- All workplaces offer a comprehensive range of care and support options that address the needs of the staff member and the staff member's family

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