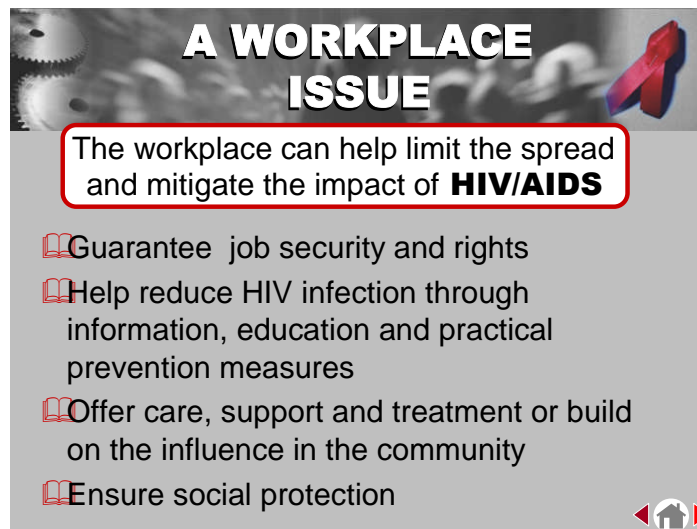


MANAGING HIV/AIDS IN THE WORKPLACE

ONE DAY WORKSHOP REPORT



A WORKPLACE ISSUE

The workplace can help limit the spread and mitigate the impact of **HIV/AIDS**

- 📖 Guarantee job security and rights
- 📖 Help reduce HIV infection through information, education and practical prevention measures
- 📖 Offer care, support and treatment or build on the influence in the community
- 📖 Ensure social protection

ILO slide David Maweije (maweije@iloaids.or.ug)

STOP AIDS NOW! (SAN!) AND OXFAM INTERNATIONAL (OI)
MUYENGA CLUB, Kampala, Uganda
8th , 10th and 13th of June 2005

Beatrice Ngonzi

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Report Summary

Introduction

This report contains combined proceedings, emerging issues and agreed actions resulting from three one day workshops for organizations implementing projects funded by STOP AIDS NOW! (SAN!) partners Novib, Cordaid, HIVOS and ICCO and OXFAM International. Its purpose was to inform them about the initiative 'Managing HIV/AIDS in the Workplace', a project that aims at adjusting policies and practices of donors and their development partners in the light of the HIV/AIDS pandemic. More information can be found in the invitation letter to the partner organization in Annex 1. The proceedings fed into the workshop of the strategic partners particularly with regard to developing terms of reference for the project coordinator, local project group and the activity plan on the way forward. The workshops were organized by ACORD on behalf of Stop Aids Now! (SAN!) and Oxfam International (OI).

More than 60 organizations were invited and 63 participants attended the workshops representing over 50 organizations. The program of the one day workshop can be found in Annex 2. The workshop was facilitated by Judith Bakirya, an organization development consultant with considerable experience in HIV/AIDS mainstreaming.

Workshop Objectives

- 1 Creating harmony and alignment among SAN!/OI partners for the HIV/AIDS at the Workplace initiative;
- 2 Learning about the basic ingredients on how to formulate a policy for HIV/AIDS at the Workplace;
- 3 Contributing to the formulation of the Terms of Reference for the Local Project Group and Project Coordinator for the Managing HIV/AIDS at the Workplace project;
- 4 Enhancing teamwork and ownership of the project.

Expectations of Participants

Each session commenced with the participants being asked to note their expectations and fears with regard to managing HIV/AIDS in the workplace. The common expectations noted were as follows:

- Sharing experiences;
- Learn about "Managing HIV/AIDS at the Workplace";
- Open discussion on way forward;
- Learn how to move beyond policies to implementation;
- Agree upon a framework for the initiative;
- How to streamline HIV/AIDS in development programs.

Fears of Participants

- Theory rather than practice;
- Sustainability of an HIV/AIDS workplace policy (resources);
- Implementation might be difficult and depending on funds (resources);

- Workshop (time) is too short to meet expectations;
- Stigma preventing staff from accessing support offered through a policy;
- Buy in management and how to reach the workers.

Agreed Actions

- 1 TOR for the Local Project Group and Project Coordinator are defined and the need arose for TOR for the participating organization to be defined before the official launch of the Project.
- 2 Composition of the Local Project Group is agreed upon.
- 3 Have an intermediate period for the start of the initiative i.e. recruiting the Project Coordinator. The recruitment process will start mid June and the aim is to have the Project Coordinator on board by the end of August. The Local Project Group, whose composition was agreed, will participate in the recruitment process.
- 4 ACORD HASAP is chosen to be the host organization for the Local Project Coordinator, after confirming their willingness to do so.
- 5 Action plan for six months including the initial activities to start the initiative such as formulating the project and the official launching scheduled for November 7th , 2005.

Proceedings

Overview

Morning sessions were plenary and presentations were made ranging from providing facts and trends on HIV/AIDS, to ILO Code of Conduct and field experiences of HIV/AIDS internal mainstreaming. In addition a person living with HIV/AIDS was invited on each day to share experiences on stigma and discrimination. Anti-discrimination toolkit was introduced to the participants after they practiced one of the tools. The summaries of presentations included here and the detailed reports are in Annex 5.

Statistics and Basic Facts on HIV/AIDS

In this session Dr. Harriet Kivumbi, Regional HIV/AIDS Policy Coordinator for the Oxfam International, East and Central Africa Regional Strategy Team gave a presentation on statistics and basic facts on HIV/AIDS in Uganda and worldwide. The second part of her presentation focused on HIV/AIDS being a development issue rather than a health issue. The presentation is available in Annex 4.

The HIV prevalence rates showed were conducted by the Ministry of Health in 2004:

800, 000 Ugandans live with HIV/AIDS putting the national average 7% higher than the previously documented 6.1% to 4%

Urban-rural variations were found to be as follows

Urban prevalence rates are higher at 10.7% compared to average Rural HIV prevalence rates of 6.4%

HIV rates among women in urban areas are almost twice as high as those in rural areas

Gender variations

Women's position in society and their biological "functions" make her more vulnerable to HIV/AIDS. In addition their inability to negotiate for safe sex increases her vulnerability.

Average national rates for women are 7.9 % compared to men at 6%. The 30 to 40 age group is most infected with HIV, 15-19 year age group has the lowest rates at 3.2 % for women and 1.2% for men.

In-country trends

- West Nile region had the lowest rates of 2.5% followed by the Karamoja region with rates of 4.7% (up from 1%);
- Commercial sex workers in Kampala were found to have HIV prevalence of up to 47%;
- Armed combatants are at a high risk of infection due to the nature of their work;
- HIV/AIDS and education level – infection is high among highly educated people;
- 63% of business leaders in Uganda believe that HIV/AIDS has had a serious impact on their businesses; no steps are being taken to address the problem.

Magnitude of HIV/AIDS worldwide

Global summary of the HIV/AIDS epidemic, December 2004 (UNAIDS)

Category of People	Number (million)
Number of People living with HIV in 2004	39.4 (35.9 – 44.3)
Adults	37.2 (33.8 – 41.7)
Women	17.6 (16.3 – 19.5)
Children under 15 years	2.2 (2.0 – 2.6)
People newly infected in 2004	4.9 (4.3 – 6.4)
Adults	4.3 (3.7 – 5.7)
Children under 15 years	640 000 (570,000–750,000)
AIDS deaths in 2004	3.1 (2.3 – 3.5)
Adults	2.6 (2.3 – 2.9)
Children under 15 years	510 000 (460000 – 600000)

Impact of HIV/AIDS on Development

In this session Dr. Harriet Nkalubo gave an overview of the impact of HIV/AIDS on development and coping strategies adopted by various organizations. The session was concluded with questions and answers on AIDS as a development issue. HIV/AIDS is a development problem because the largest numbers of people affected are those at the peak of their productivity. In addition the following sectors are affected by HIV/AIDS; Industry and Trade, Education, Health, Agriculture and NGO World.

An example was given on gender related impacts of HIV/AIDS on rural livelihoods

- Increased female headed households;
- Increased workload of women for agricultural production;
- Loss of income and assets;
- Increase in the vulnerability of women to land and property dispossession;
- Withdrawal of children especially girls from school;
- Increased domestic work load for women;
- Declining rural safety nets and increased burden of fostering of orphans;
- Increased challenges of the elderly especially women who are caregivers and foster parents.

Why is HIV/AIDS a development problem?

Answers

- Reduction in agricultural production;
- High school drop out rates, frequent absenteeism of teachers affects the education sector;
- Reduced savings due to high medical costs;
- Increase in the number of fraud cases in organizations attributed to the high medical costs staff have to meet.

Coping strategies

Presentations on strategies adopted by organizations that felt the impact of HIV/AIDS. In this session three organizations, SOMED, UFFCA and IRDI made 10 minute presentations on coping strategies adopted in their organization and programs. Copies of the detailed presentations are attached as Annex 5. The following is a summary of issues highlighted in their presentations.

Mandhawun Paschal, Field Operations Manager, Support Organization for Micro Enterprises Development (SOMED)

The presenter outlined coping strategies adopted by SOMED indicating how the organization has managed HIV/AIDS at the workplace. These were:

- HIV/AIDS & Health and Safety Policy;
- Regular provision of accurate, updated information on HIV/AIDS;
- Establishment of a supportive environment – non discrimination of rights of PLWHA to work and promotion, employee benefits;
- Non-tolerance for mandatory testing;
- Confidentiality of staff sero status;
- Discrimination and stigmatization of HIV+ staff regarded as a disciplinary offence;
- Provision of HIV-related leave;
- Redeployment of employees with AIDS on medical advice.

Question and answer session

Does the organization offer support to an employee's family?

Support is limited to spouses

Who makes the decision of redeployment?

Staff can either request for it or management may take the decision on grounds of poor performance where an employee has not declared their status.

What are the payment terms with regard to ARVs?

These are covered in the health and insurance policy offered by the organization

Is it mandatory to declare one's status to benefit from the benefits offered by the organization?

Declaration of one's status is a personal choice but the organization encourages their staff to do so in order to access the necessary treatment. An employee can still access HIV/AIDS tailored benefits without declaring their status

Does the organization budget for illnesses?

The organization has allocated resources to the HIV/AIDS workplace policy

Are loans offered to clients who may be HIV+?

Yes, since they are insured against death of any kind.

Gakwaya Hellen, Deputy Executive Director, Integrated Rural Development Initiatives (IRDI)

The organization has been involved in mainstreaming HIV/AIDS in its programs and has adopted various coping strategies to address the impact of HIV/AIDS on its target group. These are:

- Mainstreaming HIV/AIDS in all levels of program development and interventions;
- Involving vulnerable persons such as women, youth, PLWHA in the groups;
- Promotion of group formation for information sharing and raising awareness on HIV/AIDS;
- Establishment of links with HIV/AIDS support organizations for provision of IEC and support services;
- Training group members as peer educators on HIV/AIDS;
- Include session on HIV/AIDS in training programs;
- Provision of labor saving technologies to affected people.

Question and answer session

What are the labor saving technologies and what is their rate of success?

They are fuel saving stoves, wood stoves (conserves wood, has multiple cooking points, keeps food warm) food processing technologies

What support does the organization offer to its staff with regard to HIV/AIDS?

The organization lacks a policy on HIV/AIDS at the workplace due to limited awareness on the importance of such a policy.

How is information on HIV/AIDS incorporated in training sessions that have no links with HIV/AIDS?

The trainings are conducted in such manner that a session on providing basic facts on HIV/AIDS is included.

What is the target group of the organization

Farmers (women, youth and children in involved in child labor), NGOs, CBOs

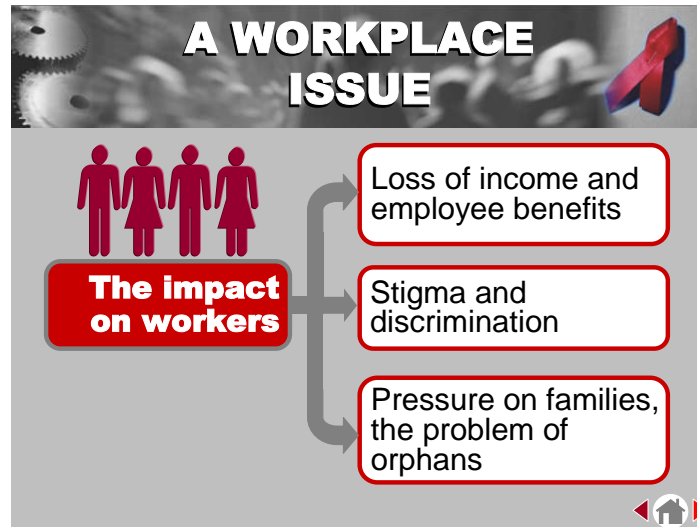
Naphtali Bigirwenkya, HIV/AIDS Focal Point Person, UFFCA's Experience in Working in an Environment Affected by HIV/AIDS

A draft HIV/AIDS policy has been drafted which requires funding for implementation. The proposed policy provides for the following;

- Sensitization programs for staff on HIV/AIDS and encouraging voluntary testing and counseling.
- Designing a program to support staff living with HIV/AIDS and mainstream HIV/AIDS issues in its programs.
- Supporting staff with HIV/AIDS with essential drugs and nutritious food till death
- Strengthen collaboration with other stakeholder partners like TASO, UASP, MOH, GLOBAL FUND etc. for training and possible funding.
- Encouraging staff to live a responsible lifestyle to avoid infection and or infecting others, and to conduct periodical voluntary testing.
- Assisting staff who have lost relatives through medical insurance and income generating schemes.
- Maintaining a high level of confidentiality on matters of staff health status.
- Ensure that staff do not lose their jobs after being found HIV/AIDS positive.

HIV/AIDS and the world of work

During this session a presentation was made by David Maweije, Program Officer from the International Labor Organization Uganda (ILO) on the ILO Code of Practice on HIV/AIDS and the world of work. The presentation can be found in Annex 6. Special attention was paid to the challenges that developing and implementing an HIV/AIDS workplace has. The 10 key principles of the ILO Code of Practice are discussed and steps towards action to implement a policy.



Challenges presented by HIV/AIDS as a workplace issue

- Maintaining productivity;
- Retaining a stable skilled workforce;
- Support provided by the viable sick and pension schemes;
- HIV/AIDS threatens the fundamental principles and right to work particularly discrimination and stigma;
- Introduction and access to ARV requires strengthening of HIV prevention more than before;
- Addressing gender inequalities and the problem of child labor.

Steps to Action

- Draw up a workplace policy on HIV/Aids with participation & representation of all categories of workers, including a PLWHA;
- Have a focal point person to coordinate the project;
- Set up/ adopt a workplace committee with specific ToRs;
- Review National Policy Guidelines on OPHAs, NSF including organizational policies on health, human resource;
- Find out what health, information and community services available;
- Develop a plan of action to implement the policy (5Ws);
- Disseminate the policy and project;
- Start little, much can be done with no cost or less cost activities;
- Management should recognize and support the committee and project;

- Monitor the impact of the policy (periodically) and revise it accordingly.

Questions and answer session

Does the Code provide rights for the employer

No, but labor laws in Uganda provide for rights of employers and employees. A workplace policy with guidance from the ILO code of Practice stresses the fact that the policy is for employers and employees put together by both in an open dialogue.

Does the Code provide any form of protection to workers who are subjected to compulsory testing?

No, the Code is not a law. However compulsory testing is prohibited by law and can be challenged on grounds of discrimination.

Should the HIV/AIDS committee at the workplace be separate from the personnel and human resource department of the organizations?

It should not be left to the human resource department only. The committee should be formed by its functions and all staff members should be eligible to sit on it.

Does the Code offers any form of protection to workers on short-term contracts?

The code is not a law and therefore it does not offer any legal protection. It can be used as a tool or a guideline to draw a policy within an organization that offers security. If the short term contracts are specifically mentioned in the policy is depending on individual organization policies.

How does one address the challenges associated with effective use of condoms provided at workplaces?

They should be placed in all washrooms of organizations accompanied by provision of information on how they reduce infection with the virus.

Can compulsory testing be justified for planning purposes to determine how many employees are HIV + so as to provide the relevant services?

There's a known formula for calculating costs that may be incurred by organizations in catering for costs related to HIV/AIDS which can be used for planning purposes, thereby eliminating the need for compulsory testing to determine the same.

Stigma and discrimination

The session on Stigma and discrimination associated with HIV/AIDS focused on experiences of Sam Serunkuuma, Volunteer with National Forum for People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) and Florence, Program Manager, National Community of Women Living with HIV/AIDS on stigma and discrimination that they have been subjected to. Florence faced discrimination at her workplace once it was suspected that she was HIV+. She was due for a promotion which was denied to her and instead was threatened with being laid off but was later reallocated to a workstation and no work was assigned to her. She approached the board of directors who were put her manager to task over the treatment that was meted to her.

"My boss told me that after all you are going to go (meaning die), I am helping you access your benefits before that time. Hardly six months elapsed before my

boss was down sick with clear symptoms of HIV/AIDS. I became his counselor. He later died”

Sam began the session with an HIV/AIDS risk assessment exercise which informed the participants on vulnerability to infection. The exercise is attached as Annex 7. His testimony centered on how he was isolated when he was diagnosed with HIV/AIDS in the Fiji Islands and how his employers under the camouflage of sending him to make presentations at workshops used the opportunity to inform the participants without his consent that he was HIV+.

“When I went to South Pacific on a two years contract in a church organization, I did not know I was HIV positive. The diet and harsh weather affected my health. I grew very thin and dark. When I went for medical check up, an HIV test was conducted without my consent. While every body knew the results of the test, I was ignorant. I picked the information from the rumors circulating behind my back. When I came back to Uganda, the rumors continued. My wife was uneasy and wanted to stay indoors. I stood my ground and continued interacting in the church gatherings.”

Stigma and Discrimination

Stigma was defined as a ‘powerful discrediting and tainting social label that radically changes the manner in which individuals view themselves and are viewed as persons.’ People who are stigmatized are usually considered deviant or shameful and as a result are shunned, avoided, discredited, rejected, restrained or penalized. As such stigma is an expression of social and cultural norms, shaping relationships among people according to those norms. Stigma marks the boundaries a society creates between ‘normals’ and ‘outsiders’, between ‘us’ and ‘them’.

Who are the stigmatized?

The stigmatized are a category of people who are negatively regarded by the broader society, shunned, devalued and whose chances of survival are lessened.

Dimensions of Stigma

- HIV/AIDS is associated with behaviors that are considered deviant such as homosexuality and drug use;
- People infected with HIV/AIDS are faulted for contracting the virus;
- HIV/AIDS is a life-threatening disease;
- People are afraid of contracting HIV;
- Regarding HIV/AIDS as a disease of morally deficient people.

Types of Stigma

(Felt versus enacted stigma)

Felt stigma refers to the shame associated with the illness and the fear of being discriminated while enacted stigma is actual experiences of discrimination. Felt or anticipated stigma has an enormous impact on PLWHAs. Discovering that one is HIV+ brings with it a multitude of anxieties and concern that issue simply from fears and uncertainty about people’s reaction to one’s status. These anxieties and concerns prevent PLWHAs from disclosing their HIV status to family and or friends and benefiting from their support, seeking or obtaining employment, accessing health care services or related services.

How Stigma and Discrimination makes people more vulnerable to HIV

- Personal vulnerability to HIV/AIDS which focuses on the various factors in an individual's development or environment that render him or her more or less vulnerable such as physical and mental development, knowledge and awareness, behavioral characteristics, life skills and social relations.
- Programmatic vulnerability refers to the contributions of HIV/AIDS towards reducing or increasing personal vulnerability. This includes information and education, health and social services and human rights programs.
- Societal vulnerability is the contextual factors that define and constrain personal and programmatic vulnerability. This includes issues such as political structures, gender relationships, and attitudes to sexuality, religious beliefs and poverty.
- It was generally recommended that organizations should establish an environment that encourages staff to declare their status by providing information, improving access to treatment. There's need to look into the type of education offered, counseling and sensitization of the community.

Question

Have you declared your status to your partner?

Yes

How they are managing stigma in the church?

Emphasizing that Jesus never condemned sinners, so the Church has no moral authority to condemn HIV+ people

How to reduce self-stigma?

Seeking support from friends, support organizations, raising awareness on stigma and its harmful effects

How their families have received them on declaring their status?

Both families have been very supportive

Issue of HIV/AIDS, condom usage and the position of the Catholic Church

NGOs should avoid conflicting with church positions and go about doing their work

Do you believe in spiritual healing?

PLWHAs who believe that they have been spiritually healed should be tested for the virus to ascertain their status and believes.

Presenter emphasized that infected persons need compassion, family support particularly from men who prefer to live in denial while secretly accessing ARVs and thereby re-infecting their partners. Communities should endeavor to out the best in PLWHAs by facilitating them to achieve their life goals. PLWHAs are not asking for sympathy only acceptance

Anti-Stigma Toolkit

This toolkit was developed in 2004 after research conducted in Ethiopia, Tanzania and Zambia by the International Centre for Research on Women revealed that NGOs lacked appropriate tools to address stigma associated with HIV/AIDS. The tool targets managers, peer educators and other stakeholders on how they can address stigma at workplaces. One does not require formal training on how to use the toolkit and it can be adapted to suit varying circumstances. The tool can be

accessed at www.changeproject.org. One of the exercises in the kit was undertaken during the workshop.

Wild Fire

This was a very powerful exercise where participants were asked to stand with their eyes shut in a long row. The facilitator took on the role of the HIV virus and anyone touched by him, would be infected: He began running swiftly behind the rows of participants shouting: "I am the virus, beware!" After a few minutes, participants were told to move around shaking hands with each other, a gesture used to symbolize sexual penetration. Anyone who had been infected was told to scratch the palm of the person whose hand s/he shook, indicating to the other that s/he had the virus. After a few minutes, the game ended and the facilitator asked anyone who had not come into contact with the virus to raise their hand. All but two, had come into contact with it.

With this game, the participants experienced the dread and fear experienced by people in the face of HIV/AIDS and also highlighted graphically the speed with which the virus spreads.



Exercise: Spreading the Virus

Project Presentation Managing HIV/AIDS at the Workplace

Yvette Fleming, Project Officer, STOP AIDS NOW! Managing HIV/AIDS at the Workplace Project presented the initiative. SAN! is a partnership between four Dutch Co-funding Agencies – Hivos, ICCO, Memisa/Cordaid and Novib and the Dutch Aids Fund established in 2000. The mission of the partnership is "working together towards a world without AIDS." The objective is to increase and improve the contribution to the global HIV/AIDS response summarized as "more and better". This presentation was about informing the participants about the initiative Managing HIV/AIDS at the Workplace. A powerpoint presentation of the project can be found in the Annex 8.

The project is sub-divided into three sub-divisions;

- 1 Good Donorship (Donor) – this should result into guidelines for program officers and partner organizations on how to support the development and implementation of a comprehensive HIV/AIDS Workplace Policy/Programs with counterparts and what counterparts should expect from the donors.

- 2 Workplace Policies (South) - an HIV/AIDS Workplace Policy defines an organization's position and practices for preventing HIV transmission and for handling HIV infection among employees. The policy provides guidance to supervisors who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy informs employees about their responsibilities, rights and expected behavior on the job. Uganda and India have been chosen as pilot countries to develop and implement their own comprehensive workplace policies including a stigma reduction and access to treatment strategy. However, the content will be defined in the respective countries.
- 3 Communication (Link North-North, South-South and North-South) - this should result into mutual understanding and shared ownership and responsibility towards supportive policies of donors described in the "Good Donorship Guidelines" and workplace policies of partner organizations.

Implementers of project

Local Project Group Uganda and Local Project Coordinator will be the implementers of this project. The terms of reference of both will be drafted by the participating organizations.

Question and answer session

The initiative was well received and opened the discussion on internal and external mainstreaming, availability of funds and about implementation of the policy.

Will the project provide assistance to integrate HIV/AIDS in their program activities?

The project is about internal mainstreaming of HIV/AIDS and not external mainstreaming.

How will the SAN! initiative support organizations with no specific HIV/AIDS activities to implement a HIV/AIDS workplace policy?

The project has funds to support organizations integrate HIV/AIDS workplace programs in their strategic planning and or development of proposals. There are funds for joint issues that improve implementation of the policies.

Is the project separate from other activities or the organization or should it be integrated?

The project should not be treated separately but integrated in proposals for funds for other activities. It should be emphasized to the donors that internal mainstreaming of HIV/AIDS is instrumental to implementing activities of the organization.

What is the geographical scope of the project in Uganda?

Most partner organizations of the four Dutch co-funding agencies who are approximately 80 in number have been invited to participate in the project except for a few in the Rwenzori region where CONCERN and HIVOS are implementing similar projects.

What is the nature of support to be provided by the project with regard to care, treatment and support?

Project has limited funds for implementation of the policy with regard to providing care, treatment and support. However lack of funds/resources for implementation should not stall the process for developing a HIV/AIDS workplace policy. It was

stressed that there's need to mainstream HIV/AIDS internally before embarking on external mainstreaming.

The issue of negative publicity associated with the drugs, for example, non adherence to prescribed times to take the drugs will result into death, has discouraged people from using the drugs.

This calls for increased awareness on ARVs, community preparedness and treatment literacy.

Whether policy is being developed jointly or individually?

Participating organizations should develop their own policies which should include the process of developing the policy and the action plan for implementation.

Reflections on Expectations and Fears

- Support from development partners to develop the policy foreseeable
- Policy can be implemented while sourcing for funds, that is, aspects that do not require funds
- Acquiring knowledge on the principles of the policy and important to make sure that top management understands the policy
- Requires commitment from leadership to push the policy forward – must buy in the idea
- Able to identify the responsibility of the local project coordinator to provide technical support – a policy and implementation plan
- HIV/AIDS workplace should be a pre-condition for funding. Agreed that it could be looked at a pre condition of the organization to implement its activities therefore making developing the policy as an item that requires funding

Group Sessions

Introduction

In the afternoon, participants of the workshops were divided into three groups for purposes of drafting the TOR for the project coordinator, project group and drawing up an activity plan. Each group made presentations in the plenary sessions and the outcomes were discussed. Combining the three days done by the strategic partner group resulted in underneath TOR and activity plan.

Terms of Reference (ToR) for project co-ordinator

1. Project Management
 - Lead on strategic and operational planning
 - Mapping of participating partners (reflecting in a database accessible for all) and other relevant issues brought on board such as available resources – peer educators, consultants, success stories, agencies - (direct or outsourced)
 - Organize training (outsourcing)
 - Responsible for providing/organizing technical support (direct or outsource)
 - Monitoring and reporting
 2. Coordination
 - Organizing meetings with the Local Project Group;
 - Secretariat to the Project Group
 - Liaison with SAN! Project Officer
 3. Project Administration
 - Financial management
 - Logistical support
 4. Communication
 - Organizing learning and sharing events
 - Documentation of lessons learnt and best practices
 5. Collaboration and Networking
 6. Fund raising from local donors
 - Establish an overview on the profile donors' programs
 - Arrange meetings with donors
 - Writing proposal
 7. Accountability
 - Accountable to participating organizations, local project group, hosting organization, STOP AIDS NOW! and OI
 8. Representation
 - Linkages with government, private sector, SAN!/Oxfam International, donors and other forums
 9. Lobby and advocacy
- Specifically for this initiative on behalf of the participating organizations

Terms of Reference for local project group

- 1 Policy development
Developing and periodical review of country project proposal that includes a working document with an action plan (process and implementation)
- 2 Monitoring implementation
- 3 Developing research and advocacy strategies which should be informed by issues arising from monitoring exercises
- 4 Knowledge management, linking and learning
- 5 Review reports made by the Local Project Coordinator to be submitted to SAN! and Oxfam International
- 6 Will meet quarterly to review the progress and whenever the need arises to review progress
- 7 Recruit and appraise the coordinator with the hosting organization
- 8 Accountability (report) ensuring for coordinator and hosting organization
- 9 Developing regulations for partner organizations (responsibilities) and project group (guidelines/ working strategy)

Activityplan for the way forward

Activity	Responsible	June	July	August	September	October	November
Transitional Budget	SANI	End of June					
Recruitment of Coordinator	ACORD/ Committee	advert in paper recruitment					
Establishment Local Project Group	Strategic Partners	ongoing process identifying possible members					
July Meeting Local project Group 14th of July 09.30 – 16.00	ACORD		Agenda: Framework Project Proposal/ Conference Directors Board Members				
Outline Country Project Proposal/ Log Frame	Local Project Group	ongoing dead line will launch of the project					
Conference for Directors/	Local Project Group				Scheduled in September		
September Meeting Local Project Group	ACORD/ Concern				Agenda: TOR baseline study and proposal outline (facilitating)		
TOR for baseline	Local project Group				dead line end September		
Baseline Study defining	Local Project Group					start of study (University?)	
October Meeting Local Project Group	Project Coordinator					Agenda: Preparations for the launch	
Official LAUNCH of the Project	Project Coordinator				Preparation		7th November First person: Philly Lutaaya Day

HIV/AIDS workplace policies roadmap

This exercise is a quick scan to identify where each participating organization is in the process of addressing HIV/AIDS in the workplace and or developing a comprehensive workplace policy. The road map is a journey of events that organizations would go through in developing an HIV/AIDS workplace policy. The various stages (six) are not in any systematic order. Different organizations have started at the end and gone back to the first stage. The road map is in recognition of the bumpy nature of the task of developing a workplace policy. Annex 9 contains details of organizations at the various stages



Exercise: HIV/AIDS Workplace Road Map.

Stage of development	Number of organizations
Sensitization	12
Awareness	12
Prevention	1
Condom distribution	3
Open dialogue	2
Training for selected staff	1

Evaluation of the workshop

At the end of each session participants noted lessons learnt and unresolved issues during the workshop. Common lessons and unresolved issues have been combined.

Lessons learnt

- Need to coordinate responses of organizations so as to achieve the best results;
- Learning about the HIV/AIDS workplace and how to implement it;
- Charting out the way forward with practicable solutions;
- HIV/AIDS workplace issues can be incorporated in organizational human resource policies;
- HIV/AIDS workplace issues can be incorporated in strategic plans;
- HIV/AIDS workplace policy requires commitment from top management;
- Policy must have an action plan to operationalise it;
- Process of developing the policy is participatory and process-oriented;
- Prospects for funding organizations to develop HIV/AIDS Workplace policy;
- Knowing that care and support are key in organizations managing HIV/AIDS at the workplace.

Unresolved Issues

- Limited time for in-depth discussions;
- Funding back-up for activities incidental to implementation of internal mainstreaming – funds available for proposals that are additional, small additional activities but importance is placed on integrating;
- Stigma very challenging and can be traumatic if mishandled;
- More material needed as reference for policy formulation;
- Workshop too short for learning purposes and exhaustive discussions;
- Not addressed what could happen to organizations headed by uncooperative CEOs;
- Variations among partners on the status of HIV/AIDS at the workplace.

ANNEXES

Annex 1: Invitation Letter

Folder

With this folder STOP AIDS NOW! would like to inform you and your organization about an initiative "Managing HIV/AIDS in the Workplace". This initiative aims at adjusting policies and practices of donors (like Novib, ICCO, Cordaid and HIVOS) and their development partners in the light of the HIV/AIDS pandemic.

STOP AIDS NOW!

STOP AIDS NOW! is a partnership between five Dutch Co- funding non governmental organizations – Aidsfonds, Hivos, ICCO, Memisa (Cordaid) and Novib (Oxfam) established in 2000. The mission of this partnership is "working together towards a world without AIDS". The objective is to increase and improve the Dutch contribution to the global HIV/AIDS response, summarized as "more and better". More is understood as enhancing the level of activities of non governmental organizations (NGOs), community based organizations (CBOs), AIDS service organizations (ASOs) and faith based organizations (FBOs) in the South with regard to information, education, prevention, treatment and care for people with HIV and AIDS, support for people affected by the impact of HIV and AIDS (e.g. orphans and vulnerable children, women and elderly) and strengthening the structure and influence of civil society, including the role of the business sector. Better is seen as improving the quality of the HIV/AIDS activities of civil society in the South by stimulating mainstreaming, linking and learning, capacity building and innovation.

Development Themes

In light of their understanding of the global crisis and the necessary response, the SAN! partners¹ have chosen three development themes 1. Access to treatment 2. Orphans and vulnerable children 3. Gender and HIV/AIDS. Development themes will be organized as development projects. Their overall objective remains learning from and innovating in existing strategies and methods; developing new strategies and methods and establishing new forms of cooperation and partnership.

Managing HIV/AIDS in the Workplace

Within the theme Access to Treatment we have chosen "Managing HIV/AIDS in the Workplace" as central subject. "Managing means having a comprehensive workplace policy in place, that includes prevention, care and support and treatment. "In place" means understood and operational within the organization. An HIV/AIDS policy defines an organization's position and practices for preventing HIV transmission and for handling HIV infection among staff. The policy provides guidance to managers who deal with the day-today

¹ SAN! partners means throughout this document the donor organisations Aidsfonds, Hivos, ICCO, Memisa (Cordaid) and Novib (Oxfam).

issues and problems that arise in the workplace. Also, the policy informs staff about their responsibilities, rights, benefits and expected behavior on the job.

How do we make sure that counterparts have operational workplace policies and implement programs for their own staff? SAN! partners discussed the above questions with representatives from the South during a workshop held at the end of January this year and this resulted in a project initiation document.

Phase 1: Project Initiation

The project initiation document proposes a project with three sub divisions:

The first sub-project A addresses the question of good donorship: What is the responsibility of the donor organizations that are represented in the STOP AIDS NOW! partnership given the continuously changing circumstances in emergency and high HIV/AIDS prevalence countries? Up until now there has not been clear and consistent support for the development and implementation of HIV/AIDS workplace policies by counterparts² like you. The working title of this sub-project is Good Donorship and it is currently being elaborated.

Sub-project B, will have the working title Workplace Policies and Programs. It aims at facilitating all counterparts to develop and implement comprehensive workplace policies and programs, starting in two countries Uganda and India. A strategy on how to cope with stigma and discrimination in the workplace should be part of this policy and program. The project will support the process of developing and implementing a workplace policy. The pre-conditions for your organization to be able to develop and implement a workplace policy, what you expect from your donor, how to access resources and services when needed, how to advocate towards government and national health programs must be taken into account when writing a project plan. Your participation in this initiative means that you will be challenged, together with other partner organizations of the SAN! Partners, to formulate and implement a project plan, which is ultimately aimed at having HIV/AIDS Workplace Policies and Programs.

The third sub-project C will emphasize communication. Communication needs to be established on different levels aiming at linking and learning. Levels are: 1) donor – donor 2) donor –counterpart 3) counterpart –counterpart.

Participation

What does this initiative mean for your organization?

You are invited by your donor organization on behalf of STOP AIDS NOW! to participate in this initiative. This invitation will be sent to all counterparts in Uganda of the STOP AIDS NOW! partners. In Uganda, the Oxfam International counterparts will also participate.

Participation means:

Your organization can deliver input on what "Good Donorship" could mean for your donor together with other organizations in Uganda / India in times of HIV/AIDS

² Counterparts are partner organisations/ partners/ southern counterparts of SAN! Partners.

Your organization will have the opportunity to participate to get support for the development and implementation of a comprehensive workplace policy together with other organizations in Uganda / India in times of HIV/AIDS

Your organization will start/ continue/ further develop and implement a comprehensive HIV/AIDS workplace policy and the necessary technical and financial support will be provided. Your organization will be informed regularly on issues related to HIV/AIDS in the Workplace.

STOP AIDS NOW! has scheduled a starting event being one day workshops "Managing HIV/AIDS in the workplace" on the 9th, 10th and 13th of June in Kampala, Uganda. Your organization will be informed about this initiative and workshops will be given on topics related to "Managing HIV/AIDS in the Workplace". This event should result in a local project group that will steer the sub-project B Workplace Policies on behalf of all participants in this initiative. A local project co-ordinator will be employed.

Starting Event

If you wish to participate in this initiative and attend the one day workshops "Managing HIV/AIDS in the workplace" on the 8th, 10th and 13th of June in Kampala, Uganda. Please fill in the participation form and return it to your contact at Novib, Cordaid, ICCO and HIVOS and Dennis Nduhura Program Manager ACORD Uganda, before the first of June. For more information on this initiative contact STOP AIDS NOW! Project Officer Yvette Fleming at yfleming@stopaidsnow.nl.

Annex 2: Program

Time	Agenda	Objectives	Methodology	Facilitator
9.00 - 9.30	Welcome by the facilitator and introduction of participants-	To create a safe environment and good atmosphere!	Opening Game	Judith
9.30 - 9.45	Expectations and fears	Sharing expectations will result in mutual understanding of the project. Fears will give information on resistance and what is realistic.	Exercise where the expectations and fears are expressed on colour papers in a few words/ one sentence	Judith
9.45 – 10.15	Basics on HIV/AIDS	Basics on HIV/AIDS linking with the impact of HIV/AIDS on development organisations	Presentation	Oxfam International
10.15 – 10.30	Coping Strategies	<ul style="list-style-type: none"> - The impact felt in times of HIV/AIDS within an organization - Coping strategies developed - Process and content - The participants should be able to reflect themselves 	Presentation of participating executive organisation	<ul style="list-style-type: none"> - 8th of June SOMED - 10th of June IDRI - 13th of June
10.30- 10.45	HIV/AIDS and the Workplace	Getting participants in a state of flux (stir the audience)	Exercise were I would like to use pictures for people to sit down and analyse what they see (Stigma Discrimination Toolkit)	Judith and Yvette
10.45- 11.15	Coffee/Tea			
11.15- 12.00	Managing HIV/AIDS in the Workplace (ILO Code of Practice)	<ul style="list-style-type: none"> - Why HIV/AIDS is a workplace issue - Difference between law and guidelines - 10 key principles on developing a HIV/AIDS workplace policy ILO Code of Practice - The importance of dialogue between employer and employee - The process is as important as the content - Guidelines for implementation - Examples of workplace policies in Uganda outside the business sector if possible 	Presentation	Mr. David Maweijje ILO Uganda
12.00- 12.30	Stigma and Discrimination	<ul style="list-style-type: none"> - Personal experiences from a PWHA person - Basics on Stigma and Discrimination - ACORD experiences with the topic (practical) - Stigma toolkit presentation - UNAIDS Case Studies of successful programmes 	Presentation	PWHA and ACORD Uganda
12.30- 13.30	Lunch			

13.45- 14.30	Information on the Initiative	<ul style="list-style-type: none"> - Presentation of Sub- Project B - Special attention to clarify that each of the organizations knows that a workplace policy is owned by employer/employees - Defining results of Project B (presentation of the results drafted during strategic meeting) – an action plan to get started –incentive – second workshop - What is needed (pre-conditions) to be able to achieve the results? (presentation of what is needed drafted during the strategic meeting) 	Presentation and interactive part	Presentation STOP AIDS NOW! / OI Yvette and Harriet Interactive part Yvette and Dennis?
14.30- 15.00	Expectation and fears	Same exercise as the beginning of the day to cross-check the expectation and fears	Exercise	Judith
15.00-15.30	Coffee/Tea			
15.30- 16.30	Group discussions for inputs from participants on the general framework of operation as well as TORs for the Coordinator and Project Group	TOR drafted already during the pre-meeting	Interactive Discussion in groups depending on the number of participants	Judith
16.30-17.00	Formulating next steps	Activity Plan for July, August and September	Interactive Exercise	Judith
17.00	Closing Ceremony with statement	Motivate participants to take up responsibilities and develop and implement workplace policies		SAN! / OI / ACORD/PWHA 8th of June 10th of June 13th of June, Mr. David Mukasa

Annex 3: List of participants

DONOR AGENCY	INVITED PARTNERS	PARTICIPANT'S NAME	REASON FOR ABSEN-SURE	TITLE	FORM	EMAIL	TELEPHONE	STRATEGIC
Cordaid	Africa 2000 Network	Sarah Mayanja		Programme Officer	Y	smayanja@a2n.org	078- 806750	
	Agency for Cooperation and Research in Development	Sunday Abwola		HIV/AIDS Advisor	Y	sabwola@yahoo.co.uk	0471-32242	STRATEGIC
	Agency for Cooperation and Research in Development	Simon Taban		HIV/AIDS Officer	Y	acordglu@africaonline.co.ug		STRATEGIC
	ACORD HASAP	Dennis Nduhura		Program Manager		dennis.hasap@acord.or.ug	077-482359	STRATEGIC
	ACORD HASAP	Ellen K. Bajenja		Program Support Officer		ellen.hasap@acord.or.ug	041-266596	STRATEGIC
	(AMFIU) Association for Micro Finance Institutions in Uganda		Did not attend		N	amfiu@amfiu.or.ug	041-259176	
	Community Development Resource Network	Ida Kusiima		Young Professional	Y	ida@cdrn.or.ug	041-534497/542995	STRATEGIC
	Community Development Resource Network	Rosemary Adong		Executive Director	Y			STRATEGIC
	Community Development Resource Network	Anthony Okori		Program Officer	Y	okori@cdrn.or.ug		STRATEGIC
	Community Based Rehabilitation Alliance	Harriet Atiibwa		Community Officer	Y	atiibwaharriet@yahoo.com	041-290803/071-956896	
	Diocese of Fort Portal + health office		RSVP		N			
	Diocese of Kabale		Unable to Reach them		N			
	FIDA Uganda (Uganda Association of Women Lawyers)	Jackson		Human Resource Officer	Y	fida@fida.busnhet.net	041-530848, 077415166	
	FOCCAS	Hellen Amisiri		Administrator	N		077-971145	
	FOCCAS	Juliet Gipu Gibbo		Client Education Officer	N	juliet_gibbs@yahoo.com	077-952807	
Hospice Uganda	Dr. Ekiria Kikule		Executive Director	Y	ekikule@hospiceafrica.or.ug	75649199		

Hospice Uganda	Manjit Kaur		Senior HIV/AIDS Policy Advisor	Y	manjtk@hospiceafrica.or .ug	077-983393	
Integrated Rural Development Initiatives	Hellen Gakwaya		Deputy Executive Director	Y	irdi@utlonline.co.ug	041-535211/077413071	
Jinja Diocesan Development Coordinating Organisation		Did not attend		Y	jiddeco@utlonline.co.ug	043-122557	
Karamoja Agro-Pastoral Development Programme	Deborah Iyebu		HIV/AIDS Research Assistant	Y	kadp21@yahoo.co.uk	077-905498/077-312851	
Matheniko Development Forum	Achia Peter Edison		Programme Coordinator	Y	madefo_org@hotmail.com	077-637915	
Organisation for Rural Development	Richard Bwire		Executive Director	Y	orude@utlonline.co.ug	077-410611/043-122611	
Social Services & Development Moroto	Fr. Thomas Achia		Development Coordinator	Y	achiatom@yahoo.com	045-70090, 077-859174	
Soroti Catholic Diocese		Unable to Reach them		N			
Transcultural Psychosocial Organisation	Rehema Kajungu		Programme Administrator	Y	rkajungu@tpouganda.org	077-428545	
Tripartite Training Programme	Benedict Kiwanuka		Executive Director	Y	ben@ttp.or.ug	041-286963	STRATEGIC
	Josephine Watuulo		Coordinator Training and Accountancy	Y	ucrnn@utlonline.co.ug	041-543548/532131	
Uganda Catholic Medical Bureau	Isaac Kagimu		Human Resource Advisor	N	impoza@ucmb.co.ug	041-510575/077-402965	
Uganda Catholic Secretariat	William Kidega		Planning, M&E Officer	Y	wkidega@aidsfocalpoint.org	041-266149	STRATEGIC
Uganda Catholic Secretariat	Ronald Kamara		HIV/AIDS Advisor	Y	rkamara@aidsfocalpoint.org	041-266149	
Uganda Debt Network		NO response		N			
UJCC (Uganda Joint Christian Council)		NO response					
Uganda Martyrs University		Did not attend		Y	everdmaniple@umu.ac.ug	077-592506	
USDC Uganda Society for Disabled Childrren		NO response					

	URAA Uganda Reach the Aged Association		NO response					
	VECO (Vredeseilanden Coopibo Uganda)	Edward Wilson		Country Representative	Y	edward.wilson@veco-uganda.org	078-624979	
HIV/SOVI	Action for Development		Unable to reach them		N			
	Advocates Coalition for Development and Environment		NO response		N			
	Akina Mama Wa Afrika	Vivian Butamanya		Administrative Assistant	Y	vivian@amwa-ea.org	041- 543681	
	AMAKULA,		Unable to Reach them		N			
	Association for Micro Finance Institutions in Uganda		Did not attend		N	amfiu@amfiu.or.ug	041-259176	
	BO WEEVIL		Unable to Reach them		N			
	Centenary Rural Development Bank		Unable to Reach them		N			
	CONCERN World Wide UGANDA	William Luboobi		HIV/AIDS Advisor	N	william.luboobi@concern.net	077-461017	STRATEGIC
	CONCERN World Wide UGANDA	Mya Gordon		Program Development Officer		mya.gordon@concern.net		
	Council for Economic Empowerment of Women		Unable to Reach them		N			
	Development Training and Research Centre	James Okucu		Executive Director	Y	detrec@utlonline.co.ug	047320185, 077677410	
	East African Nation Networks of AIDS Organisations		Unable to Reach them		N			
East African Sud Regional Support Institute	Joyce Tamale		Fin & Admin Manager	Y	eassi@eassi.org	041- 285 163/ 285 194		
East African Support Unit for NGOs		Unable to Reach them		N				

FEMRITE- Uganda Women Writer's Association		Unable to Reach them		N		
Forum for Women in Democracy		NO response		N		
Foundation For Human Rights Initiative	Elizabeth Nantamu		Resource Centre Manager	N	fhri@spacenet.co.ug	077-464966/ 041-510263
Lango Organic Farming programme	Luciano Okello		Supervisor	Y	lofp@africaonline.co.ug	078-458349
Lango Organic Farming programme	Hellen Buke		Documentation Officer	Y	lofp@africaonline.co.ug	077-392415
National Organic Agriculture Movement of Uganda		Unable to Reach them		Y	nogamu@utlonline.co.ug	041-269415/ 031- 264039
Raising Voices		RSVP		Y		
RUCREF		Unable to Reach them		N		
Support for Micro Enterprises Development	Mandhawun Paschal		Operations Manager	Y	somed@iwayafrica.com	0465 20462, 077 362265
TWIN						
Uganda Change Agents Association		NO response		N		
Uganda Debt Network		NO response		N		
Uganda Microfinance Union		Did not attend		N	cnalyaali@umu.co.ug	041-531337
Uganda Women's Finance Trust				N		
Union Exports Services Ltd.				N		
Voulnteer Efforts For Development Concerns - VEDCO	Jennifer Namusoke		Grants Officer	N	jennifer@vedco.or.ug	077-461179
Voulnteer Efforts For Development Concerns - VEDCO	Henry Nsereko		Nutrition/HIV/AIDS Project Officer			
Voulnteer Efforts For Development Concerns - VEDCO	Richard Bukenya		Assistant Nutrition/HIV/AIDS Project Officer			
Women of Uganda Network				Y	dokello@wougnet.org	041-256832, 077-957550

ICCO	Church of Uganda- Soroti	Joseph Adweka		Education Coordinator	Y	coueduc@infocom.co.ug	077-816280	
	Church of Uganda- Teso Diocese Planning & Dev't Office	Patrick Okello		Fin & Admin Manager	Y	cou-teddo@infocom.co.ug	077-473947/ 045-61325	
	Community Based Rehabilitation Alliance	Harriet Atiibwa		Community Officer	Y	atiibwaharriet@yahoo.com	041-290803/ 071-956896	
	Concerned Parents Association	Sarah Rwot Aneno		Programme Assitant- Advocacy	Y	cpauganda@yahoo.com	041-532095, 077-640031	
	Development Training and Research Centre	James Okucu		Executive Director	Y	detrec@utlonline.co.ug	047320185, 077677410	
	Facilitation for Peace and Development	Vincent Olinga		Chairperson	Y	fapad2001@yahoo.com	078/389278, 077884882	
	Health Needs Uganda	Richard Ochen		Programme Manager	N	hnu@infocom.co.ug	077-569365	STRATEGIC
	Teso AIDS Project	Florence Ayupo		Manager	Y	fayupo@yahoo.com	077-566112	
	Tripartite Training Programme	Benedict Kiwanuka		Executive Director	Y	ben@ttp.or.ug	041-286963	
	Tripartite Training Programme	Josephine Watuulo		Coordinator-training & accountancy	Y	ttp@ttp.or.ug	041-286963	
	Uganda Child Rights NGO Network	Helen Namulwana		Head of Programmes	Y	ucrnn@utlonline.co.ug	041-543548/ 532131	
	UJCC (Uganda Joint Christian Council)							
	VECO (Vredeseilanden Coopibo Uganda)	Edward Wilson		Country Representative	Y	edward.wilson@veco-uganda.org	078-624979	
Vision Teso Rural Development Organisation	Gabriel Ocom		Health Programme Manager	Y	visionterudo@yahoo.com	077-788356/ 077854491		
NOVIB	Agency for Cooperation and Research in Development	Sunday Abwola		HIV/AIDS Advisor	Y	sabwola@yahoo.co.uk	0471-32242	STRATEGIC
	Agency for Cooperation and Research in Development	Simon Taban		HIV/AIDS Officer	Y	acordglu@africaonline.co.ug		STRATEGIC
	ACORD HASAP	Dennis Nduhura		Program Manager		dennis.hasap@acord.or.ug	077-482359	STRATEGIC
	ACORD HASAP	Ellen K. Bajenja		Program Support Officer		ellen.hasap@acord.or.ug	041-266596	STRATEGIC
	Akiika Embuga	Janet Kagimu		Chairperson	Y	jnkagimu@yahoo.com	077-436131	

BUSO Foundation	Paul Isiko		Programme Officer	N	buso@utlonline.co.ug	041-232014	
BUSO Foundation	Sulaiman Kiggundu		Programme Officer	N	buso@utlonline.co.ug	041-232014/ 078-402498	
CEFORD	Dickens Anguzu		Ag. Executive Director	N	ceford_ug@yahoo.com	077-442068, 0476-20002	
CEEWA		NO response					
Deniva		NO response					
Environmental Alert	Stella Kigozi		Programme Officer	Y	skigozi@envalert.org	041-510215/ 077-460917	
Environmental Alert	Emmanuel Ssemwanga		Administrative Assistant	Y	semwanga@envalert.org	077-440926/ 041-510215	
FIDA Uganda (Uganda Association of Women Lawyers)	Jackson		Human Resource Officer	Y	fida@fida.busnhet.net	041-530848, 077415166	
Literacy and Adult basic Education	Monica Kawongolo		Programme Coordinator	Y	labe@africaonline.co.ug	077-527553	
MWODET		NO response					
UFFCA Uganda Fisheries and Fish Conservation Association	Naphtali K. Bigirwenkya		Focal Point Officer Ministry of Agric	Y	seremos802@yahoo.com	041-252504 077-868975	
ULA		NO response					
UMU		NO response					
UWFT		NO response					
Uganda Women's Network	Solome Nakaweesi		Executive Director	N	uwonet@starcom.co.ug	077-463154/ 041-543968	
Volunteer Efforts For Development Concerns - VEDCO	Jennifer Namusoke		Grants Officer	N	jennifer@vedco.or.ug	077-461179	
Volunteer Efforts For Development Concerns - VEDCO	Henry Nsereko		Nutrition/HIV/AIDS Project Officer				
Volunteer Efforts For Development Concerns - VEDCO	Richard Bukenya		Assistant Nutrition/HIV/AIDS Project Officer				

OXFAM INTERNATIONAL	Foundation for Urban and Rural Advancement	Rueben Mbauta		Chief Executive Officer	Y	furakse@hotmail.com	077-610820	
	Kaganda Rural Development Centre	Mary Businge Police		Capacity Building Coordinator	Y		077-529695	
	Karambi Action For Life Improvement	James Mwirima		Director	Y	kalikaseses@yahoo.co.uk	077-986345	
	NUDIPU	Hellen G. Asamo		Executive Director	N	nudipu@utlonline.co.ug	041-540179	
	Tororo Civil Society Network	Stella Obel		Coordinator	Y	tocinet02@yahoo.com	045- 45006	
	Uganda Land Alliance		RSVP		N			
	Uganda Media Women's Association	Clothilda Babirekere		Project Officer	Y	babirekere@yahoo.co.uk	077-451443	
PARTICIPANTS WHO ARE NOT PARTNERS OF ANY OF THE ABOVE	Development Alternatives	Angela Nakafeero		Research & Training Director	N	anakafeero@yahoo.com	071-831669	
	Uganda Business Coalition on HIV/AIDS	Robert Wanyama		Service Development Manager	N	robertwanyama@yahoo.com	077-839888	
	Ministry of Agriculture Animal Industry and Fisheries	Naphtali Bigirwenkya		Focal Point Officer				
	NORRACOL	Nancy Musoki		Programme Officer	Y	norracolorg@yahoo.com	078-578257	
VOLUNTEERS AND SPEAKERS	ILO Uganda	David Mawejje		National Project Coordinator		mawejje@iloaids.or.ug	041-342046/251053	
	National Forum of People Living with HIV/AIDS	Sam Serunkuuma		Volunteer				
	Oxfam International	Dr. Harriet Kivumbi Nkalubo						
	ICCO	Paula Dijk		Program Officer		paula.dijk@icco.nl		

Statistics

SAN! and Oxfam partners invited	86
No. of organisations that participated	54
No. of participants	71

NOTE

The assumption is that the lists that were given to ACORD represent all the partners that were contacted by the SAN partners Cordaid, ICCO, NOVIB, HIVOS and Oxfam International

Unreachable- Means we did try to call them but were not able to get through with the telephones

Did not attend_ represents those who said they would come but did not

No response- represents those we were able to contact but did not get back to us with a confirmation / RSVP

RSVP- represent those who wanted to attend but were unable to for various reasons

Annex 4: Basics on HIV/AIDS & Impact of AIDS on development organizations

Section1: HIV/AIDS epidemic prevalence rates-Uganda Source: MOH Community sero-prevalence survey Uganda 2005

General comments

- The study was conducted in mid 2004;
- 18,000 women and men 15-59 years of age were randomly sampled and participated in the survey;
- Considered representative of the Ugandan community;
- Results indicated that 800, 000 Ugandans live with HIV/AIDS;
- National average 7% higher than the previously documented 6.1% to 4%.

Urban-rural variations

- Urban prevalence rates are higher at 10.7%;
- Average Rural HIV prevalence rates are 6.4%;
- HIV rates among women in urban areas are almost twice as high as those in rural areas.

Gender variations

- Women are generally more infected with HIV when compared to men;
- Average national rates for women are 7.9%;
- Compared to men at 6%;
- The 30 to 40 age group is the most infected with HIV;
- 15-19 year age group with lowest rates at 3.2 %, women and 1.2% men.

In-country trends, by region

Region	Women	Men	Both
Central	10.6	7.3	9.9
Kampala	12.3	5.4	9.2
Eastern	6.2	5.3	5.8
North east	4.4	4.2	4.3
North west	3.0	1.9	2.5
Western	8.0	6.7	7.4
South west	8.1	6.3	7.3

HIV/AIDS and education level

Education level	Women	Men	Both
No education	6.4	7.8	6.7
Primary incomplete	7.9	5.4	6.8
Primary complete	10.3	7.1	8.7
Secondary	8.5	5.7	6.9

High rates low rates

- Commercial sex workers in Kampala were found to have HIV prevalence of up to 47%;
- Armed combatants?;
- West Nile region lowest rates of 2.5%;
- Karamoja region rates 4.7% (Up from 1%).

Section 2: WHAT IS THE MAGNITUDE OF HIV/AIDS IN THE WORLD AND AFRICA?

Global summary of the HIV/AIDS epidemic, December 2004 (UNAIDS)

Number of people living with HIV in 2004

Total	39.4 million (35.9 – 44.3 M)
Adults	37.2 million (33.8 – 41.7 M)
Women	17.6 million (16.3 – 19.5 M)
Children under 15 years	2.2 million (2.0 – 2.6 M)

People newly infected with HIV in 2004

Total	4.9 million (4.3 – 6.4 M)
Adults	4.3 million (3.7 – 5.7 M)
Children under 15 years	640 000 (570 000 – 750 000)

AIDS deaths in 2004

Total	3.1 million (2.8 – 3.5 M)
Adults	2.6 million (2.3 – 2.9 M)
Children under 15 years	510 000 (460 000 – 600 000)

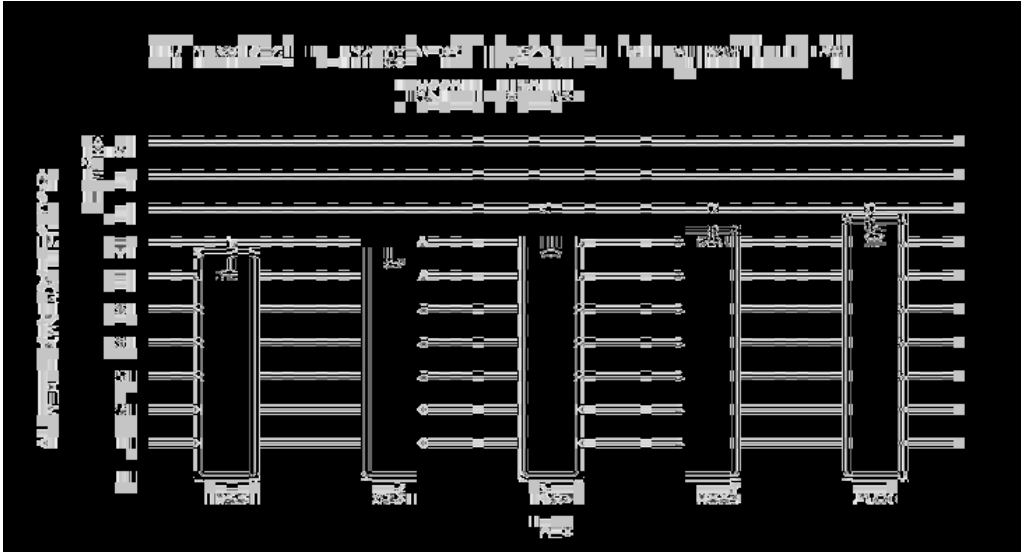
Adults and children estimated to be living with HIV as of end 2004

Total: 39.4 (35.9 – 44.3) million.

Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV—some 25.4 million (23.4 million–28.4

million). In 2004, an estimated 3.1 million (2.7 million–3.8 million) people in the region became newly infected, while 2.3 million (2.1 million–2.6 million) died of AIDS. Among young people aged 15–24 years, an estimated 6.9% (6.3–8.3%) of women and 2.2% (2.0–2.7%) of men were living with HIV at the end of 2004.

Global trend of the epidemic



IMPACT ON KEY SECTORS:

- Industry & trade;
- Education Sector;
- Health Sector;
- Agriculture Sector;
- NGO world.

Gender related impacts of HIV/AIDS on rural livelihoods

Even before falling ill, a woman will often have to care for a sick husband, thereby reducing the time she can devote to planting, harvesting and marketing crops. When her husband dies, she is often deprived of credit, distribution networks or land rights. When she dies, the household will risk collapsing completely, leaving children to fend for themselves. UNSG, 2002

- Increased female headed households;
- Increased workload of women for agric. Production;
- Loss of income & assets;
- Increase in the vulnerability of women to land and property dispossession;
- Withdrawal of children especially girls from school;
- Increased domestic work load for women;
- Declining rural safety nets and increased burden of fostering of orphans;

- Increased challenges of the Elderly esp. women who are caregivers and foster parents.

Annex 5: Presentations

SOMED

Workshop on Managing HIV/AIDS in the workplace – COPING STRATEGIES

A case of: Support Organization for Micro Enterprises Development (SOMED)

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At Muyenga Club

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Background

SOMED is an indigenous Micro Finance Institution legally registered as an NGO and duly incorporated as a company limited by guarantee. SOMED grew out of IRUDEP (Intensive Rural Development Program) an indigenous NGO that was based in a rural village of Miirya in Masindi District. This was an Organization formed to champion development in a holistic approach. However, in 1996 there was a general realization that poverty was the most notable cause of the untold suffering among the rural population in Uganda. IRUDEP therefore conceived an idea of starting a savings and credit scheme. Out of this idea SOMED was born in 1997 and was to concentrate on providing credit and entrepreneurship training services to the rural poor in Uganda. From this a strong and consolidated micro finance program employing over 60 people has been built. To date (June 2005) SOMED has over 10,000 clients with a portfolio of over UGX 1.8 billions spread in its network of ten branches serving the poor people of mid-western and parts of the central region of Uganda.

SOMED's mission is to empower the marginalized and most disadvantaged economically active poor especially women in the mid-western and central regions of Uganda through the provision of small scale loans, entrepreneurship skill training and agro-market linkages on a sustainable basis so that the poor can gain confidence to create wealth that will lead to meaningful and fulfilling livelihoods.

SOMED's vision for the next five years is to become a fully-fledged, self-sustaining and a financially viable Micro Finance Institution, offering a variety of credit and savings to small and micro-entrepreneurs with particular emphasis to rural dwellers especially women. All these are hinged on three basic values that SOMED upholds i.e. Unity, Good health and Prosperity

Introduction to the Theme

As more people go to work everyday than to any other place on the planet, there is no better place for reaching those who are affected by AIDS than the work environment. Through an innovative approach that unites business and labor, strategically managing AIDS Responses Together in the Workplace—offers workplace HIV/AIDS interventions that enrich the individual, the workplace, and the community.

Just like any other fast growing organization, SOMED has registered a steady growth pattern in almost each and every one aspect of its operations. Key here has been the increased number of staff members. With this regard, SOMED felt that a deliberate effort had to be put in place and strictly followed so that the impact of the scourge at work is thoroughly mitigated. Key here were the development of a HIV/AIDS policy that clearly spelt out the objectives, principles, and strategies for minimizing impact

SOMED HIV/AIDS Policy

HIV/AIDS has caused tremendous impact to many Ugandans including our clients, staff and it was clearly realized that SOMED could not afford to sit back and look on any longer. To this effect SOMED developed a policy guideline that created a work environment that addressed key issues pertaining to prevention, care and support.

The key elements of our policy are to:

- Reduce the spread of HIV and the potential for discrimination against staff living with HIV through implementation of clearly defined and non-discriminatory workplace HIV/AIDS policies and practices, education and training.
- Maintain a work environment that accommodates and proactively responds to HIV/AIDS issues in a reasonable, responsible, knowledgeable, and business like way.
- Research and disseminate up date and accurate information about HIV/AIDS, its magnitude, impacts and preventative measures.
- Access, build and maintain strategic alliances with local and international AIDS stakeholders including local government and medical and health authorities, and relevant AIDS support services providers in implementing the HIV/AIDS policy and program.

The HIV/AIDS policy statements are based on following principles: -

- Religious Values: SOMED can not underestimate the power of religious morals and values in the fight against AIDS and therefore advocates for faithfulness and good moral behaviors as the answers to the AIDS pandemic despite the fact that it may not be the sole answer.
- Non- discrimination Service: We have a responsibility to provide quality, good and non-discriminatory service to all our staff regardless of their of HIV status. SOMED supports employees who are known to have HIV/AIDS with

compassion and not differently from those who have any other comparable chronic and life-threatening diseases.

- Discourage HIV/AIDS Stigma: We affirm that people with HIV are not blame, not at fault for their illness, neither are they dirty nor sinners, and are not supposed to be subjected to any other judgmental sentiments made in a similar way; and they may have to teach us about themselves, each other and being alive.
- SOMED protects confidentiality: SOMED is protective of the Human rights and dignity of those who have HIV/AIDS by preventing harassment and discrimination and forgoing a spirit of fairness, equity, and social tolerance in our working environment. To this effect SOMED struggles not to add to the prevailing HIV related stigma and negative judgmental treatment that people living with HIV are subjected to.
- Individual Rights: A lot of choices face everyone in SOMED in relation to HIV including; strategies to reduce and manage risk, to test or not to be tested; AIDS related preventative measures and tools; medical treatment, etc. All our staff have the right to the information they need to make wise decisions and choices, and to make those choices that are uniquely appropriate for them. We therefore affirm individual staff rights to choose and make their decisions in response to HIV issues.

Minimizing HIV/AIDS Impact at SOMED

Regular, accurate and frequent information and education is essential in preventing and controlling the spread of HIV virus and in maintaining a climate of mutual understanding to ensure there is no discrimination against or stigmatization of those who are HIV positive or who have AIDS.

SOMED recognizes that staff with life threatening diseases, such as HIV may wish to and be able to engage in as many of their normal pursuits as their conditions allow, including being employed. Further, being actively engaged and active is crucial for the well-being and self esteem of a person who has chronic health problem.

SOMED thus supports and treat individual employees who are known to have HIV/AIDS with compassion and no differently from those who have any other chronic and life threatening diseases.

People with HIV/AIDS have the right to work. No person is dismissed from employment purely on the grounds of their HIV/AIDS status if they are still productive and capable of making their contribution like any other staff.

SOMED does not discriminate against qualified individuals with regards to advancement, promotion, compensation, discharge or any other terms, HIV positive, whether symptomatic or not.

To achieve this goal, SOMED ensures that all employees, including the spouses of people with HIV/AIDS, have the same terms and conditions, including employee benefits, as all other employees.

SOMED does not consider mandatory HIV testing on employees to be necessary, desirable, nor good business practice. Therefore, no staff members is forced to take an HIV antibody test against his or her will, and testing shall not be used as an employment-screening device.

If an employee has been tested for HIV antibodies, he or she has no obligation to inform anyone in the organization of his or her HIV status.

SOMED practices compassion and solidarity than judgment in our interactions with those infected and affected, among our staff, and encourage voluntary informed and confidential counseling and testing.

There is no beneficial reason why information about the HIV status of any person should be disclosed to any third party, either internally or externally, and SOMED thus protects all information on its staff in a most confidential way possible since people with HIV/AIDS frequently encounter stigmatization and discrimination when their medical condition is revealed to others who know little about AIDS/HIV.

Ensuring confidentiality and privacy of employee's medical information help guarantee that HIV related stigmatization and discrimination will not occur, and makes good business sense.

Continued employment provides those with HIV/AIDS a sense of value and belonging in the community. However, HIV illness as is common with other chronic disease, is progressive. In due course, the illness may make it impossible for the infected individual to be as effective and productive as expected.

Employees who are incapacitated from the performance of their duties due to HIV/AIDS are granted sick leave to regain their health and to allow recuperation, under the terms and conditions below; -

- Normal rules concerning sickness and absence will continue to operate for people who are HIV positive.
- Sick leave, including HIV-related, will apply as per the guideline in our personnel manual

SOMED protects the human rights and dignity of those who have HIV/AIDS by preventing harassment and discrimination and forges a spirit of fairness, equity, and social tolerance in our business environment. To implement this policy SOMED:-

- Consider harassment or victimization of an employee who is, or thought to be HIV positive a disciplinary offence.
- Discipline employees who refuse to work with people (including employees and clients) infected or effected by HIV.
- Protect anyone victimized, harassed, or discriminated against because of his or her HIV status through the normal grievance procedures.
- Ensure that all employees are informed about where confidential assistance can be found.

HIV/AIDS & Health and Safety policy

SOMED is committed to maintaining a healthy and safe work environment for all its employees, customers and visitors. We therefore ensure the following policies and procedures are in operation.

- Procedures relating to health and safety, including procedures for infection control to reduce common diseases and infections.
- Training or information about procedures to follow in the event of accidents at work, including any situation where they may come into contact with blood or other bodily fluids.

Conclusion

The notion that you are either infected or affected is a strong warning that all of us in our different capacities are required to be sensitive to the special needs of affected employees and assist them by demonstrating personal support, referring them to counseling services and arranging for benefits as necessary. Such kind of support in the workplace is not only therapeutic for the infected employees but also help prolong the affected employee's life.

AIDS does not present a risk to the health or safety of co-workers or customers. On the basis of current medical and scientific evidence, it is clear that AIDS is a life-threatening illness that is not transmitted through casual personal contact under normal working conditions. Co-workers are expected to continue working relationships with employees with HIV or AIDS.

Managers are encouraged to contact the personnel department for assistance in providing employees with general information about AIDS and HIV infection. Any employee who is unduly concerned about contracting AIDS may be further assisted through individual counseling. An employee's health condition is private and confidential. An employee with AIDS or HIV infection is under no obligation to disclose his/her condition to a manager or any other employee. Managers are expected to take careful precautions to protect the confidentiality of information regarding any employee's health condition, including an employee with AIDS or HIV infection.

However, an employee with AIDS or HIV infection is expected to meet the same performance requirements that apply to other employees, with reasonable accommodation. If an employee becomes disabled from performing the work involved, managers make reasonable accommodation, as with any other employee with a disability, to enable the employee to meet established performance criteria. Reasonable accommodation may include, but is not limited to, flexible or part-time working schedules, leave of absence, work restructuring or reassignment.

Just like other development player, SOMED is following the progress of medical research on AIDS and HIV infection closely. When any significant developments occur, employees are duly informed and these guidelines are modified accordingly.

IRDI

EXPERIENCES OF IRDI IN WORKING IN AN ENVIRONMENT AFFECTED BY HIV/ AIDS AND COPING STRATEGIES

A Paper Presented

At The Workshop for Managing HIV/ AIDS in the Workplace Organized by ACORD

BY

GAKWAYA HELLEN

INTEGRATED RURAL DEVELOPMENT INITIATIVES (IRDI)

10th June 2005

Background

The presentation is an experience of IRDI in working in an environment affected by HIV/AIDS and coping strategies to respond to the impact. It will give an overview of IRDI and share experiences. The presentation will highlight the processes and coping strategies.

The Integrated Rural Development Initiatives is a registered Civil Society Organization, which started in 1994 by a group of people with experience and interest in environment conservation and rural/peri-urban development work. IRDI recognises that the natural resources are important to our survival and development and yet they are under the threat of increasing degradation resulting from poor management. It is from such a background that IRDI was found. Therefore IRDI aims at: -

- Reduction of environmental degradation
- Promotion of sustainable utilization of natural resources
- Improvement of the socio-economic status of the communities especially the marginalised groups (women, youth and children).
- Ensuring improved food security

Mission of IRDI

IRDI's mission is to enhancing the Capacity of CBOs, NGOs and other organized groups and individuals to accelerate delivery of relevant and appropriate sustainable environment services to communities in Uganda.

Objectives if IRDI

- 1 Enhancing capacity of CBOs/ NGO's and organized groups in the design and delivery of sustainable environment management practices.
- 2 Avail appropriate information on Sustainable Environment Management Practices to all IRDI's target groups.
- 3 Advocate for conducive policy environment for Natural Resource Management.

Program Areas

- 1 Capacity building;
- 2 Research Documentation and Information Dissemination;
- 3 Advocacy.

Program Activities

- Train NGOs, CBOs ,Institutions, organized groups and individuals in:
 - Appropriate energy Technologies;
 - Sustainable agricultural practices;
 - Entrepreneurship and access to markets.
- Technology development;
- Integration of HIV/ AIDS and Gender in program activities;
- Documentation of best practices;
- Production of publicity materials;
- Networking with partner Organizations;
- Lobbying and Advocacy.

Impact Of HIV/ AIDS

Impact of HIV/ AIDS on Individuals

- Reduced productivity;
- Chronic absenteeism from work;
- Poor health;
- Fear and depression;
- Early death.

Impact of HIV/AIDS on Families

- Decreased family nutrition security;
- Decreased family income, savings and investments;
- Burden of household expenditures due to increased ill health (special diets, medicines) and deaths/funeral expenses;
- Reduction in household workforce (size and experience);
- Reduced agriculture production;
- Change in labor patterns (increased labor for women, and children);
- Abandonment of investments and assets;
- Increase in school dropouts;
- Increased forms of child labor.

Impact of HIV/ AIDS on community

- Increased costs of burden on health care;
- Loss of young adults in their productive years;
- Increases single headed households and AIDS orphans.

Coping strategies to Respond to HIV/AIDS Impact

- Mainstreaming HIV/AIDS HIV/AIDS issues in all levels of program development and interventions:
 - The project cycle;
 - Target group, project objectives;
 - Type of interventions;
 - Methodology/approach;
 - Collaboration.
- Involve vulnerable members in the group e.g., women, youth and people living with HIV/AIDS.
- Promotion of group formation; this is an easy way of sharing information, raising awareness about the issues surrounding HIV/AIDS. Use culturally appropriate local language and materials.
- Ensure strong referral linkages with HIV/ AIDS support organizations to ensure effective, confidential counseling.
- Promote labor saving technologies; one of the impacts of HIV/AIDS at household level. Labor saving technologies save on time and labor creating more time to look after the sick and also better the chance of getting food for households.
- Combine information about HIV/AIDS with training in different areas e.g. energy, forestry etc.
- Create links between the program and local communities with HIV/AIDS affected persons.
- Incorporate activities that empower the affected to raise income e.g. nursery establishment, growing of fruits, craft making and other activities.
- Promotion of fruits and vegetables growing. This improves the nutritional status of the HIV/AIDS affected persons. When a person is infection with HIV/AIDS he/she prone to frequent attacks of illnesses leading to loss of weight among other signs and symptoms. In all AIDS/HIV cases, better nutrition is very vital.
- Reduce In-door air pollution by avoiding smoke through Promotion of fuel-efficient stoves.
- Reduce workload of the affected by introducing labor saving intervention/ technologies.
- Select group members to be trained as a volunteer/HIV/AIDS peer educators.

- Collaboration with AIDS service organizations for provision of IEC and other support services. (Involving prevention, care and treatment).
- Encourage the target population to engage in income generating activities so as to plan for the future.

Lessons Learnt

- 1 It is important to work with the affected people as active partners in fighting HIV/AIDS.
- 2 Efforts to mitigate the impact of HIV/AIDS need to be built using existing initiatives for sustainability.
- 3 Need to challenge poverty and gender.
 - Inequality since they are both causes and consequences of the spread of HIV/AIDS;
 - Use locally appropriate IEC and counseling for behavior change communication (BCC).
- 4 Establish the point of intervention to be able to determine what type of service or information a particular community may require before introducing a Program.
- 5 Collaboration with other organization with expertise.

UFFCA

UFFCA'S EXPERIENCE IN WORKING IN AN ENVIRONMENT AFFECTED BY HIV/AIDS

Paper presented at the Workshop organized by ACORD at Muyenga Club

13th June 2005.

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Introduction

HIV/AIDS

- HIV/AIDS epidemic has now entered its third decade and continues to be a humanitarian disaster of our times destroying lives indiscriminately; young and old, poor and rich, black and white, in both developed and less developed worlds a like.
- The epidemic is therefore without doubt, a concern of everybody to contribute to its eventual eradication on the planet.
- Uganda has in that connection, made remarkable effort to bring down the infection rate from 36% at its peak in 1990/92 to 6% by 2002, (MoH 2000, UAC 2000). The trend has continued to improve even further; fluctuating between 6-5%.
- The population of Uganda as per the 2002 population census was 24.6m and the HIV/AIDS prevalence of 6% then, translated to 1.7 millions Ugandans (adults, adolescents, pregnant women, infants and children) living with HIV/AIDS.
- At least every household in Uganda (4 million households) has lost a family member or close relative to HIV/AIDS.

Ministry of Agriculture, Animal Industry and Fisheries (MAAIF)

- UFFCA as a fisheries affiliated civil society organization falls directly under the ministry (MAAIF) in its relationship and direct networking interventions targeting the fishing communities.
- It is in this spirit therefore that we express concern on the impact and threat of HIV/AIDS to the sector.
- The sector (MAAIF) contributes 40% to the GDP and the economy.
- 80-90% employed in Agriculture (76% crop, 19% livestock, 3% Fisheries, 2% Forestry).

- Food production and related incomes support 82% of the Ugandan population.
- Fish production value has increased dramatically and it contributed more than US\$ 100m last year (2004 DFR) coming second only to coffee.
- Non traditional export crops and items are on the increase e.g. Hides and Skins, Vanilla, Flowers, Fish malls and Fish skins and honey etc..
- Agriculture (Fish) has provided raw materials for industries, foreign exchange earnings and increased government revenue.

The impact of HIV/AIDS epidemic on the Agricultural sector; its affiliated institutions workforce therefore, spells real doom and destruction not only to the extension service providers but even to senior and skilled workforce, the economy and entire national livelihood

HIV/AIDS in Fisheries Sub-sector and the Fisher Communities

- Uganda's total area under water is 42,942km², which translates to 18% of the total surface area.
- The major water bodies are Lakes; Victoria, Kyoga Kwania, Albert, Edward, George, Wamala Salisbury/Bisia; and the rivers are River Nile, Albert Nile, Kafu, Kagera, Katonga etc..
- About 75,000 families were engaged in fisheries business directory by 1997. They are currently supporting more than 11 licensed fish processing factories contributing to the Ugandan economy more than US\$ 100m per year.
- The fishing population has expanded due to international and regional commercialization of the fishing (Nile Perch and Nile Tilapia) industry to 2.5 million people directly and indirectly engaged in the fisheries industry.
- This is the sub-sector therefore, which UFFCA considers its constituency in terms of policy advocacy and lobby, community education and awareness raising (on health concerns etc), community training and capacity building, etc..
- Fishing is mainly done manually and is therefore highly dependant on physical labor/ health bodies.
- Some studies done so far targeting fisheries communities in Uganda have revealed that the sub-sector has very high prevalent rates posing a real threat to the safety of the entire country which is rated at 6%:
 - Asingwire study 2002, put it at 38%;
 - NAADS HIV/AIDS research of 2003 put it at 43%;
 - Pickering et al (1997) put it at 40% in 1991;
 - Allison and Seeley study (2004) studied various landing sites and rated HIV/AIDS to be between 19.9-28.3%.

(Ref: MRAG OPTIONS 2004 (the impact of HIV/AIDS on fishing communities in Uganda).

CAUSES OF HIGH PREVALENCE

HIV/AIDS was first identified among fishing communities of Kasensero and Lukunyu in 1982 in Rakai district (UAC 1986, Asingwire 2000). From here it spread like wild fire and the following are some of the reasons why it did so:

- Fishers are highly mobile in search of better fishing grounds;
- Fishers move to fishing grounds leaving their families behind and in most cases return with infected sexuality only to infect their wives at official homes;
- Fishers tend to have and use multiple relations (girlfriends and wives) and rarely use condoms for safe sex; which they consider cowardly, after all they argue that they can equally and untimely die on the lake while fishing;
- Some young people have as many as 10 partners and none is given permanent preference. The more women one has, the more powerfully one he is rated in the community;
- Women at landings indulge in sex for survival and material benefits. Open sex and protected sex all have different prices. Fishers tend to prefer the former to have "maximum" enjoyment;
- Fishers have easy and loose cash all the time. They compete for highly rated young ladies, and the ladies take advantage of the loose money around themselves. This behavior targets mostly new arrivals (women) because fishers take pride in being considered the first to go with the new arrivals;
- Fishers' marriages break more often than not, and it is very easy to find a willing new partner within the same environment;
- Fishers live in isolated places where sexuality rotates within the same members of the community all the time;
- The fishers enjoy recreation activities like discos, dances, films, alcohol and drugs which drive them to have irresponsible and unprotected sex;
- Fishers are generally illiterate and ignorant of scientific explanations of situations and occurrences, they therefore, tend to believe in superstitions and witchcrafts as the possible causes of death, even when it is beyond doubt that it is HIV /AIDS related;
- They minimally use condoms because they claim:
 - Condoms reduce pleasure, some say they are too tight;
 - Many don't know how to use them, but would prefer to give an excuse;
 - Fishers allege women don't like condoms and prefer body contact for fear of condoms sticking into them, they consider them dirty and don't want to be mistaken for prostitutes or being loose.

A rumour that a condom stuck into the uterus of a women in Lira who later on died, made the situation worse in the whole of Lake Kyoga region. Any mention of a condom raises the old memories and promotes apathy and silent resistance towards the use of condoms.

The Impact of the Epidemic on the Fishing Community

- HIV/AIDS morbidity leads to reduced fish catches for the infected fisherfolk, collectively it progressively contributes negatively to the national economy and livelihood.
- Stigma and discrimination; There is generally neglect and isolation to those infected by HIV/AIDS and this creates self pity, misery and moral decadent; sometimes leading to alcoholism and quick early death.
- HIV/AIDS mortality; High level of mortality among fishers leads to loss of productive workforce, loss of indigenous knowledge and skills thus creating inherent knowledge gap e.g. fishing in breeding areas, use of illegal gears and methods, etc hence depleting the lakes.
- Cessation of fishing activities; Death of both Boat owners and workers is robbing the industry of energetic job creators hence promoting un employment in the industry. Currently there is a critical shortage of fisher labor everywhere. The catch is for example, shared between the owner and laborers instead of giving them monthly salaries as it use to be.
- Deepening poverty; HIV/AIDS mortality deepens poverty among the household members who end up disposing off assets for treatment of opportunistic infections and nutrition requirements of the sick members. HIV/AIDS patients eventually die off living the family incapacitated and unable to cope up with survival mechanisms. Surviving relatives are forced to take up families of the dead relatives increasing the burden of looking after many people hence compounding the vicious cycle of poverty.
- Food shortage turn into food crises: 98% of the fisher folk engage in fishing for both food and income. 82% of these acquire their household food requirement through purchases. When HIV/AIDS disables the bread earner then the entire family is faced with starvation and destruction.

The epidemic robs the families of capacity to fish or ability to afford food and other basic requirements of life. This situation does not save those doing commercial retail trade at the landing site either.

- Increased vulnerability to HIV/AIDS and its spread, When lack and or access to food becomes more and more intense the affected families normally resort to sex trade for survival; migrate to other areas in search of employment and or hire labor for survival. Such are the cases who are considered new arrivals to new places.

IMPACT OF HIV/AIDS TO UFFCA AS AN INSTITUTION

UFFCA as an institution has not lost any member out of the scourge yet, however almost 90% have lost very close relatives who have impacted negatively on the ability to be fully productive.

- Staffs spend long hours and or days while attending funerals of dead relatives. When this is done repeatedly it becomes a big problem for the organization especially when staffs continue designing mechanisms of mitigating the impacts of HIV/AIDS to the affected families.

- Labor quantity and quality in terms of performance output to UFFCA goes down because some fellow staffs escort their colleagues to attend funerals.
- Workload increases to the remaining staff in the short run, but the risk and therefore the process does not stop; hence developing into a problem for the organization in the long run.
- The affected staff man/hour output reduces as he/she continues nursing the psychological trauma of the experience which may have taken several years of slow death, resource depletion and thereafter planning for the children of the affected family.
- The affected staff report of increased burden as they are forced to look after the children/ family of their late relatives causing food insecurity, poverty and reduced family livelihood.
- Most staffs in this category have strained their meager resources buying drugs for the dying relatives and the surviving family members who may be sick themselves instead of financing development programs. This eventually reduces household incomes, savings and assets compounding to more poverty.
- HIV/AIDS fuels corruption and compromises integrity. It becomes inevitable when a staff is trying to supplement his/her legitimate earnings in order to meet the added responsibilities and obligations. This has a direct bearing on the organizations effectiveness in achieving its objectives and performance outputs.

WHAT CAN BE DONE?

- UFFCA should set up sensitization programs for staff on HIV/AIDS and encourage voluntary testing and counseling.
- It should design a program to support staff living with HIV/AIDS and mainstream the HIV/AIDS issues in its programs.
- It should continue supporting staff with HIV/AIDS with essential drugs and nutritious food till death.
- It should strengthen collaboration with other stakeholder partners like TASO, UASP, MOH, GLOBAL FUND etc. for training and possible funding.
- It should encourage and urge staff to live a responsible lifestyle to avoid infection and or infecting others, and to conduct periodical voluntary testing.
- UFFCA should assist staff who have lost relatives and are suffocated by the burden of looking after the families of the deceased relatives through medical insurance and income generating schemes.
- It should maintain high level of confidentiality on matters of staff health status.
- It should ensure that no staff loses his/her job after being found HIV/AIDS positive.

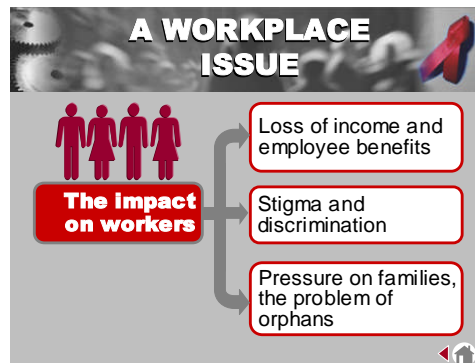
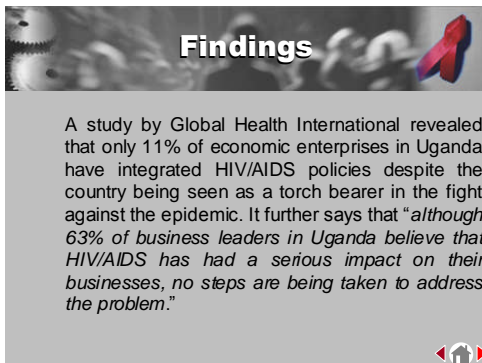
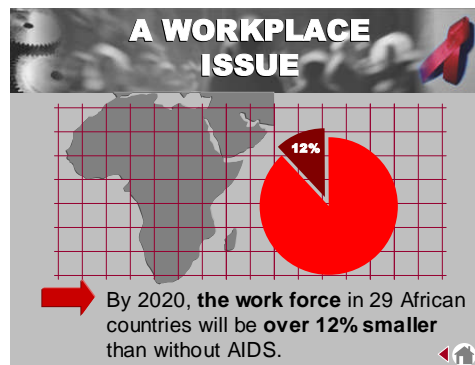
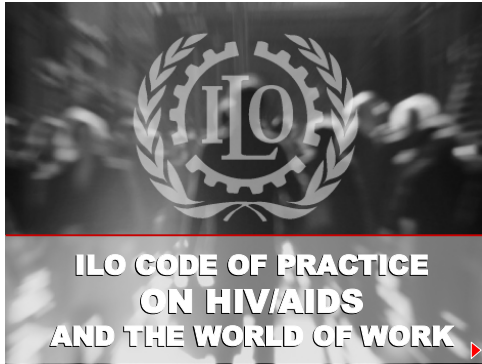
The snag however is that UFFCA does not have the necessary funds and support to under take the above responsibilities.

Conclusion

UFFCA has however, designed and developed a (draft) HIV/AIDS policy for staff and Board members which awaits funding before implementation. The policy addresses most of those areas mentioned above and we pray that such a funding comes by as quickly as possible so that our staffs have a fall back position in case they find themselves in the situation of the kind.

Annex 6: HIV/AIDS and the world of work

Presentation of David Mawejje, National Project Coordinator, ILO Uganda (mawejje@iloaids.or.ug). For more information on the ILO in Uganda visit www.ilo.or.ug.

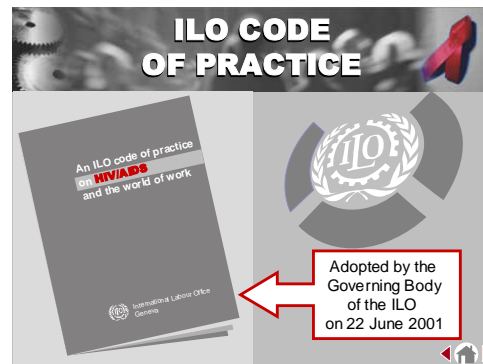




- ### THE CHALLENGE
- ☐ Maintain productivity
 - ☐ Retain a stable skilled work force
 - ☐ Support the viable sick & pension schemes
 - ☐ HIV/AIDS threatens the fundamental principles & rights to work, particularly discrimination & stigma
 - ☐ Introduction & ↑ access to ARV requires strengthening of HIV prevention more than before
 - ☐ Addressing gender inequalities & the problem of child labour

- ### A WORKPLACE ISSUE
- The workplace can help limit the spread and mitigate the impact of **HIV/AIDS**
- ☐ Guarantee job security and rights
 - ☐ Help reduce HIV infection through information, education and practical prevention measures
 - ☐ Offer care, support and treatment or build on the influence in the community
 - ☐ Ensure social protection


- ### THE ROLE OF THE ILO
- ☐ mainstreaming HIV/AIDS into ILO programmes and field offices
 - ☐ setting standards and guidelines: code of practice on HIV/AIDS and the world of work
 - ☐ advocacy, awareness-raising and research
 - ☐ mobilising social partners
 - ☐ technical cooperation, advisory services and training
- ILOAIDS: promoting & coordinating action on HIV/AIDS**



- ### ILO CODE OF PRACTICE
- ☐ Key principles for policy development
 - ☐ Guidelines for workplace programmes
 - ☐ A voluntary code agreed by consensus
 - ☐ Combats stigma and discrimination
 - ☐ Uganda ratified COP and working towards its implementation as governed in the draft NPF on HIV/AIDS & the world of work

- ### ILO CODE OF PRACTICE
- Sets out the fundamental **PRINCIPLES** for policy development & practical guidelines for concrete responses in the following key areas:
- ☐ Preventing the further spread of HIV
 - ☐ Mitigate the socio-economic impact of HIV/AIDS
 - ☐ Care, treatment & support
 - ☐ Stigma & discrimination


WHAT ARE THE OBJECTIVES OF THE CODE?



- ▣ Prevent spread of **HIV**
- ▣ Combat stigma and discrimination
- ▣ Mitigate the impact of **HIV** and **AIDS**
- ▣ Provide care and support

KEY PRINCIPLES

1. Recognition of HIV/AIDS as a workplace issue
2. Non-discrimination – **Employment assessed on merit. No termination based on real or assumed HIV status, work for as long as they are able to perform their duties in available & appropriate work, deployment/ transfer should take into consideration the need to avoid further exposure & spread of HIV as well as access to optimal care & support services**



ILO CODE OF PRACTICE ON HIV/AIDS AND THE WORLD OF WORK

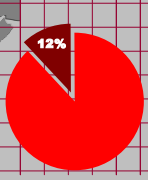
} **AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace issue and a development challenge. ~**
Juan Somavia

A WORKPLACE ISSUE



At least **40 million** people in the world are infected with HIV - **25 million** are workers.

A WORKPLACE ISSUE

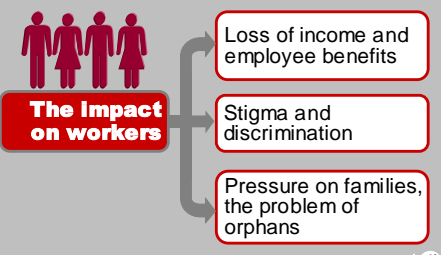


By 2020, the work force in 29 African countries will be **over 12% smaller** than without AIDS.

Findings

A study by Global Health International revealed that only 11% of economic enterprises in Uganda have integrated HIV/AIDS policies despite the country being seen as a torch bearer in the fight against the epidemic. It further says that *"although 63% of business leaders in Uganda believe that HIV/AIDS has had a serious impact on their businesses, no steps are being taken to address the problem."*

A WORKPLACE ISSUE



The Impact on workers

- Loss of income and employee benefits
- Stigma and discrimination
- Pressure on families, the problem of orphans

THE CHALLENGE

- ☐ Maintain productivity
- ☐ Retain a stable skilled work force
- ☐ Support the viable sick & pension schemes
- ☐ HIV/AIDS threatens the fundamental principles & rights to work, particularly discrimination & stigma
- ☐ Introduction & ↑ access to ARV requires strengthening of HIV prevention more than before
- ☐ Addressing gender inequalities & the problem of child labour

A WORKPLACE ISSUE

The workplace can help limit the spread and mitigate the impact of **HIV/AIDS**

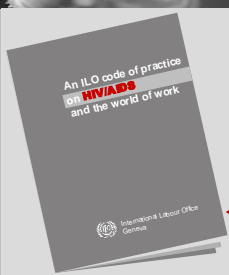
- ☐ Guarantee job security and rights
- ☐ Help reduce HIV infection through information, education and practical prevention measures
- ☐ Offer care, support and treatment or build on the influence in the community
- ☐ Ensure social protection

THE ROLE OF THE ILO

- ☐ mainstreaming HIV/AIDS into ILO programmes and field offices
- ☐ setting standards and guidelines: code of practice on HIV/AIDS and the world of work
- ☐ advocacy, awareness-raising and research
- ☐ mobilising social partners
- ☐ technical cooperation, advisory services and training

ILOAIDS: promoting & coordinating action on HIV/AIDS

ILO CODE OF PRACTICE



Adopted by the Governing Body of the ILO on 22 June 2001

ILO CODE OF PRACTICE


- ☐ Key principles for policy development
- ☐ Guidelines for workplace programmes
- ☐ A voluntary code agreed by consensus
- ☐ Combats stigma and discrimination
- ☐ Uganda ratified COP and working towards its implementation as governed in the draft NPF on HIV/AIDS & the world of work

ILO CODE OF PRACTICE

Sets out the fundamental **PRINCIPLES** for policy development & practical guidelines for concrete responses in the following key areas:

- ☐ Preventing the further spread of HIV
- ☐ Mitigate the socio-economic impact of HIV/AIDS
- ☐ Care, treatment & support
- ☐ Stigma & discrimination

WHAT ARE THE OBJECTIVES OF THE CODE?



- ☐ Prevent spread of **HIV**
- ☐ Combat stigma and discrimination
- ☐ Mitigate the impact of **HIV** and **AIDS**
- ☐ Provide care and support

KEY PRINCIPLES

1. Recognition of HIV/AIDS as a workplace issue
2. Non-discrimination – **Employment assessed on merit. No termination based on real or assumed HIV status, work for as long as they are able to perform their duties in available & appropriate work, deployment/ transfer should take into consideration the need to avoid further exposure & spread of HIV as well as access to optimal care & support services**

KEY PRINCIPLES Cont....

3. Gender Equality
High vulnerability of women to HIV/AIDS due to biological, socio-cultural & economic factors, affirmative action to correct gender related imbalances, responses should target both men & women, responses should be sensitive to the critical roles of females in provision of care to the sick at home & community, Promote gender awareness in terms of roles, sexuality & norms

KEY PRINCIPLES Cont....

4. Health Work Environment – **assess the working condition & identify working conditions which could be improved to lessen the vulnerability of workers to HIV/AIDS, safe first aid procedures, promote general hygiene, provide information of malaria & TB control and dangers of smoking**

KEY PRINCIPLES Cont....

5. Social Dialogue – **Co-operation & trust are a pre-requisite to successful work place progs. Encourage participation & representation of “lower-end” workers, consultation & mutual consent, acknowledge the varied HIV/AIDS needs & concerns among workers**

KEY PRINCIPLES Cont....

6. No screening for purposes of employment
Impracticable & unnecessary. Should be encouraged according to the national policy guidelines on VCT

7. Confidentiality – **Right to privacy, Voluntary disclosure & no obligation, Seek consent before disclosure, Protection of human rights & dignity of PLWHA**

KEY PRINCIPLES Cont....

8. Continuation of employment relationship
PLWHA should be encouraged to work for as long as they are medically fit in available & appropriate work

9. Prevention – **Critical areas for promotion include VCT, promotion of a health & safe working environment, IEC on HIV/AIDS & STI, practical support for behaviour change**

KEY PRINCIPLES Cont....

10. Care, Treatment & Support
Promote collaboration with service providers, provide information about & practical support to facilitate care & treatment, Provided within reasonable accommodation

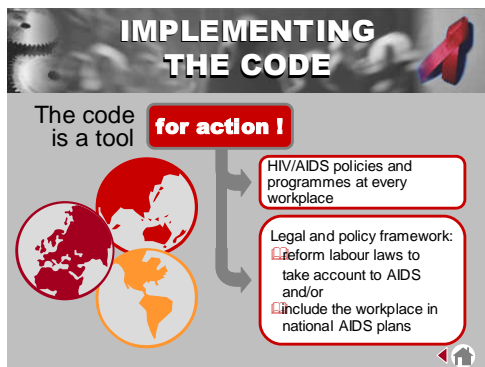
11. Greater involvement of PLWHAs (Uganda)
Active participation of PLWHA gives the programme a human face and voice

Steps to Action

1. Draw up a workplace policy on HIV/AIDS with participation & representation of all categories of workers, including a PLWHA
2. Have a focal point person to coordinate prog.
3. Set up/adopt a workplace committee, with specific TORs
4. Review national policy guidelines OPHA, NSF, including organizational policies on health, human resource, etc
5. Find out what health, information & community services are available

Step to Action Cont....

6. Develop a plan of action to implement the policy (5 Ws)
7. Disseminate policy & programme
8. Start little; much can be done with no-cost or less cost activities
9. Management should support & recognize the committee and the programme
10. Monitor the impact of the policy (periodically) and revise it accordingly



Annex 7: HIV/AIDS Risk Assessment Exercise

Looking into your life for the past years since 1996 to the present date

Answer the following questions honestly to yourself:

- 1 Have you ever had an HIV blood test?
- 2 Have u ever had a blood transfusion?
- 3 Have you ever shared any piercing instrument? (for example, razor blades, needles- during tattooing, ear-piercing or other activity)
- 4 Have you ever had a sexually transmitted infection (STI)?
- 5 Have you ever had any treatment or injection from a non-professional person?
- 6 Do you have a sexual partner?
- 7 Was your partner a virgin before you met/ got married?
- 8 Were you a virgin before you met your current partner/ got married?
- 9 Have you ever separated from your partner and later resumed your (sexual) relationship?
- 10 Have you or your partner ever been unfaithful to each other?
- 11 Do you use a condom every time you have sex?

Results

0 marks= very low or no risk- well done keep it up;

If you have 1 mark or above you at risk of HIV/AIDS and need to be careful

QN	1	2	3	4	5	6	7	8	9	10	11
YES	0	1	1	1	1	1	0	0	1	1	0
NO	1	0	0	0	0	0	1	1	0	0	1

Annex 8: Presentation by Yvette Fleming Project Officer, STOP AIDS NOW!



STOP AIDS NOW!

Partnership between 4 development organizations (donors) and an aids specific organization:
ICCO, Novib, Cordaid, HIVOS and the Aidsfund

Project Background

- “Access to Treatment” → development theme (September 2004)
- State of Affairs on HIV/AIDS Workplace Policies Background Paper (August 2004)
- Expert Meetings on “HIV/AIDS and the workplace”: (October and November 2004)
- Three day Workshop: “Managing HIV/AIDS in the workplace” (January/February 2005) → resulted in initiation of project

Managing HIV/AIDS in the Workplace Project Proposal

Rationale/History

- CDRA (Cordaid) Southern Africa Study (report 2004)
- Oxfam Study “Managing HIV/AIDS in the Workplace” (November 2004)

Outcome:

- Donor position?
- Silence

Managing HIV/AIDS in the Workplace Project Proposal

Project Initiation Document

- **Good Donorship (Donor)**
- **Workplace Policies (South)**
- **Communication**

(Link North-North, South-South and North-South)

Managing HIV/AIDS in the Workplace Project Proposal

Good Donorship Results

- **Guidelines for program officers and partner organizations.**

Guidelines how to support the development and implementation of a comprehensive HIV/AIDS Workplace Policy/Programmes with counterparts and for counterparts what to expect from the donor

Managing HIV/AIDS in the Workplace Project Proposal

Workplace Policies Results

Pilot countries chosen Uganda and India

Each participating counterpart develops and implements their **OWN** comprehensive workplace policies including a stigma reduction and access to treatment strategy

content to be defined in Uganda and India

Managing HIV/AIDS in the Workplace Project Proposal

Definition

HIV/AIDS Workplace Policy:
 Defines an organization's position and practices for preventing HIV transmission and for handling HIV infection among employees.

The policy provides **guidance to supervisors** who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy **informs employees** about their responsibilities, rights and expected behavior on the job.

Managing HIV/AIDS in the Workplace Project Proposal

Communication Results

Mutual understanding and shared ownership and responsibility towards supportive policies of donors described in the "Good Donorship Guidelines" and workplace policies of partner organisations

Managing HIV/AIDS in the Workplace Project Proposal

WHOM

Local Project Group Uganda (according to TOR)

Chair
 Local project co-ordinator
 Delegation of participating local counterparts with specialities on subjects such as:

- Lobby/Advocacy
- Support and Care

Aids Service Organization
 PWHA organization/person to guarantee the GIPA principle

Tasks

- Designing and implementing sub-project Workplace Policies
- Reporting about sub-project Workplace Policies to the Project Coordination Group (Yvette Fleming Project Officer)

Managing HIV/AIDS in the Workplace Project Proposal

WHEN (activity plan)

Subproject B: Uganda

Design of project	June 2005 - August 2005
Establishment Local Project Group and recruitment of Local Project Coordinator	
Implementation pilot project	August 2005 onwards
Linking & Learning event	March 2006
Evaluation pilot project Uganda	January 2007 - March 2007

Managing HIV/AIDS in the Workplace Project Proposal

Annex 9: Roadmap to developing HIV/Aids workplace policies

This exercise is a quick scan to identify where each participating organization is in the process of addressing HIV/AIDS in the workplace and or developing a comprehensive workplace policy. The road map is a journey of events that organizations would go through in developing an HIV/AIDS workplace policy. The various stages are not in any systematic order. Different organizations have started at the end and gone back to the first stage. The road map is in recognition of the bumpy nature of the task of developing a workplace policy.

Sensitization	Awareness	Prevention	Condom distribution	Open dialogue (managers and workers)	Training for selected staff
VEDCO – experienced problems with getting started due to reliance on contract staff	FOCCAS Uganda	DETREC	NUDIPU – sensitization awareness, prevention	Foundation for Human Rights Initiative – open dialogue in formal meeting, no condom distribution, process of developing policy underway	NOVIB
CEFORD – sensitization, planning awareness for financial year 2005/06	SSD – sensitization, awareness		BUSO – sensitization, awareness, condom distribution	Health Need Uganda	
FAPAD – sensitization, awareness	KALI – open dialogue, sensitization, awareness		TOUNET – sensitization, awareness, condom distribution		
KADP – capacity building for staff, HIV/AIDS mainstreaming, stepping stone, developed a draft policy on HIV/AIDS to be discussed at senior management	TPO – Uganda Policy being discussed at management meetings				
IRDI – sensitization, awareness, external mainstreaming	Uganda Media Women’s Association (UMWA)				
LOFP	Uganda Association of Women Lawyers FIDA (U)				

Designing a programme document that highlights that an HIV/AIDS policy would be in place by 2006	NORRACOL
Church of Uganda- TEDDO	Uganda Catholic Secretariat Lango Organic Farming Promotion Church of Uganda, Soroti Diocese
East African SSI	KAWDEC
MADEFO	FURA
TERUDO	
Concerned Parents Association	
