GUIDELINES
FOR MANAGING HIV AND AIDS
AND EMPLOYEE WELLNESS
IN THE PUBLIC SERVICE
IN BOTSWANA
Guidelines for Managing HIV and AIDS and Employee Wellness in the Public Service in Botswana
August 2011

Commissioned by:

The Directorate of Public Service Management (DPSM) and
The National AIDS Coordinating Agency (NACA)
Government of the Republic of Botswana
Supported by the United Nations Development Programme (UNDP), Botswana

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Acknowledgments

The consultants wish to acknowledge the leadership provided by DPSM throughout the assignment. In addition, sincere thanks are extended to the members of the Reference Group and of the Technical Working Group (listed in Appendix 3) for their guidance in defining the scope and parameters of the Guidelines and for their comments during the drafting process. Lastly, to the participants who attended the consultation to develop the draft Guidelines, your valuable contributions are greatly appreciated.

Disclaimer

The information, conclusions and judgements contained herein should not be attributed to UNDP and do not necessarily represent the views of UNDP.
Foreword

A study was commissioned in 2010/2011 to examine the past and present impact of the HIV and AIDS epidemic on the Public Service in Botswana and to project the future implications that will need to be managed proactively in order to achieve the levels of excellence that we are collectively striving for.

As part of the assignment, Guidelines for Managing HIV and AIDS and Employee Wellness in the Public Service in Botswana were also commissioned, to enable officers working in Policy, Planning, Corporate Services and in Employee Wellness positions to improve all functions related human resource (HR) planning, management and development by considering issues raised by HIV and AIDS and employee wellness.

These Guidelines recognise the value we place on our staff and seek to entrench an appreciation of how employee wellness can enhance productivity, service delivery and workplace morale.

The Guidelines build on the foundations laid by the new Conditions of Employment and the Public Service Employee Wellness Policy. They provide a way of interpreting and applying the provisions in these important documents that will address key HIV and AIDS and wellness concerns.

The Guidelines were drafted by a multidisciplinary group from a number of Ministries and we acknowledge and thank them for providing their insightful inputs. We also thank UNDP for their support and financial assistance for this critical study.

In conclusion, I urge all Public Service entities – at all levels – and their staff, to familiarise themselves with the Guidelines and to utilise them, with immediate effect to protect and enhance the wellness of our officers and to achieve our standards of Public Service efficiency and performance.

_______________________________

Festina S. Bakwena

Director of Public Service Management
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### Acronyms and Abbreviations

<table>
<thead>
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<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<td>ART</td>
<td>Antiretroviral treatment/therapy</td>
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<td>BPOMAS</td>
<td>Botswana Public Officers Medical Aid Scheme</td>
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<td>BPOPF</td>
<td>Botswana Public Officers Pension Fund</td>
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<td>BSC</td>
<td>Balanced Score Card</td>
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<tr>
<td>COE</td>
<td>Conditions of Employment</td>
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<td>DPSM</td>
<td>Directorate of Public Service Management</td>
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<td>EAP</td>
<td>Employee Assistance Programme</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>HR</td>
<td>Human resources</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>MAC</td>
<td>Ministry AIDS Coordinator</td>
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<tr>
<td>MDAs</td>
<td>Ministries, Departments and Agencies</td>
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<td>NDP</td>
<td>National Development Plan</td>
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<tr>
<td>PDP</td>
<td>Performance Development Plan</td>
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<td>PMS</td>
<td>Performance Management System</td>
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<td>PPS/PBRS</td>
<td>Personnel Performance System/Performance Based Reward System</td>
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<tr>
<td>NACA</td>
<td>National AIDS Coordinating Agency</td>
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<tr>
<td>TWG</td>
<td>Technical Working Group</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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Section One: Introduction to the Guidelines

The Guidelines for managing HIV and AIDS and employee wellness in the Public Service in Botswana – referred to as the Guidelines – were developed as a practical, user-friendly resource for Ministries, Departments and Agencies (MDAs), and for all levels of the Public Service. The Guidelines were commissioned by the Directorate of Public Service Management (DPSM) and the National AIDS Coordinating Agency (NACA), with support from the United Nations Development Programme (UNDP). They are one of the products of a study entitled an HIV and AIDS impact assessment in the Botswana Public Service that was conducted in late 2010 and early 2011.

Purpose and scope of the Guidelines

Initially the purpose of the Guidelines was defined as follows:

- To contextualize the HIV and AIDS epidemic within the country as a whole, and within the Public Service in particular;
- To identify key challenges to the Public Service in the context of HIV and AIDS;
- To assist Ministries and Departments to plan, develop, implement and maintain HIV and AIDS workplace policies and programmes within a human rights and gender framework;
- To provide practical guidance and information to Ministries and Departments on managing the HIV and AIDS epidemic.

During the course of the impact assessment study and, in consultation with the Technical Working Group (TWG), the scope of the Guidelines was broadened to cover general employee wellness, including HIV prevention, treatment and care.

Wellness in the workplace is achieved when the physical, emotional, social and spiritual needs of all employees are addressed.

A workplace wellness programme delivers or facilitates access to comprehensive and holistic prevention interventions and treatment, care and support services that aims to:

- Reduce sickness and absenteeism;
- Increase productivity;
- Improve staff morale;
- Decrease health expenditure;
- Decrease employee terminal benefits related to premature death;
- Reduce workmen’s compensation; and
- Improve the wellbeing of individual members of staff.

Adapted from the Ministry of Health’s Operational Guidelines – workplace wellness program for health workers, October 2007

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1 Key findings from the impact assessment are summarised in Section Four.
The purpose of the Guidelines is therefore to assist in managing the issues that are highlighted by HIV and AIDS and other wellness challenges in the Public Service in Botswana. Importantly, the Guidelines are NOT intended to be a ‘how to’ step-by-step guide to develop a Workplace Wellness Programme. Instead they are to be used in conjunction with two key documents, the Conditions of Employment (COE) and the Public Service Employee Wellness Policy. By using the Guidelines, in the interpretation and application of these instruments across the entire Public Service, the resulting enhanced management of HIV and AIDS and employee wellness has the potential to:

- Improve productivity and service delivery;
- Enhance Public Service preparedness and responsiveness;
- Reduce financial exposure and costs;
- Improve staff morale; and
- Create an enabling, supportive and discrimination-free work environment.

This, in turn, will contribute to the objectives of the Performance Management System (PMS) initiated by the Office of the President.

- To improve individual and organisational performance in a systematic and sustainable way.
- To improve a planning and change management framework that is linked to budgeting and funding processes.
- To inculcate the culture of performance and accountability.
- To enhance the capacity of the Public Service to deliver its services more efficiently and effectively.
- To improve the capacity of the public servants to be more productive.
- To focus efforts of the Public Service to facilitate the achievement of NDPs and Vision 2016.

Users of the Guidelines

In line with the purpose and scope described above, the categories of persons who will use the Guidelines are not only the officers designated by Heads of Departments to oversee the development and implementation of HIV and AIDS and wellness workplace policies and programmes. They also include all those – Policy Makers, Planners and Managers – with roles and responsibilities related to employee wellness, as well as to general workplace and human resource (HR) management.

The role of DPSM

DPSM – the Directorate of Public Service Management – is responsible for leading efforts to have an efficient and organised Public Service in Botswana that contributes to the achievement of the country’s national development goals and that maximises the wellbeing of all people. This means staffing the Public Service with dedicated and competent officers and maintaining the highest standards of behaviour, commitment and efficiency.

The values that guide the work of DPSM are as follows:
• Customer service is our most treasured product.
• Our staff is our most valuable asset; we will provide for their welfare, development and motivation.
• We believe in the importance of formal and informal openness, and the spirit of togetherness.
• We believe in recognition and in this regard we will reward performance and provide opportunities for employee participation.
• Our service to customers shall at all times be transparent, free from bias, discrimination and subjectivity.
• Upholding professional ethics is one of our most cherished values.
• We uphold the principle of Botho. This will be inculcated in the manner of conducting business within DPSM, which will be guided by honesty, caring, openness and respect for all.

It was this context and commitment that led to the need for the Guidelines – to assist MDAs to better serve and support their staff to, in turn, deliver quality services as part of an efficient and effective Public Service.

Of particular relevance for the Guidelines are the functions of:

• HR (human resource)planning;
• HR management; and
• HR development.

The lessons learned from good practices (in Section Five) and the Guidelines (in Section Six) are presented under these headings.
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Section Two: The HIV Epidemic in Botswana and in the Public Service

Key facts about the HIV and AIDS epidemic in Botswana

Since the first case of AIDS was reported in Botswana in 1985, the epidemic has spread rapidly. Today Botswana is among the countries most affected by HIV and AIDS – in Africa and across the globe. As a result Botswana has experienced decreased life expectancy – from 65 years (1990) to 35 years (2005).

The latest HIV national prevalence rate stands at 17.6%, with infection rates highest among young adults and those in the economically productive phase of their lives. Adult HIV prevalence in the age group 15-49 years is 25% while the prevalence among pregnant women is estimated at 31.8%2.

HIV prevalence varies significantly by sex, age and geographical location. Women have higher rates of infection than men. Though rates are higher in urban areas than in rural locations, there is evidence of some declines in urban areas. Decreases are also occurring among adolescents and young people3.

Figure 1: Estimated HIV prevalence rates, aged 18 months+, by district and gender, 20084

Between 2001 and 2009, the significant reduction in deaths due to AIDS was largely as a result of the availability of care and treatment, specifically of antiretroviral therapy (ART).

Despite the changing face of the epidemic in Botswana, HIV and AIDS still represent a serious challenge to national development plans and targets, to the economy and to workplaces in all sectors.

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HIV and AIDS in the Public Service

In recent years, the Botswana Government, like other employers, has experienced high rates of employee turnover and the loss of many trained and skilled personnel. These trends have been associated with increased expenditure on health, high levels of absenteeism and low employee morale. Collectively these factors have impacted negatively on productivity and service delivery.

Even with expanded access to treatment, the epidemic is still having a significant effect on the Public Service at all levels. The study set out to describe and quantify these effects; the findings are described in Section Four.

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5 Information from BPOMAS and DPSM Infinium
Section Three: Legal and Policy Mandate

In Botswana there are many laws and policies that protect basic human rights, define employment relationships, and address specific challenges, such as HIV and AIDS and employee wellness.

National instruments

The Constitution of Botswana, 1966, protects the fundamental rights and freedoms of all persons.

The Seven Pillars of Botswana’s National Vision 2016, give further substance to these fundamental rights:

• An educated, informed nation;
• An open, democratic and accountable nation;
• A moral and tolerant nation;
• A united and proud nation;
• A safe and secure nation;
• A prosperous, productive and innovative nation; and
• A compassionate, just and caring nation.

Employment instruments

The Employment Act CAP. 47:01 defines the employment relationship; covering issues such as contracts of employment, recruitment procedures, determination of minimum wages, working hours and conditions and regulations relating to health matters for workers.

The Public Service Act, 2008 and Conditions of Employment (COE) interpret the employment provisions in national laws for the Public Service. Other laws with provisions that have relevance for the Guidelines and for workplaces in the Public Sector include:

• The Pensions Act CAP. 27:01;
• The Pensions and Provident Fund Act CAP. 27:03; and
• The Worker’s Compensation Act CAP. 47:03.

In conjunction with the laws, a number of relatively new initiatives are being implemented in the Public Service.

His Excellency, the President, introduced a 21 point agenda to transform Government into a world class Public Service. The President’s Roadmap is further supported by the requirement that all sectors, including the Public Service, meet their responsibilities related to:

• Delivery;
• Development;
• Dignity;

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6 Employment (Amendment) Act, Act No. 14 of 2003
7 Public Service Act, Act No. 30 of 2008
8 Cited as the 2009 Conditions of Employment for the Public Service
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- Discipline; and
- Democracy.

The Balance Score Card (BSC) from the Office of the President establishes a practical way to link performance management with the strategic objectives of a sector or Ministry. This emphasis on staff development and on performance monitoring is further described in the NDP 10 (National Development Plan) as follows:

**Personnel Performance System/Performance Based Reward System (PPS/PBRS)**

*Under the Integrated Results Based Management system, the personnel performance system is integrated into the overall programme performance system. This provides for the employee’s role and performance in an organisation to be linked with the organisation’s performance at all levels; and their performance must be linked to the substantive programme performance (results) of the organisations in delivering the desired results during NDP 10.*

*Extract from NDP 10 Vol. 1 p28*

Innovations to improve Public Service productivity include the introduction of appraisal systems – the performance agreements and quarterly performance reviews, conducted for purposes of professional development, promotion, confirmation, increment, and general management of performance (COE 136.1), based on Performance Development Plans (PDPs).

**Provisions on HIV and AIDS and employee wellness**

In national development documents, HIV and AIDS are specifically addressed in terms of halting the spread of HIV infection, and – for those who are living with the virus – ensuring access to good quality treatment in health facilities, in the community and in the workplace.

The Public Service Employee Wellness Policy recognises the importance of Workplace Wellness Programmes. It has three main components:

- HIV and AIDS management;
- Occupational health and safety management; and
- Employee assistance programmes.

The objectives of this policy are to:

- Promote and sustain a culture of wellness.
- Improve workplace performance and productivity.
- Promote the physical, social, emotional, occupational, financial, spiritual and intellectual wellness of Public Service employees.
- Reduce absenteeism in the Public Service.
- Support employees with disability.
- Support attraction and retention of talent.
- Contribute to the reduction of health care expenditure.
- Reduce occupational injuries, diseases and compensation claims.
- Improve quality of life for employees with chronic conditions and diseases.
A number of employment laws provide specific protection for vulnerable groups. For example, the duty to ensure a safe working environment would require protection from sexual harassment and from unfair discrimination\(^9\). Others make provision for confidentiality of medical information and for non-discrimination and equal access to services and programmes, like Workplace Wellness Programmes, irrespective of gender, race, designation or disability.

The Public Service Code of Conduct on HIV/AIDS in the Workplace supports HIV and AIDS education and awareness as the responsibility of employers and employees. It offers a guide to confidentiality and information sharing, as well as covering issues relating to HIV testing in the workplace.


To facilitate the planning and implementation of Workplace Wellness Programmes, a series of manuals have been developed on topics such as team building, stress management, occupational health and safety and staff morale\(^10\).

Many Ministries, in their own right, have developed policies or guidelines to direct and manage their Workplace Wellness Programmes. These include:

- The Ministry of Health – Operational guidelines: Workplace wellness program for health workers;
- The Botswana Police Service – (i) HIV/AIDS workplace policy and (ii) Occupational health and safety policy;
- The Ministry of Infrastructure, Science and Technology – HIV/AIDS policy;
- The Ministry of Environment, Wildlife and Tourism – Policy guidelines for implementing HIV and AIDS programmes at the workplace; and

In general these documents provide practical guidance for establishing and implementing a Workplace Wellness Programme. They are complemented by these Guidelines and Ministries will be able to use them together.

The above summary, whilst not exhaustive, clearly describes a mandate for the Public Service to address HIV and AIDS and employee wellness in ways that will contribute to the fulfilment of its commitment to excellence in serving the people of Botswana.

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\(^10\) Extract from the literature review: HIV and AIDS impact assessment in the Botswana Public Service.
Section Four: Key Findings from the Impact Assessment

Brief overview of the study

The study was commissioned to address the fact that, despite much evidence of negative impacts and serious implications, no systematic effort had been undertaken to assess, describe and quantify the impact of HIV and AIDS in the Botswana Public Service. The parameters of the study were to investigate:

- Impact (past, current and projected) – both quantitatively, as well as from qualitative data based on staff interviews;
- Successes and challenges related to current responses (policies, systems, HIV and Wellness Programmes, etc); and
- General productivity and HR management challenges resulting from the epidemic.

The specific objectives were to:

a) Examine the work processes and policies within the Public Service to determine their relevance and constraints in mitigating or preventing the spread of HIV and AIDS and its multifaceted effects in the Public Service.

b) Examine the present human resource management structures and systems to determine the extent to which HIV and AIDS risk management and controls have been integrated or mainstreamed into the Public Service.

c) Determine the extent of the Government financial expenditure and productivity loss as a result of the epidemic in the Public Service.

d) Assess the level of preparedness and responsiveness of the Public Service to effectively address developmental challenges posed by the epidemic.

e) Propose short, medium to long-term policy recommendations for mitigating and preventing the impact of HIV and AIDS for an effective Public Service.

In Botswana, the Public Service is the largest employer. Comprised of 14 Ministries plus some additional agencies; the total establishment is estimated at around 120 000 staff. According to the Public Service Act, 2008, the Public Service includes:

- Permanent and pensionable employees of Government Ministries;
- Industrial class (non-pensionable) employees;
- Contract employees;
- Local Government employees;
- Land Board employees; and
- Teachers.

Although not covered by the Public Service Act, 2008, employees of the Botswana Police Service, the Local Police Service and the Prison Service were also considered in the study.
The Ministries sampled for qualitative data collection were Agriculture, Education, Health, Local Government and Police. The findings from studying these Ministries were felt to be representative of the entire Public Service when they were reported to a meeting of representatives from other Ministries.

Key findings

As described in Section Two, the AIDS epidemic in Botswana is in a hyper-endemic phase. The country’s prevalence of HIV is the second highest in the world and threatens Botswana’s impressive social and economic development gains. On the other hand, Botswana has one of Africa’s most progressive and comprehensive programmes for dealing with the disease.

By 2011, as in the general population, the trend in the Public Service shows a levelling off of HIV prevalence (with some variations across Ministries). Within Ministries, information suggests that employees in Grades A and B are at a higher risk of HIV infection and death from AIDS than employees in other grades.

Access by large numbers of public servants to ART has been a substantial contribution to national efforts to reduce the impact of AIDS on the Botswana population as a whole. Data indicate that the AIDS death rate has dropped to around 1 in 200 employees per year in the Public Service, or less, since the roll-out of ART. This amounts to about 10% of withdrawals from the service. At present, survival rates for staff on ART are around 80%. However, treatment complications and failures could result in significant illness and mortality as the number of people on ART is now large and continues to rise. Projections suggest that mortality could rise again to between 1 - 1.5 per 100 employees per year in various Ministries, if treatment failure cannot be contained.

Even with the advent of widespread access to treatment, there are still significant impacts due to illness or loss of staff from the Public Service, particularly – but not only when – these are skilled staff. While the average level of impact across all workplaces is relatively low, some workplaces can still be seriously impacted when key personnel are affected.

Whilst it is difficult to measure productivity in the Public Service, factors like stress and sickness, resulting in high levels of absenteeism, are seen as affecting productivity, service delivery and staff morale. Cases were also cited of staff reporting for work, but being sub-optimally productive, due to social and psychological burdens.

On the other hand, there was a general perception that productivity is rising, especially in the last two years. Some Ministries reported increasing customer satisfaction with their services.

The view of many who were interviewed was that the introduction of ART has reduced stigma, though some self-stigma persists and instances of discrimination do still occur.

Overall the cost exposure to the Public Service due to HIV and AIDS was described as a limited, although persistent, drain on resources and productivity. The direct costs of the epidemic for the Public Service were quantified. Medical costs for people with AIDS were estimated to add the equivalent of between 1 and 2% to the costs of employment over the coming decade. HIV- and
AIDS-related costs to the Public Service pension scheme (BPOP) are expected to not be significant due to reduced mortality and the way benefits are structured.

Less easy to quantify are the indirect or hidden costs, such as the costs of:

- Absenteeism;
- Productivity reduction due to one or more reasons;
- Recruitment and induction of replacement staff; and
- Training and skills lost; and of retraining.

These indirect costs were estimated at add in the region of a 1% loss in Public Service productivity. Again, projections suggest the potential for rising indirect costs as increasing numbers of staff experience chronic illness and treatment complications.

In summary, the impact assessment concluded that HIV and AIDS is an ongoing drain on Public Service productivity, and Public Service responses to HIV and AIDS among employees are a key contribution to the national response to the epidemic. However, HIV and AIDS is just one factor, and not necessarily the dominant one, affecting Public Sector productivity. Thus the response to HIV and AIDS should be part of a coordinated response to other issues that affect employee wellbeing and Public Sector productivity.

Other challenges to productivity in the Public Service

Some specific challenges were identified that are compounded by the HIV and AIDS epidemic. Examples that were given by key respondents during the study were that:

- There is a general shortage of skills in the country.
- The filling of vacancies takes time and causes increased workloads for remaining staff.
- Policies and procedures such as transfers and postings, and conditions, such as housing in remote areas, result in personal problems that, in turn, impact on productivity.
- Other health and personal problems, such as alcohol abuse, are often challenges in the workplace.
- There is not enough attention or support provided to individual staff in order to assist them in coping with personal problems.
- Some of the systems and processes introduced to measure productivity and to motivate staff do not always work as intended.
- HR planning is seen as not systematic and there is a lack of understanding of the individual needs of Ministries, when making appointments.
- There is scope to improve the management – collection, analysis and utilisation – of HR information (absenteeism and leave, vacancy levels and durations; recruitment and training costs; etc).

Wellness Programmes in the Public Service

Building on the priorities in the Second National Strategic Framework for HIV and AIDS (2010 – 2016), Ministries appointed persons to lead and guide their HIV and AIDS responses. In recent years, the scope of these responses has been redefined to cover all conditions that may affect employee
wellness, including HIV and AIDS. In most instances the resulting Workplace Wellness Programmes cascade down from the national to the district level.

Typically these Workplace Wellness Programmes include activities such as:

- Baseline and periodic health and wellness audits of employee needs as well as of the existing programme and services and including any work-related health and wellness risks;
- A health and wellness strategy and annual implementation plan;
- Appointment of a Health and Wellness Coordinator and Committee;
- Prevention activities: awareness/promotion events and materials, lifestyle advice, screening (including HIV testing and counselling), condom distribution, etc;
- Treatment, care and support, such as counselling and psychosocial support, health services for HIV and TB, health services for chronic disease management (hypertension, diabetes, etc); primary health care (disease prevention and treatment of injuries and minor ailments) and reproductive health services;
- Sickness, absenteeism, compassionate leave monitoring;
- Monitoring of trends in benefits (utilisation, costs, etc); and
- Monitoring and reporting, including employee satisfaction surveys.

Challenges to Workplace Wellness Programmes

The study documented a number of challenges experienced in setting up and running workplace wellness programmes. Amongst these were that:

- There is lack of clarity in the roles and responsibilities for employee wellness of various structures. In particular there is confusion about the mandates of NACA and DPSM.
- The roles of Wellness Focal Points and Ministry AIDS Coordinators (MACs) is rarely formalised, which does not encourage accountability.
- Activities are not always successfully cascaded from the national level to Public Sector entities at district and local level.
- Managers do not have defined roles related to their Ministry’s Workplace Wellness Programme, which is seen as resulting in a lack of leadership and commitment.
- In some Ministries, there is low participation in the programme by staff – especially males.
- Linked to the point above, it is often difficult to strike a balance between wellness participation and work duties.
- Factors – religious, cultural, etc – may result in delays in seeking treatment for various conditions.

The Guidelines, in Section Six, seek, in particular, to address the systemic factors that the study identified that are barriers to successful Workplace Wellness Programmes.

Recommendations for Workplace Wellness Programmes

Recommendations emerging from the study were to:

- Build on the good practices found in a number of Ministries;
- Integrate wellness with occupational health, safety and other relevant workplace initiatives;
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- Extend the Workplace Wellness Programmes to include the families of employees (where this has not already been done);
- Elevate the position and profile of the programme, especially in Ministries where it is still the work of a single officer;
- Formalise wellness roles and responsibilities in performance management systems and processes;
- Improve coordination across Ministries on wellness matters; and
- Strengthen the role of unions in Workplace Wellness Programmes.

In the table below is a summary of the key findings from the study that can be addressed, in one way or the other through improved HR planning, management and development (see Section Six).

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<th>KEY FINDINGS</th>
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<tr>
<td>The HIV and AIDS epidemic is a significant risk to national development and to Public Service productivity and service delivery</td>
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<tr>
<td>Botswana has one of Africa’s most progressive and comprehensive programmes for dealing with the HIV and AIDS epidemic</td>
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<tr>
<td>Despite impressive survival rates on ART, these could be higher, and potential treatment failure needs to be vigorously addressed</td>
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<tr>
<td>Absenteeism, poor productivity, replacement of scarce skills and recruitment processes are all significant hurdles that are difficult to quantify</td>
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<tr>
<td>There is a general perception that productivity is rising and that levels of customer satisfaction are improving</td>
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<tr>
<td>HIV and AIDS is just one of the challenges facing the Public Service – certain policies, procedures and systems constitute additional challenges</td>
</tr>
<tr>
<td>At the level of individual employees, other health and personal problems often significantly affect their performance at work</td>
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<tr>
<td>Workplace Wellness Programmes, established at national and sub-national level, are a mechanism to deliver a coordinated response to all issues affecting employee wellbeing and productivity</td>
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<tr>
<td>Workplace Wellness Programmes are typically the responsibility of a single officer, and more senior staff do not have related roles to play</td>
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Section Five: Lessons from Workplace Wellness Good Practices

In this section, a number of good practices – international, African and national (from Botswana) are described. Each offers one or more lessons for improved productivity and service delivery linked to employee wellness.

At the end of the section is a summary of the lessons that can be applied to:

- HR planning;
- HR management; and
- HR development.

International good practices

The UNAIDS Inter-Agency Task Team on HIV and AIDS in Education commissioned a study in 2004 to benchmark countries across the world in terms of their Ministry of Education’s readiness to manage the HIV and AIDS epidemic. That study is currently being repeated to assess progress over the past six years. There are questions in the 2011 instrument that call for information on:

- The percentage of teachers who are qualified, under-qualified or unqualified;
- The percentage of teachers who permanently left the system, in the last academic year for any reason; and
- The extent to which the education management information system (EMIS) can interpret HIV and AIDS trends or impacts.

This good practice demonstrates that data collection, analysis and use can facilitate effective HR planning, can facilitate an understanding of employee wellness issues and can be used as a management tool to track progress over time.

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SafeWork, the programme on safety and health at work of the International Labour Organization (ILO), aims to create worldwide awareness of the dimensions and consequences of work-related accidents, injuries and diseases; to place the health and safety of all workers on the international agenda; and to stimulate and support practical action at all levels. Based on the principle that decent work must be safe work, a management system is proposed to assess occupational risks, along with a preventive method to implement safety and health measures.

This good practice demonstrates that occupational safety and health risks, which can adversely affect the achievement of an organisation’s goals and targets, can be effectively managed to benefit both the organisation and its workers.

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African good practices

The South African Employment Equity Act states in section 6(1) that ‘no person may unfairly discriminate, directly or indirectly, against an employee, in any employment policy or practice, on
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one or more grounds, including race, gender, sex, pregnancy, marital status, family responsibility, ethnic or social origin, colour, sexual orientation, age, disability, religion, HIV status, conscience, political opinion, culture, language or birth’.

Ministries have developed and implemented codes of conduct that reflect these provisions.

This good practice demonstrates that ensuring compliance with legal provisions that protect the rights of workers and that prevent discrimination in the workplace is a good management practice that will contribute to employee wellness.

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The Zambia Revenue Authority has offices at all border posts. They have instituted procedures to clear, through customs, the consignments carried on trucks as rapidly as possible. The improved efficiency of customs staff minimises the time spent by truckers at border posts so that there are less opportunities for them to have risky sexual encounters, which may lead to HIV infection. At the same time this benefits the transport companies and the national economy in terms of the speedy delivery of goods.

This good practice demonstrates that delivering an efficient service can, in turn, enhance the wellbeing of employees from other sectors and can have positive outcomes for the sector.

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In Namibia, a toolkit was designed to assist in mainstreaming HIV and AIDS into Local Government planning processes. Through a systematic process of examining the development roles and functions of Local Government, and then strategically setting priorities and targeting activities and services, HIV and AIDS can be more effectively managed as one of multiple challenges faced by Government at local level.

This good practice demonstrates that there are advantages to addressing issues, like HIV and AIDS, as strategic risks and mainstreaming them into routine management functions, like planning. Workplace responses can be seen more clearly as an important part of national responses to strategic priorities.

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National good practices

His Excellency, the President, introduced a 21 point management agenda to create a world class Public Service in Botswana. It calls for action in key response areas through visionary leadership, financial management, implementation and coordination, information management and communication, and human resource management. All Ministries must develop strategies that increase delivery, productivity and accountability for results.

This good practice demonstrates that leadership has a critical role to play in driving productivity and service delivery. It also recognises the importance of effective human resource management (of which employee wellbeing is a part) for the achievement of productivity and service delivery.
A National Mainstreaming Strategy has been developed, under the auspices of NACA, to enable all sectors to better address the range of cross-cutting development challenges they face – poverty, gender inequality, crime prevention, HIV and AIDS, disability, climate change, anti-corruption and so on. The Strategy is intended for Managers, Planners and Policy Makers, as well as for Programme Implementers and others.

This good practice demonstrates that the delivery of a sector’s mandate is dependent on simultaneously addressing a range of issues – many of which touch on employee wellness – as part-and-parcel of every routine function, at all levels and by all officers.

The Performance Management System (PMS) makes it mandatory for officers in the Public Service to plan and do their work in a systematic and organised manner through the preparation and execution of PDPs (whilst at the same time upholding national development values and the principles underpinning their Ministry’s vision and mission statements). Since the PMS was introduced for the Public Service there is evidence that the culture of public servants has changed and the culture of planning and accountability for one’s performance and actions is becoming entrenched.

This good practice demonstrates that the institutionalisation of tools and systems to measure productivity can become part of the culture of Government, especially when seen to be relevant to officers’ work and wellbeing.

For a decade or more, Debswana has ensured that Managers are HIV and AIDS competent by generating data that shows important HR trends, by identifying critical posts and skills for production, by engaging with suppliers and contractors to ensure they fulfil certain minimum requirements in respect of Wellness Programmes for their staff and by benchmarking their wellness programme against international gold standards. Important aspects of Debswana’s HR management system are that it captures the costs of apprenticeships, in-service training and recruitment.

This good practice demonstrates that having the right people, with the right skills in the right jobs is facilitated with good HR practices; and that these can be conducted in ways that also promote employee wellness.

Introduction to mainstreaming

‘Mainstreaming’ is a concept common to many of the good practices detailed above and it is therefore explained in greater detail here. Mainstreaming was originally the term used in America to refer to efforts to ‘mainstream’ children with disabilities into ordinary schools. Since then, the term has been adopted for many issues, AIDS mainstreaming, gender mainstreaming, mainstreaming human rights, and so on.
Mainstreaming is widely accepted as an effective and sustainable way to address the causes and consequences of one or more issues – typically development challenges – that sectors are faced with and that, if not addressed, will threaten their goals, objectives and targets.

Importantly mainstreaming does not mean changing functions or changing the core business of a sector. Instead it means applying a different lens to one’s work, but only after conducting a methodical analysis of:

- How the work of the sector may be causing or contributing to the issue in question;
- How the issue, in turn, is impacting on the sector’s work and on its goals, objectives and targets; and
- Identifying where the sector has a unique ‘comparative’ advantage to respond (that other sectors or other players do not have).

Then, having identified these unique opportunities or entry points, mainstreaming involves effecting meaningful changes within the mandate and scope of the sector.

In Section Six, the Guidelines propose ways of addressing HIV and AIDS and employee wellness by mainstreaming these considerations into the COE.

Lessons for HR planning, management and development

**HR planning**, often called integrated HR planning involves balancing the demand for and supply of skills for a Ministry to meet its strategic objectives and to be able to implement its plans. It requires an audit and analysis of human resource utilisation, as a basis for developing an HR strategy. The HR strategy, in turn, needs to cover a range of HR management functions, such as recruitment and retention, performance management and employee health and wellbeing.

The Public Service Act, 2008 identifies further HR management functions related to:

- Appointments;
- Termination of appointments and retirement;
- General provisions, including conditions of work;
- Misconduct and unsatisfactory service;
- Settlement of disputes; and
- Matters relating to unions, industrial action and collective bargaining.

**HR development** has as its aim a motivated and competent workforce and this is achieved through attracting the right talent and developing staff. It also implies empowering staff, instituting systems of appraisal, reward and recognition and, in general, creating a positive working environment.

HIV and AIDS and employee wellness are strategic risks and should therefore be considered in relation to each and every HR function. Failure to give them proper attention – failure to systematically mainstream them into all aspects of HR planning, management and development – will surely result in not achieving the levels of excellence required to be ‘a world class Public Service’.
In the following diagram is a summary of the significant lessons learned that can be incorporated into HR planning, HR management or HR development. They also represent ways of addressing the findings of the study (presented in Section Four).
Section Six: Guidelines

The Guidelines that follow were developed with a multidisciplinary group, consisting of Corporate Services practitioners and Wellness Coordinators from DPSM and selected Ministries, at a meeting that was convened by DPSM in June 2011.

The purpose of the Guidelines (as stated in Section One) is to assist in managing the issues that are highlighted by HIV and AIDS and other wellness challenges in the Public Service in Botswana.

The Conditions of Employment are an ideal vehicle for mainstreaming HIV and AIDS and employee wellness considerations, at the same time taking into account the provisions and principles in the Wellness Policy. Simply stated, the Guidelines are intended to enhance the interpretation and application of various COE where there is scope to consider HIV and AIDS and employee wellness.

Although presented under the headings of HR planning, management and development, the allocation of individual COE into these categories recognises that all three disciplines are inter-linked and co-dependent on one another.

Many of the individual COE guidelines presented below have the potential to respond in one way or another to the key findings from the study, whilst at the same time, incorporating one or more aspects from the good practices and lessons learned detailed in Section Five.

HR planning

Acting appointments (COE 22.3 & 22.9)

22.3 Recommendations for acting appointments shall be made to the respective appointing authority and where there are two or more employees on the same scale; the appointing authority shall consider merit, ability and requisite competencies to appoint one to act on a particular post.

22.9 All prospective absences should be reported to the appointing authority well in advance to facilitate acting appointments.

Guidelines for acting appointments

i. Acting appointments should be transparent and not necessarily exclude those who are perceived as sick or unhealthy.

ii. Acting appointments should be made taking into consideration the employee’s skills and area of expertise.

iii. Acting appointments should be made with due consideration of the impact and stresses that a demanding role may have on the officer concerned.

iv. Where an officer has health or personal problems, or is dealing with other factors that make it likely that he/she will be absent from work for a significant period, Managers and Supervisors should consider how to best to deal with such situations in order to reduce stress on the officer concerned and on other staff and on the workplace. Engagement and
dialogue with the officer is desirable, and Managers and Supervisors should seek support from the Wellness Coordinator to do this effectively.

Postings and transfers (COE 19.3 & 25.2)

19.3 In determining posting, the appointing authority should endeavour where practicable to avoid separation of spouses.

25.2 The appointing authority shall where practical discuss a transfer with an employee in advance. In effecting transfers, the appointing authority should endeavour where practicable to avoid the separation of spouses.

Guidelines for determining postings and transfers i.r.o. the separation of spouses

i. Whilst recognising that transfers are often opportunities for personal development, the appointing authority should balance this against the stresses and frustrations that the separation of spouses may cause.

ii. Where a posting or transfer takes place, counselling should be provided for the officer concerned – to enable him/her to prepare appropriately, psychologically and in other ways. Advice should be sought from the Wellness Coordinator about ways in which employees can maintain the strength of partnerships and limit stresses where short or longer term separation cannot be avoided.

iii. The health of the officer to be posted or transferred should be looked into as part of the process.

iv. Whenever practicable, transfers and postings should commence at the beginning of the year (and of the school year) to accommodate family responsibilities.

v. Communication regarding transfers and postings should be done in a timely manner, so that the officer concerned has enough time (months) to plan and prepare.

vi. The appointing authority should examine the option of the rotation of officers to remote rural areas and the possibility of additional incentives, apart from the remote area allowance.

vii. Transfers and postings should, where practicable, be tied to promotions; and where there is scope for promotion, officers already working in the location should be considered for the promotion.

viii. Transfers and postings should never be punitive.

ix. These guidelines should be read in conjunction with the guidelines for Ministries on transfers.

Housing and conditions of occupation (COE 121.4, 121.5 & 121.6)

121.4 An occupant who wishes to install air conditioners or make other improvements may do so with the written approval of the BHC or the Government, as the case may be. Permission will not be unreasonably withhold provided that the improvements are made in a workman-like manner and are removed and any damage made good on vacation of the property.

121.5 If ordinary maintenance is required to an employee’s house, he/she should apply as appropriate to the BHC (in the case of BHC pool house), to DBES (in the case of Government
owned house) or to the Housing Allocation Authority (in the case of privately leased pool house).

121.6 An employee is not permitted to make structural alterations to Government housing allocated to him/her.

Guidelines for interpreting housing installations and improvements; maintenance; and alterations

i. Housing authorities and Government should build houses with facilities that can cater for officers with disabilities and special health needs, e.g. ramps.

ii. In existing housing, facilities should be provided (where none exist) for officers with disabilities and special health needs.

iii. Wherever possible, Managers and Planners should ensure that adequate housing is available to avoid potentially high risk situations, such as the need for staff to cohabit with members of the opposite sex.

HR management

Appointments (COE 11.1 & 12.1)

11.1 If a post is to be filled by direct recruitment, applications for the post may be invited by advertisement in Botswana in such a manner as the Appointing Authority may prescribe from time to time.

12.1 Appointing authorities shall set up Appointment Boards to facilitate selection of suitable candidates for employment to ensure transparency.

Guidelines for advertising and for Appointment Boards

i. Advertisements for positions in the Public Service should not discriminate on the basis of gender, disability or health status.

ii. Appointment Boards should ensure that non-discriminatory processes are followed when selecting candidates for employment in the Public Service.

iii. Managers should be orientated and supported to ensure that recruitment and appointment processes are well planned and efficiently conducted.

iv. Managers should actively develop plans to temporarily redistribute roles and staff where possible to reduce the impact of any appointment delays on other staff and on service delivery.

Probation (COE 15.8 & 18.4)

15.8 During their period of probation, employees must be regularly supervised and kept under continual and sympathetic observation. Heads of Department/Supervisors must bring to their notice, in writing, any faults that they may have and must give them relevant assistance towards correcting such shortcomings.
18.4 The appointing authority shall ensure that the employee is formally attached to another employee for a period of not less than two months for the purpose of overseeing his/her work and providing guidance.

Guidelines for supervising and observing employees on probation

i. During probation, the Supervisor should not only take note of any faults that the employee may make, but should also have a dialogue with the employee to establish if there are any psychosocial issues or health, social or economic factors at play that are impacting on his/her work performance.

ii. Correction of shortcomings should be done in a constructive way, adopting an appreciative approach to change and building on the officer’s strengths, as opposed to only focusing on his/her weaknesses.

iii. The probation assessment tools that are used in this process do cater for a holistic approach, and Supervisors should receive orientation to enable them to use them properly.

Employee personal files (COE 18.6)

18.6 The appointing authority will open a personal file for each employee on appointment. This file will contain:
   a) the employee’s application for appointment;
   b) appointment letter;
   c) copy of a contract of employment;
   d) personal details;
   e) medical certificate of fitness;
   f) leave register; and
   g) any other information relating to his/her employment.

Guidelines for information to be kept in employee personal files

i. Any document that may disclose confidential personal information about an officer should not be kept in the employee personal files. Each Ministry should set up an appropriate, secure system to protect such information.

ii. Access to such information should be restricted to nominated officers in top management.

iii. Medical fitness for employment is a requirement for all Public Service employees. It is used as an important selection criterion for the uniformed services, but should be more meaningfully applied during recruitment for other employees.

Promotions (COE 24.7)

24.7 For purposes of transparency in promotions, there shall be an Appointment/Promotions Board, which shall be responsible for promotions of employees to all levels up to Grade D1 in each Ministry and Independent Department.

Guidelines for Appointment/Promotions Board

i. Membership of the Appointment/Promotions Boards should include the Ministry Wellness Coordinator, with a specific mandate to ensure non-discrimination on the basis of gender, health and disability and to represent issues related to employee wellness.
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Night duty (COE 28.3 & 28.5)

28.3 Measures must be taken to protect the health, safety and welfare of employees working night duty.

28.5 Employees are normally not provided with transport to/from work, but it may be provided for employees working night duty, where compelling conditions make it necessary to do so. Supervisors should get prior authority from their Heads of Department.

Guidelines for protecting staff working shifts and night duty

i. All officers commuting to and from work outside of daylight hours, as well as employees working night duty, may be at risk of harassment or assault when travelling to and from work. Supervisors and Heads of Department should examine the circumstances where this occurs and utilize the information in deciding on providing transport to/from work for such employees.

Sick leave (COE 86.6, 86.7, 86.9 & 86.13)

86.6 In the event that light duty is recommended for an employee, it should be time-bound and the appointing authority shall determine the conditions under which the employee should work, including the amount of work.

86.7 In a situation where the appointing authority is unable to offer light duty he/she has the responsibility to subject such an employee to Medical Board assessment.

86.9 If an employee is referred for specialist medical treatment that is not available at his/her station, the referring practitioner shall grant sick leave of not more than three (3) days to enable the employee to obtain such treatment.

86.13 Where an appointing authority is of the view that an employee’s performance is affected by illness, or that his illness poses a threat to other employees, he may grant the employee time-off not exceeding twelve (12) hours, to seek medical attention.

Guidelines on interpreting and applying light duty; specialist medical treatment; and performance affected by illness

i. In the event that a medical practitioner recommends light duty for an officer, the Supervisor or Head of Department should determine if there are suitable light duties available and, where these are available, should ensure that the conditions under which the employee is working are appropriate for his/her medical condition. Where necessary, the Supervisor should seek advice from a suitably qualified person, in making a decision on appropriate light duties. Ideally the doctor recommending light duty should provide guidance for the decisions that need to be made, based on any restrictions arising from the officer’s medical condition.

ii. Within the parameters of the duties and work to be conducted in a Ministry, the principle of reasonable accommodation should be applied in cases where an employee is unable to fulfil his/her normal duties.
iii. Where an officer cannot perform his/her duties as a result of illness, the Supervisor or Head of Department should assess the risk (if any) to the employee and the risk (if any) to other employees in the process of deciding to refer such an employee for a Medical Board assessment.

iv. Holistic, multidisciplinary assessments should be provided in cases where an employee is referred, for assessment, to a Medical Board.

v. Special dispensations should be considered in cases where an officer has a terminal (as opposed to a chronic) medical condition.

vi. Certain conditions, such as advanced HIV disease, may result in an officer being referred for assessment. It should, however be considered that, once on treatment, such officers may well be able to resume their employment, as effectively as before.

vii. Interpretation of COEs relating to medical referrals and treatment should be guided by the best interests of the employee, balanced against the best interests of the Ministry.

viii. Supervisors and Heads of Department should exercise their discretion to enable officers requiring specialist treatment that is not available at their station to access such treatment, without prejudicing their performance record.

ix. Deployment to another post may be considered, when health-related circumstances result in an officer no longer being able to fulfil his/her duties. In such instances, thorough consultation with the officer concerned should take place and decisions should be made in accordance with fair labour practices.

x. Supervisors should keep a record of absenteeism and/or illness of staff so that any decisions made about performance and Medical Boarding are well informed and reasonable, addressing the needs of the officer concerned and of the Public Service.

Grievance and disciplinary procedures (COE 138.4 & 141.1)

138.4 Employees and Managers should treat one another with appropriate sensitivity and respect, and contribute towards a constructive working environment within the Public Service.

141.1 The primary aim of the disciplinary procedure is to correct employees’ behaviour and ensure that they conduct themselves in an acceptable manner. This should be achieved through counselling of employees by Supervisors who should explain to employees what is expected of them.

Guidelines for conducting grievance and disciplinary procedures

i. Employees involved in grievance and disciplinary procedures should be able to participate in an environment that is free from intimidation.

ii. Supervisors should be trained to provide counselling during grievance and disciplinary procedures that is constructive and affirming of good behaviour.

HR development

Induction (COE 14.1 & 14.2)
14.1 All newly appointed employees shall be inducted to enable them to perform their duties. Heads of Department shall be responsible for ensuring that newly appointed employees are inducted.

14.2 On the employee’s assumption of duty, the Head of Department shall ensure that a proper induction is conducted on the Conditions of Employment, Financial Instructions and Procedures, Supplies Regulations, and other laws and regulations relating to the Public Service. This induction course should cover, inter alia:

4.2.1 conduct of employees, including punctuality, courtesy and dress;
4.2.2 introduction to fellow employees and orientation to the workplace;
4.2.3 working conditions, including operations, equipment and systems;
4.2.4 staff welfare, medical aid, leave and working hours;
4.2.5 discipline;
4.2.6 programmes and projects of the employing Department;
4.2.7 organisational structure and reporting;
4.2.8 accountability and responsibility;
4.2.9 positive attitude to work and cooperation with fellow employees; and
4.2.10 any other information relating to employment relations in the Public Service.

Guidelines for induction of newly appointed employees (staff welfare; positive attitude to work; cooperation with fellow employees; etc)

i. All new Public Service employees should be educated on HIV and AIDS and workplace wellness related issues, and on the programmes and opportunities available to them.

ii. The conduct expected of employees should be communicated in ways that emphasise the value placed on employee wellness.

iii. Disclosure to a relevant Supervisor should be encouraged of any health condition that may impact on an officer’s work performance and on the working environment; whilst ensuring that such information will be kept confidential and will only be used to in the interests of the officer concerned.

iv. Supervisors should regularly monitor the workplaces under his/her control for staff welfare and health issues that may require attention.

Occupational health, safety and welfare (COE 126.6 & 126.9)

126.6 Employees and their representatives shall be given adequate information, including training in health and safety issues, and will be allowed to enquire and consult Heads of Department on all aspects of occupational safety and health associated with the employees’ work.

126.9 Management shall be responsible for creating non-discriminatory environment for employees in the workplace, and to encourage employees to participate in all Wellness Programmes in the workplace.

Guidelines for providing adequate health and safety information and training to employees and their representatives; and for providing a non-discriminatory work environment and encouragement to participate in Workplace Wellness Programmes
i. Employees should be encouraged to take responsibility for their own health and wellbeing, as well as responsibility for ensuring that they do not expose fellow workers to any health or safety risks.

ii. Information and training on health and safety issues should be provided periodically (as opposed to once off) to all officers concerned.

iii. Particular attention should be paid to employees whose work (e.g. health care or emergency services; or those required to undertake frequent travel) may expose them to health risks, or may create difficulties in adhering to treatment, or may predispose them to less healthy lifestyles.

iv. Where a health or safety risk to an officer exists, due to the work he/she is doing, strict adherence to occupational health and safety regulations should be enforced, with regular monitoring to ensure that such risks are minimised.

v. Employees should be sensitised on issues of stigma and discrimination and that discrimination in any form is not tolerated in the Public Service.

vi. Creative incentives should be identified to encourage employee participation in Workplace Wellness Programmes.

vii. Participation by all cadres in Workplace Wellness Programmes should be promoted as a way to demonstrate leadership and to foster ownership of the activities and events.

Performance Agreements (COE 136.1 & 136.2)

136.1 There shall be quarterly performance reviews conducted for purposes of professional development, promotion, confirmation, increment, and general management of performance in the Public Service.

136.2 The appointing authority will ensure that Performance Agreements and Performance Development Plans are made in respect of all employees where such instruments are appropriate. Copies of such plans are to be forwarded to the Permanent Secretary not later than 30 April each year.

Guidelines for meeting requirements related to performance agreements, performance reviews and performance development plans

i. Key result areas in the PDPs of senior officers should include responsibilities and targets i.r.o. employee wellness and the Ministry’s workplace wellness programme.

ii. Every officer’s PDP should include measures of his/her wellness, in relation to how this impacts on work performance and on his/her participation in workplace wellness activities.

iii. The functions of Ministry Wellness Coordinators should be formalised and they should be aligned with the workplace wellness responsibilities of others in the Ministry.

iv. Where psychosocial or physical health and wellness issues are impacting on performance, the support of the Workplace Wellness Programme and of the Employee Assistance Programme (EAP) should be actively sought to ensure appropriate management of the employee’s performance.

In-service training (COE 171.6 & 180.3)
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171.6 Heads of Department are responsible for assessing employees who are to be sent for training to ensure that they are academically, psychologically, and emotionally fit for the training course they are to attend. Where necessary he/she should seek assistance from others with the necessary expertise to conduct such assessments.

180.3 Training is intended to improve performance and productivity of the employee. It does not create any right or expectation to promotion, although in appropriate cases it may render an employee suitable for promotion per qualifications and in the usual course.

Guidelines for interpreting fitness for training and improved productivity and performance through training

i. Heads of Department intending to send employees for further academic training should ensure that such employees are prepared – academically and psychologically – to undergo the training.

ii. Heads of Department should carefully select the officers for training, considering the needs of the Ministry and the qualities and characteristics of the officers concerned.
Section Seven: Roles and Responsibilities

The roles and responsibilities for implementing Workplace Wellness Programmes and for applying the Guidelines are described for different employee categories and structures. They are complemented by the roles and responsibilities detailed in:

- The Public Service Code of Conduct on HIV and AIDS;
- The Public Service Wellness Policy; and
- Wellness policies and guidelines from various Ministries.

Senior management and Heads of Departments shall:

- Review the strategy for the Workplace Wellness Programme, the routine reports, findings from audits and assessments, etc;
- Approve an annual budget to implement the workplace wellness strategy;
- Participate in and support workplace wellness activities;
- Act as a role model in terms of employee wellness;
- Meet any wellness-related criteria in his/her PDP; and
- Ensure that the COE and the Guidelines are adhered to.

Supervisors shall:

- Manage and monitor employee performance, especially the interface between performance and wellness;
- Allow time for employees to participate in workplace wellness activities;
- Ensure that there is consultation on workplace wellness issues;
- Inform employees of and manage any work-related risks (including universal infection control procedures);
- Enforce legal and ethical codes and practices, including addressing any instances of discrimination;
- Participate in and support workplace wellness activities; and
- Oversee the application of and adherence to the COE and the Guidelines.

Corporate Services management shall:

- Monitor HR trends and present findings and recommendations to senior management and to the Workplace Wellness Committee;
- Monitor trends in employee benefits (utilisation, costs, etc) and present findings and recommendations to senior management and to the Workplace Wellness Committee;
- Ensure compliance with the COE and other relevant Public Service regulations; and
- Form partnerships and set up and maintain a referral system for employees with special needs; and
- Manage the interpretation and application of, and adherence to, the COE and the Guidelines.

Workplace Wellness Committee shall:
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- Conduct periodic audits of the health and wellness needs of employees as well as of the existing programme and services;
- In consultation with key stakeholders, develop the workplace wellness strategy and annual implementation plans;
- Manage, monitor and report on implementation of the workplace wellness strategy;
- Review the strategy periodically; and
- Ensure that workplace wellness activities are aligned with the COE and the Guidelines.

Ministry Wellness Coordinator shall:

- Conduct or oversee day-to-day workplace wellness functions, events, services;
- Facilitate referrals of employees requiring services;
- Liaise across the Ministry and with the Districts on all workplace wellness matters;
- Liaise with DPSM and other Ministries on workplace wellness matters; and
- Ensure that workplace wellness activities are conducted in accordance with the COE and the Guidelines.

Trade unions and employee representatives shall:

- Ensure that employee wellness and Workplace Wellness Programmes are part of all consultation processes;
- Represent the workplace wellness issues of employees in all collective bargaining processes;
- Familiarise themselves with the Guidelines, and support compliance with the provisions contained in the Guidelines; and
- Participate in and support workplace wellness activities and encourage employees to participate; and
- Oversee the application of and adherence to the COE and the Guidelines and that Workplace Wellness Programmes are conducted in accordance with these.

Employees shall:

- Take responsibility for their own health and wellbeing;
- Participate in workplace wellness activities;
- Comply with any risk reduction instructions and control measures in the Ministry;
- Respect the rights of work colleagues, including the right to privacy regarding their health status;
- Support colleagues who have health and wellness problems;
- Promote health and wellness – at work, at home and in the community; and
- Familiarise themselves with the COE and the Guidelines and comply with the provisions contained therein.
Appendix 1: Glossary of Terms

The glossary defines key terms that have been used in the Guidelines, with the source from which the definition came in the footnotes.

**Appointment** includes first appointment, a transfer, a promotion, redeployment, a temporary appointment and, if the person appointed to act draws the salary of the office, an acting appointment.\(^{11}\)

**Discrimination** is an action based on a pre-existing stigma.

**Employee** means any person who has entered into a contract of employment for the hire of his or her labour in terms of the Public Service Act, Cap 26.03.\(^{12}\)

**Employer** means the Government in respect of all of its officers except members of the Botswana Defence Force, the Botswana Police Service, the Local Police Service, and the Prison Service.\(^{13}\)

**Family** means the spouse and/or children of an employee.\(^{14}\)

**Misconduct** is defined as any act done without reasonable excuse by an employee which contravenes any enactment relating to the Public Service or which is otherwise prejudicial to the efficient conduct of the Public Service or tends to bring the Public Service into disrepute.\(^{15}\)

**Productivity** can be defined as the “relative measure of the efficiency of a person, machine, factory, system, etc., in converting inputs into useful outputs...productivity is a critical determinant of cost efficiency”.

**Reasonable accommodation** covers any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person with a medical condition or disability to have access to or participate or advance in employment.

**Sexual harassment** means any unwanted, unsolicited or repeated sexual advance, sexually derogatory statement or sexually discriminatory remark made by an employee to another, whether made in or outside the workplace, which is offensive or objectionable to the recipient, which causes the recipient discomfort or humiliation, or which the recipient believes interferes with the performance of his or her job security or prospects, or creates a threatening or intimidating work environment.\(^{16}\)

**Treatment** includes medical, surgical or dental treatment and it includes charges for hospitalisation and the supply of drugs.\(^{17}\)

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\(^{11}\) 2009 Conditions of Employment for the Public Service
\(^{12}\) 2009 Conditions of Employment for the Public Service
\(^{13}\) Public Service Act, 2008
\(^{14}\) 2009 Conditions of Employment for the Public Service
\(^{15}\) Public Service Act, 2008
\(^{16}\) Public Service Act, 2008
\(^{17}\) 2009 Conditions of Employment for the Public Service
Wellness in the workplace is achieved when the physical, emotional, social and spiritual needs of all employees are addressed. A Workplace Wellness Programme delivers comprehensive and holistic care and support that aims to\textsuperscript{18}:

- Reduce sickness and absenteeism;
- Increase productivity;
- Improve staff morale;
- Decrease health expenditure;
- Decrease employee terminal benefits related to premature death;
- Reduce workmen’s compensation; and
- Improve the wellbeing of individual members of staff.

\textsuperscript{18} Adapted from Operational Guidelines – workplace wellness program for health workers, October 2007
Appendix 2: Resources and References

DPSM (June 2010). Conditions of Employment

DPSM (2010). Public Service Wellness Policy


Mothusi B (2008). Public Sector Reforms and Managing Change in Botswana: The Case of Performance Management System


Appendix 3: Members of the Reference Group and Technical Working Group

Reference Group

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Festina S. Bakwena</td>
<td>DPSM</td>
</tr>
<tr>
<td>2. Kebonye Moepeng</td>
<td>DPSM</td>
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<tr>
<td>3. Bontle Pilane</td>
<td>DPSM</td>
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<tr>
<td>4. Evaristo Marowa</td>
<td>UNAIDS</td>
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<tr>
<td>5. Kwin-Sandi Lwin</td>
<td>UNDP</td>
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<tr>
<td>6. Cater Morupisi</td>
<td>Infrastructure Science and Technology</td>
</tr>
<tr>
<td>7. Richard Matlhare</td>
<td>NACA</td>
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<tr>
<td>8. Kolaatamo Malefho</td>
<td>Health</td>
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<tr>
<td>9. Steven Ludick</td>
<td>Local Government</td>
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<tr>
<td>10. Macheng Macheng</td>
<td>Education and Skills Development</td>
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<tr>
<td>11. Solomon Sekwakwa</td>
<td>Finance and Development</td>
</tr>
<tr>
<td>12. Ruth Maphorisa</td>
<td>Youth, Sport and Culture</td>
</tr>
<tr>
<td>13. Lucky Moahi</td>
<td>Labour and Home Affairs</td>
</tr>
<tr>
<td>14. Rose Tatedi</td>
<td>Associated Fund Administrators (BPOMAS)</td>
</tr>
<tr>
<td>15. M. Chimbombi</td>
<td>Agriculture</td>
</tr>
<tr>
<td>16. Mabua Mabua</td>
<td>Transport and Communication</td>
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Technical Working Group

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORGANISATION</th>
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<tbody>
<tr>
<td>1. Andina Dintwa</td>
<td>DPSM</td>
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<tr>
<td>2. Jacob Nkala</td>
<td>DPSM</td>
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<tr>
<td>3. Monametsi Moncho</td>
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<td>4. Wayne Mlazie</td>
<td>DPSM</td>
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<td>5. Robinson Dimbungu</td>
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<td>6. Peter Chibatamoto</td>
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<tr>
<td>7. Peter Stegman</td>
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<td>8. R. Lebelonyane</td>
<td>MLG</td>
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<td>9. Dolly Motladiile</td>
<td>Police</td>
</tr>
<tr>
<td>10. Koona Keapoletswe</td>
<td>MoH (HIV Dept)</td>
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<tr>
<td>11. Jeffrey Makgolo</td>
<td>ILO</td>
</tr>
<tr>
<td>12. Tinaye Mmusi</td>
<td>UNDP</td>
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