

Promotion of the Lesotho Mounted
Police Service (LMPS) HIV/AIDS
Workplace Policy

A report on workshops held with members of the
LMPS in April 2011

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Overview

A project funded by the Rockefeller Brothers Fund has enabled the Centre for the Study of Violence (CSV) and the Lesotho Mounted Police Services (LMPS) to work together since 2008 to address the problem of HIV/AIDS in the LMPS. In 2010 this project led to the development of a workplace HIV/AIDS policy by the LMPS. In 2011 a series of workshops were held with members of the LMPS to promote the HIV/AIDS workplace policy.

This report provides an overview of the project and the workshop process as well as key issues that were raised by participants in the workshops. The workshops were conducted by Themba Masuku, an independent consultant for the Centre for the Study of Violence and Reconciliation. He was assisted by Police Constable Letsie Mofoka from the Counselling Unit and Senior Inspector Makhaketso, the Human Resources Officer. The report was written by Themba Masuku. Final editing of the report is by David Bruce.

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Introduction

The Centre for the Study of Violence (CSV) and the Lesotho Mounted Police Services (LMPS) have been working together since 2008 to address the problem of HIV/AIDS in the organization. This collaborative work resulted in the production on October 2009 of a research report ***"A Mountain to Climb" An Assessment of the Impact of HIV/AIDS on the Institutional Capacity of the Lesotho Mounted Police Service"***. The report was launched in Maseru in November 2009 by the Lesotho Permanent Secretary of Home Affairs. The report emphasized the impact that HIV/AIDS continues to have on the LMPS. Amongst a number of other recommendations the report motivated that the LMPS should consider developing its own HIV/AIDS policy.

In a further phase of the project that took place in 2010 CSV worked with the LMPS to develop a LMPS Workplace HIV/AIDS policy. The process involved fieldwork in June 2010 including 11 focus groups and 6 interviews with relevant members of the LMPS at a number of police stations. Members of the LMPS HIV-AIDS support group, the National Aids Commission, and a group, including a number of Aids counsellors at the police training college were also interviewed. The draft policy was completed in July 2010 along with a report on the consultation process 'How to climb the mountain'. After being circulated to a number of experts working in the field the policy was then submitted to the LMPS. The policy was then the focus of a meeting of the Commissioner's Advisory Board on the 26th of August 2010. The meeting discussed the policy at length and finally approved a version of the policy. A copy of the policy is attached as an Annexure to this document.

The policy is intended to help in preventing the further proliferation of HIV/AIDS amongst members of the LMPS by addressing both occupationally related and non-occupationally related risks of contracting HIV/AIDS. The policy also addresses the issue of care and support for police officials who are HIV positive or have developed AIDS even if they were infected from non-police-related activities.

This report discusses a series of workshops that were held with members of the LMPS in April 2011 intended to promote and raise awareness about the existence of the HIV/AIDS Workplace policy in the LMPS. The project workshops occurred in all 12 police districts in

Lesotho. The Head Quarters district and Maseru Urban were combined so that 11 workshops altogether were conducted. This particular workshop was also attended by the Special Operations Unit, a paramilitary unit in the LMPS, also regarded as a 13th district.

After giving an overview of the workshop process the report provides an overview of key concerns that were raised by participants in the workshops.

Overview of the Workshop Process

Generally the workshops were well attended (Please Refer to the attendance registers attached). Table 1 show the number of participants who attended in each workshop.

Name of District	Date	Number of Participants
1. Qacha's Neck	11/04/2011	52
2. Maseru Rural	13/04/2011	65
3. Thaba Tseka	14/04/2011	49
4. Maseru Urban and Police HQ	15/04/2011	61
5. Berea	15/04/2011	47
6. Mokhotlong	18/04/2011	69
7. Butha Buthe	19/04/2011	37
8. Leribe	19/04/2011	38
9. Mohale's Hoek	20/04/2011	59
10. Quthing	20/04/2011	50
11. Mafeteng	21/04/2011	36
Total		563

The table shows that a total of 563 police officers participated in the workshop with an average of 51 participants in the 11 workshops conducted or an average of 47 participants from the 12 districts. This is 79% participation rate from the 720 who were expected to attend the workshops. This could be considered high considering that the workshops took place close to a holiday and during a SADCC led police operation in many parts of Lesotho.

The morning workshops took place at 8h30 or 9h00 and ended between 12h30 and 13h00. There were three afternoon workshops which started at 14h00 and ended at 16h30.

In all workshops, district commissioners (Dispols) were present at the start of the workshops. The majority of Dispols remained until the end of the workshop, in only three districts they left after opening the workshop. When they left, a senior officer was left behind to officially close the workshops.

The workshops started with a hymn and prayer and in one workshop with a moment of silence. The Commissioner of Police's (Compol) foreword in the policy booklet was read at the start of every workshop to outline her vision and support for the policy. A few ice-breaking exercises were conducted before the presentation itself. The presentations were conducted in English but participants were also encouraged to use Sesotho when asking questions or making comments. Questions were invited during the presentation and we answered either by the presenter, Themba Masuku or the LMPS Human Resources Officer, Senior Inspector Makhaketso or the Police Constable Letsie Mofoka from the Counselling Unit. The workshops ended by singing of the Lesotho national anthem and closing prayer.

Responses to the HIV/AIDS Workplace Policy

The policy and workshops themselves were well received by the majority of police officers who attended them. There was a great feeling that the police management had consulted ordinary people and that all the concerns that had been raised during the research and consultation process had been addressed in the policy. In spite of the positive response, there were a couple of concerns that some respondents raised especially. These tended to focus on the implementation of the policy rather than the policy itself. There was also an issue of re-infection, which the policy does not address, which was raised as a serious gap in all the workshops. Re-infection occurs when someone who is already HIV positive is infected by a different HIV strain. In Southern Africa there are three types of HIV strains, HIV1 which is more lethal, VH2 and VH3. These strains require different treatment regimes and if re-infection occurs may result in people becoming resistant from ARV treatment. This issue and some of the other concerns that were raised are outlined below.

Key Issues Raised

Budget cuts

First, there was a question related to whether the LMPS or the Ministry of Home Affairs had made provision in the current 2011/2012 budget to implement the policy given that the financial year had began on the 1st April, 2011. Some were very sceptical that the policy will be implemented given the budgetary constraints of the LMPS. Some even indicated that the entire budget of Lesotho was down by two billion maloti in this financial year which has resulted in the budget allocation for the LMPS also being reduced.

LMPS priorities

Also, those who raised concerns around the implementation of the policy based their argument on the failure by the LMPS management to implement what they considered 'more important policy priorities'. These personnel provided a number of examples, including failure by the LMPS to provide adequate winter clothing to all police officers and failure to provide adequate resources for police officers to use in order to perform their work. They doubted that the LMPS would prioritise buying latex gloves, respirators and condoms.

Testing centres

The concern here was that the LMPS did not have adequate infrastructure to provide testing to police officers in the whole country and it will be difficult for police officers to comply with the requirement to test every three months in order to be compensated in the event they get infected while performing police duties. The concerns was that the Counselling Unit, a unit within the LMPS which is tasked with the responsibility of implementing HIV/AIDS interventions is based at the police headquarters in Maseru and not easily accessible to police officers outside of Maseru.

Re-infection

The issue of re-infection of police officers who are already HIV positive also raised concern and debate from many participants. The policy does not deal with the issue of re-infection which means that police officers who are already HIV positive who are re-infected while performing police duties cannot receive compensation. It was felt that the risk of re-infection means that many HIV positive police officers who are on treatment face similar

risks to those who are HIV negative. There was a concern that they too needed to be compensated if re-infected with another HIV strain while performing police duties.

The question of 'How much is the compensation?'

There was an interest from many police officers as to how much money was going to be paid to police officers who are infected while performing police duties. The workplace policy only stipulates that a person whose infection can be linked with police work will be entitled to compensation, but does not state how much money will be paid out as compensation.

Care and support

There were also questions around what was meant by care and support that the LMPS will provide. There was a strong sense that police officers who are sick from AIDS outside of Maseru were not provided care and support by the Counselling Unit. Examples were given in which the Counselling Unit ambulance was requested by sick and dying police officers but did not respond. Others examples also included the Counselling Unit failing to visit sick and dying police officers at their homes. Another sense among attendees was that unless the Counselling Unit is decentralised and provided with more personnel it will not provide the kind of support envisaged in the policy and expected by police officers who have AIDS.

The absence from the workshop of senior officers

There was also a general observation that the limit placed on the number of participants at the workshop meant many police officers will not have an in depth knowledge of the policy. The concern was that many senior officers will have difficulties in implementing the policy because they will lack the understanding that was acquired by those who attended the workshops. Others decried the fact that more junior ranking personnel will have more knowledge than their superiors because more juniors were at the workshops than senior ranking officers.

Implementation of the policy

There were questions around when this policy will be in force. This was despite the fact that during the workshops we provided each participant with a printed copy of the policy. The

concern was that there is a section in the policy which obligates the LMPS to provide certain resources for police officers as part of the uniform. The question of when police officers will be receiving this part of the uniform was raised in all workshops.

Potential Assistance in Implementing the Policy

Without doubt, the LMPS will have to collaborate with other ministries and national as well as international donors to fully implement the policy. There are two sources of assistance being provided to the LMPS to address the problem of HIV/AIDS. These are the Global Fund, which is provided to the LMPS through the Ministry of Health, and the AIDS Healthcare Foundation (AHF), a US based organisation. These are explained in more detail below.

The Global Fund has been supporting the LMPS in raising awareness, training of peer educators and supporting the 'Know Your Status' campaign. In the 2011/2012 financial year R150 000.00 has been made available by the fund to assist the LMPS in conducting non-link surveillance testing. A service provider is being sought to conduct the testing.

The AHF has been initially involved in supporting the testing and prevention programmes of the LMPS. In 2010, AHF provided about 15 000 testing kits, 90 000 condoms and 10 condom dispensers. AHF has also made a commitment to provide the LMPS with one main health facility in Maseru and 10 satellite clinics in other police districts. AHF has also committed itself to providing the infrastructure, hiring health professionals and resourcing the facilities. A meeting between AHF and representatives from the Ministry of Health, National AIDS Commission, the Ministry of Home Affairs and the LMPS is being arranged to discuss the implementation of this programme. When this programme has been implemented it will address many concerns which were raised at the workshop including alleviating many of the doubts about the commitment to implement the policy.

Implications of the Workshop process for lessons learnt

The workshops were an important initiative which enabled the LMPS to inform ordinary police officers about this policy. Police officers generally acknowledged and appreciated the

consultations that culminated in the writing of the policy. Many felt that the consultations were genuine and that the policy was very comprehensive. Reservations were expressed about whether the LMPS management will be able to comply with the policy without some kind of oversight by an organisation such as CSV. There was a strong sentiment that CSV should maintain some presence in the LMPS in order to ensure compliance.

There was also a strong sense that the workshops had empowered many junior officers with knowledge. The idea of being consulted was very appealing to many police officers who are usually simply told and expected to comply with policies. This policy may be the first ever LMPS policy in which ordinary police officers were consulted from the start of the processes until the final policy was put into place. Many senior officers appreciated the process followed to write the policy and that many copies of the policy were available to ordinary police officers. There was a strong sense that there will be better adherence to the policy because many police officers felt a sense of ownership in this policy.

Another lesson that can be learnt from this collaboration between CSV and LMPS is the fact that this project was a collaborative effort from both institutions. This collaboration, as opposed to a unilateral approach was critical in strengthening trust between the two institutions. Although CSV provided the required resources and expertise, we did consult with the LMPS management and personnel throughout the process and that worked very well.

Note of thanks from Themba Masuku

I am grateful to CSVR for the opportunity to work on this project after leaving the organisation in 2008. It has always been my wish to make a significant contribution in the area of HIV/AIDS and policing. I am grateful to Rockefeller Brothers Fund and Nancy Muirhead who provided the funding for this work. I am also grateful to Amanda who provided the support during the research and David Bruce who provided conceptual clarity to the project. I am also grateful to the support from a dear friend, Dr Nathan Meehan, who is always available to provide his insights and comments on this project as well as that provided by Per Strand who was involved in the earlier years of the project up to the publication of the 2009 report. I believe this is the end of funding from Rockefeller and the participation of CSVR in this project. I shall forever be grateful for this project which has been well received by the LMPS and the government of Lesotho. I hope to continue this work with the LMPS in the next phase of their fight against HIV/AIDS.

I am also grateful to the LMPS, in particular Commissioner Letoane, the Acting Commissioner Kizito Mhlakaza, Assistant Commissioner Alice Theko, Constable Letsie Mofoka and all the members of the Commissioner's Advisory Board (CAB) who supported this work throughout. I will always be grateful to members of Hariphileng 'a support group of police officers living openly with HIV/AIDS' for the many hours we spent together and making me understand what it means to live with HIV/AIDS as a police officer. All your stories and your courage inspired me in ways and I shall always treasure the many memories that you created for me. I believe that in a small way, I fulfilled the last wish of Sergeant Motubi who died in February, 2008. In her last correspondence dated 16th December she encouraged me not to give up on the LMPS and assist them to address the problem of HIV/AIDS. This report is dedicated to all police officers who contribute in the LMPS towards reducing the spread of HIV/AIDS.

Annexure

HIV/AIDS WORKPLACE POLICY FOR
THE LMPS

The policy was developed in consultation with the Lesotho Mounted Police Service and other relevant stakeholders namely; Deputy Permanent Secretary at Home Affairs, Police Directorate, Ministry of Health (Aids Directorate), Ministry of Gender, Ministry of Public Service, National Aids Commission, Hare Phileng Support Group and the Lesotho Mounted Police Service Staff Association in Lesotho by Themba Masuku assisted by Dr. Nathan Meehan on behalf of the Centre for the Study of Violence and Reconciliation (CSVr).

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FOREWORD

by the Commissioner of Police,

E. M. Letoane

Policing in Lesotho started in 1872 and this function has seen as many changes as there are perspectives since then. Today policing can be summarized as provision of safety and security. During this time the Lesotho Mounted Police Service met and dealt with its challenges with all the courage that could be expected of an institution of its nature. One of the biggest challenges facing LMPS today is HIV/AIDS. As we have done with other challenges this pandemic has to be confronted head-on.

This policy is one of the first steps in acknowledging that the HIV/AIDS scourge is not only a problem for the society that the LMPS operates within. It also has a devastating impact on policing as well. With this policy the LMPS expresses a standpoint, a commitment to a decision, and a will to support members of the Police Service who are infected and/or affected by the HIV/AIDS pandemic. It is a direct follow-up from the recent study which assessed the impact of HIV and AIDS interventions within the LMPS.* This study has helped the LMPS to better understand how HIV and AIDS manifest itself within the different ranks and how the operations in the delivery of safety and security services are affected. That HIV issues are a serious concern in the LMPS is not only owed to the fact that officers may be at risk of contracting the condition during work related activities, but is also owed to the risk involved in non-work related situations as well.

Therefore, it is hoped that this policy will contribute to a large extent in mitigating the spread of the pandemic. Generally, this policy seeks to domesticate the Lesotho National AIDS Policy in order to ensure maximum benefit to members of the LMPS as the LMPS, being a command organization, may be susceptible to peculiarities not experienced in other sectors of life in Lesotho. Some of the specific salient issues that the policy addresses cover: a dependable framework of non-discriminatory response to HIV related cases within the LMPS; a foundation for information meant to communicate messages that are geared towards curbing the spread of HIV; a guideline for procedures, protocols and practices relating to occupational incidents, testing, compensation,

essential protective gear and others; a framework within which members can be assured of protection from stigma, victimisation and harassment.

Lastly, it is important to re-iterate, as I have done elsewhere, that: “the factors which have reinforced unsafe sex derive from behavioral, technical, and biological dimensions of the LMPS population. In order to contain and limit staff turnover, as a result of the large number of those who are infected, or otherwise affected, by HIV and AIDS, an aggressive implementation of an embracing prevention strategy is to be fully engaged by this organization, including all elements of HIV and AIDS containment, namely: prevention, mitigation, treatment, care and support.”*

E.M Letoane

Commissioner of Police –LMPS

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Preamble

1. The LMPS recognizes that HIV-AIDS presents a serious challenge to the LMPS. In addition to the many members of the LMPS infected and affected by HIV there is an ongoing risk to LMPS members of contracting HIV whether this is in circumstances unrelated to their work or as a result of exposure to HIV whilst performing their duties. In order to maintain its capacity to provide police services to the public the LMPS therefore needs to take steps to minimise the impact of HIV and AIDS on its members and their families.
2. This policy seeks to provide a framework for the LMPS to respond to the challenge presented by HIV-AIDS. It is informed by the understanding that efforts to address HIV and AIDS will be most likely to be effective if they contribute to awareness and openness on the part of LMPS members about the issue.
3. In order to do so the policy therefore seeks to ensure that the issue of HIV-AIDS is addressed in the LMPS in a manner that eliminate any stigma which may be attached to it and avoid any discrimination against LMPS members who are affected by HIV or AIDS.

Objectives of the policy

4. The objectives of the policy are:
 - 4.1 To prevent the spread of HIV and protect LMPS members from contracting HIV through ensuring that:
 - 4.1.1 Members are provided with information to enhance their ability to protect themselves and those around them from becoming infected with HIV and to encourage them to avoid engaging in high risk behaviour.
 - 4.1.2 LMPS members are provided with essential protective equipment in order to enable them to protect themselves from HIV infection during the course of their duties.
 - 4.2 To define procedures and protocols to manage occupational incidents and applications for compensation.
 - 4.3 To set out the framework for the provision of treatment, care and support to members and their immediate families living with HIV & AIDS so as to enable all LMPS personnel to serve as productive members of the LMPS to the maximum degree possible.
 - 4.4 To set out the framework to be followed by the LMPS in relation to issues of testing
 - 4.5 To address miscellaneous other matters related to HIV & AIDS in and around the LMPS.

Scope of Application

5. This Policy is applicable to all members of the Lesotho Mounted Police Service (LMPS) including civilians.

Legal, regulatory and policy framework

6. This policy will be operated within the legal and regulatory framework applicable in Lesotho as defined by the Constitution, Police Act, 1998 & Police Regulations 2003 as Amended, Public Service Act, 2005; the Public Service Regulations, 2008; and the National AIDS Policy and the Gender Policy and aims to be in line with their provisions.

Provisions of protective equipment

7. The LMPS shall be obligated to provide surgical gloves to all members employed in terms of the Police Act. Members of the LMPS shall be required to carry with them a pouch which shall contain rubber gloves and respirators as part of their uniform for use in dealing with high risk incidents.
8. The LMPS shall also provide other protective equipment, including face masks and rubber boots, to members who require this equipment.
9. The LMPS shall fit all vehicles with first aid kits.

Procedure in event of exposure to HIV in the course of duties

10. If an employee touches blood or believes he or she may have been exposed to HIV while performing his or her duties, he or she shall be required to follow the following procedure;
 - 10.1 Within 36 hours of exposure, an employee shall report the incident to his or her immediate supervisor or the Counselling Unit of the LMPS and visit a health facility to conduct an HIV test.
 - 10.2 Post Exposure Prophylaxis (PEP) shall be administered immediately or within 36 hours of exposure.
 - 10.3 Within a period of one week - provide a signed sworn statement/affidavit which describes the circumstances in which such exposure took place.

Compensation in the event of exposure to HIV in the course of duties

11. In the event that an employee is exposed to HIV during the course of his/her duties he or she shall be entitled to compensation provided that:
 - 11.1 The concerned employee has been tested for HIV at least three months before the exposure which test has shown the employee to be HIV negative.
 - 11.2 The employee is found to be HIV positive by means of an HIV test after a window period of 6 months after the incident.
12. The Human Resource Officer shall take reasonable steps to assist the employee concerned with the application for compensation including;
 - 12.1 the necessary information on the procedures to be followed in order to access compensation;
 - 12.2 Assisted with the collection of information and medical records, which could prove that the employee was occupationally exposed to HIV;
13. Moreover, the compensation provided, the LMPS shall provide the member with the care, support and access to medical treatment which is conferred on other HIV positive members.

Other measures to prevent the spread of HIV

14. The LMPS commit to provide education, training and awareness to all its members on an ongoing basis.

15. In order to encourage members to avoid engaging in high risk behaviour and promote safe sex the LMPS shall take other steps to prevent the spread of HIV including:
 - 15.1 The provision of information about HIV; and
 - 15.2 The provision of condoms which shall be placed in the condom dispensers for all members to access at their own discretion.

Recruitment into the Lesotho Mounted Police Services (LMPS)

16. The LMPS shall recruit into the LMPS the best qualified and new recruits who pass the medical tests as prescribed in the Police Regulation irrespective of the HIV & AIDS status.
17. New recruits shall not be required to undergo HIV test for the purposes of being recruited into the LMPS and shall not be denied entry into the LMPS if HIV positive.

Conditions of employment of those with HIV-AIDS

18. The LMPS aspires to the creation of a working environment within the LMPS in which LMPS members living with HIV & AIDS can work free of fear of discrimination and without any fear of being stigmatised.
19. The LMPS commits itself to promoting and providing equal opportunities to its members living with HIV and AIDS through eliminating practices and policies which discriminate against them. Members living with HIV & AIDS should not be treated any different from other members who are affected by illness.
20. No member of the LMPS with HIV & AIDS or any other terminal illness shall be unfairly discriminated against within the employment relationship or any employment policies or practices, including but not limited to: promotion to higher rank, job placement and job assignments, recruitment and appointment to the LMPS, remunerations and employment benefits, training and development opportunities, performance evaluation systems, transfer, demotions, and terminations of service in the LMPS.
21. Those LMPS personnel living with HIV & AIDS and all those living with other terminal illnesses should be;
 - 21.1 Guaranteed confidentiality and privacy in accordance with medical and legal norms;
 - 21.2 Given information and education to prevent spreading the epidemic;
 - 21.3 Consulted in the development of HIV & AIDS programmes and other intervention

Working Conditions

22. Members living with HIV & AIDS shall continue to work under normal conditions under their current employment for as long as they are medically fit to do so.
23. The HIV status of an employee shall not be used as a justification to exclude an employee from performing any policing duty.
24. Where it is absolutely necessary, the employee living with HIV & AIDS shall, in consultation with the supervisor be assigned to perform duties that are more appropriate to the health circumstances.

25. All reasonable steps shall be taken to accommodate an employee who has AIDS in a suitable post until it is absolutely necessary to convene a medical board to review the employment of such an employee to remain in the employ of the LMPS

Leave and Absenteeism due to ill-health

26. An employee in the LMPS who becomes ill with AIDS shall be treated like any employee with a comparable terminal illness and be entitled without prejudice to sick leave.
27. The Human Resource Officer shall exercise his or her discretion in granting compassionate leave to police officers who have exhausted their leave days.
28. An employee who is sick and absent from work shall be required to produce a medical certificate from a certified health worker or a traditional healer/doctor indicating clearly the nature of the illness and the number of days which the person will require as sick leave.
29. The LMPS commits its supervisors and management to support members living with HIV & AIDS by:
 - 29.1 Treating them with compassion;
 - 29.2 Enabling them to access care, support, medication and treatment:
30. Full remuneration and other benefits shall be guaranteed to an employee who is ill and unable to come to work until such employment is terminated in accordance to medical board rules, the Public Service Act and the Police Regulations.

Treatment, Care and Support

31. The LMPS commit to provide treatment to members, orphans and their immediate families.
32. The LMPS commit to provide counselling and awareness training to members living with HIV & AIDS and their immediate families.
33. Immediate families shall include spouses and biological children.
34. The LMPS commits to training Counsellors and Peer Educators and providing them with the necessary equipment to provide support to members living with HIV & AIDS.

Harassment and Victimisation

35. Any form of harassment and victimization of people living with HIV & AIDS shall be dealt with in accordance to Section 52, 53 and 54 below.
36. If an infected employee is victimised or harassed at work, the employee will be required to report the harassment directly to his or her supervisor. If the supervisor is the culprit, the employee shall be required to report directly to the Human Resources (HR) officer or any senior officer and/or head of the Counselling Unit who shall assist such a member with lodging a formal complaint.

Termination of employment of those with HIV-AIDS

37. No employee in the LMPS shall be dismissed or have their employment terminated solely on the basis of their HIV status.

38. The LMPS commits to continue the employment of those ill from AIDS related diseases as far as possible. Every effort shall be made to support an employee who is ill from an HIV sickness until it is reasonable to justify sending such a member to the medical board.
39. When an employee is incapacitated due to illness and is unable to work, normal medical aid board rules shall apply which may result in the termination of the employment of the employee on the basis of incapacity. On the recommendation of the Medical Board such an employee shall have his or her employment terminated.
40. The termination shall be the last resort after the Human Resource Officer has tried and failed to either assign the officer to another post or reduce the working hours without success.
41. The LMPS shall treat all its members medical information whether written, oral or in electronic format as strictly confidential,
 - 41.1 The HIV status of member whether it is voluntarily made known by the employee or not shall not be a basis for discriminating against the employee in any manner.
 - 41.2 No mark, flag or any other indicator shall be used on the file, door, desk or anything else to indicate the HIV status of an employee.

Disclosure

42. The LMPS shall promote voluntary disclosure of HIV to promote openness, acceptance and support for people living with HIV & AIDS.
43. When an employee voluntarily discloses his or her HIV status to any other employee, that employee shall not be permitted to disclose the information without that person consenting to it. Consent shall be provided in writing.
44. The LMPS shall strengthen the support group for members living with HIV & AIDS.
45. The LMPS shall ensure that the members who are open about their HIV status are not unfairly discriminated against, victimized, harassed or stigmatised in any way possible.
46. No employee shall be compelled to reveal his or her HIV status to anyone in the LMPS.
47. Disclosure of an individual HIV status by any party without their consent shall be considered a violation of LMPS policy. A person who does so will be subject to review and punishment under LMPS disciplinary procedures.

HIV Testing

48. No employee or prospective employee shall be required to undergo any medical examination to detect the HIV status of that person. Only the prescribed medical examination in terms of the LMPS Regulations shall be carried out to assess the fitness of prospective members.
49. HIV & AIDS Testing and Counselling shall be conducted in terms of norms and standards of conducting such tests in which members shall be provided with counselling before and after conducting such tests.
50. HIV Testing and Counselling (HTC), which is intended to ascertain the HIV status of individuals, shall be done ONLY at the initiative of the employee. Such testing shall be conducted in terms of norms and standards of conducting such tests in which members

shall be provided with counselling before and after conducting such tests. Only qualified and accredited counsellors shall be permitted to conduct such tests and no other person in spite of rank or position shall be permitted to conduct such tests. Express written consent shall be required before a person may undergo HTC. The results of the HTC shall be communicated only to the person who did the test and under no circumstances shall such results be communicated to a third party.

51. Surveillance testing, or anonymous link testing, is testing which is intended to obtain information about the prevalence of HIV & AIDS in the LMPS in order to strengthen prevention, education and awareness programmes. Surveillance testing shall be permitted but participation shall be voluntary. No employee shall be forced to take part in the Surveillance testing and no members shall be prejudiced for not participating in any way what so ever. The Surveillance shall be done ONLY to determine the prevalence of HIV in the organisation and the results shall NEVER be linked to any employee. Surveillance testing shall be anonymous and be under conditions which provide confidentiality and privacy of those taking the test. Where such tests are done, such information shall not be used to unfairly discriminate any employee, group, police stations or a particular gender. Testing will not be considered anonymous if there is a reasonable possibility that an employee's HIV status may be deduced from the results.

Disciplinary and Complaints Procedures

52. No employee in the LMPS shall be unfairly discriminated against on the basis on his or her HIV & AIDS status. Members living with HIV & AIDS shall be protected from any form of victimization or discrimination.
53. Any contravention of the provision of this policy shall amount to unfair discrimination and must be addressed through the disciplinary procedures of the LMPS, which shall also be overseen by the Counselling Unit or trained senior officers to handle such disputes.
54. Discrimination against an employee on the basis of that employee's HIV & AIDS status shall amount to misconduct and appropriate disciplinary steps shall be taken against those responsible regardless of rank or gender.
55. The confidentiality of members in dispute on an issue related to HIV & AIDS shall be protected by not publicizing the dispute or revealing their identities or the nature of the dispute. The hearing of the dispute shall be held in camera and only parties to the case and witnesses providing testimony shall be allowed to be present at the hearing. All witnesses shall be sworn to privacy and not reveal the identities and the nature of the complaint.

Understanding the impact of HIV & AIDS on the LMPS

56. Appropriate strategies shall be developed to understand, assess and respond to the impact of HIV & AIDS on the effective delivery of policing services. These may involve:
 - 56.1 risk profiles;
 - 56.2 identification of critical positions which HIV and AIDS related absenteeism and mortality could cause disproportionate harm to the ability of the organization to provide services.

- 56.3 assessment of vulnerability of individual members or categories of members to HIV infection;
- 56.4 assessment of potential risks related to infection during the performance of operational services, and;
- 56.5 an assessment of the impact of HIV & AIDS on delivery of policing services;
- 56.6 An assessment to understand the direct and indirect costs to the LMPS as a result of absenteeism, early retirement and morbidity, and decline of morale and any possible disruption of service delivery.

Monitoring and Evaluation of the Policy

- 57. The LMPS through its HR shall monitor and evaluate the implementation of this policy and facilitate any policy review.
- 58. The LMPS Counselling Unit through the HR shall be tasked with the responsibility of mainstreaming and implementing this policy, HIV & AIDS programmes and all HIV related interventions in the LMPS.
- 59. The HR head shall be required to report to the Commissioner's Advisory Board (CAB) on the implementation of this policy.

Implementation and Dissemination of this Policy

- 60. This policy shall be disseminated and implemented through the Counselling Unit, station commissioners, district commissioners, regional commissioners, to all LMPS personnel.
- 61. District commissioners shall be required to submit reports to the HR on the implementation of the policy.

Compliance

- 62. Non compliance with this policy shall be regarded as misconduct which shall result in disciplinary steps being taken with accordance to the LMPS disciplinary procedures.

Implementation

- 63. The implementation of this policy shall be done in conjunction with all employment related policies and regulations.
- 64. The policy shall be reviewed on an annual basis to ensure that it deals with dynamics of this epidemic.
- 65. HIV & AIDS programmes shall be reviewed on an annual basis to ensure that they continue to have the desired impact and relevance.
- 66. A comprehensive communication and marketing strategy shall be introduced to increase awareness and ensure the successful implementation of policy provisions and related programmes.