



Hand in Hand

Donors and NGOs
Working Together
to Address HIV and AIDS
in the Workplace

Conference | Amsterdam | January 23-24, 2008

**STOP
AIDS
NOW!**

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Introduction

This much we know: HIV and AIDS affect workers, and so affect organisations and what they can achieve. Yet these effects are not entirely inevitable. They can be reduced and managed through workplace policies and programmes, and we have agreed codes and documented examples about how to do this.

Despite this, effective action against HIV and AIDS in the workplace is not widespread, for complex and varied reasons. Within the field of development, this should be of concern for both NGOs and donors. How can they join forces to reduce the damaging impacts of HIV and AIDS on the work of development organisations?

This report sets out the conclusions and recommendations of the conference *Donors and NGOs Working Hand in Hand to Address HIV and AIDS in the Workplace*, which was held in Amsterdam on 23rd and 24th January 2008. The conference was organised by STOP AIDS NOW! with the aim of bringing donors and NGOs together to motivate them to cooperate on managing HIV and AIDS in the workplace. The first day focused on exchanging information, best practices and challenges. The second day was devoted to the role which donors, international NGOs (working through partner organisations) and multinationals (working with contractors) can play in reducing the impact of HIV and AIDS in the workplace.

The event was a great success, bringing together over 100 experts from local and international NGOs, capacity building organisations, and multilateral and bilateral donors. Participants took the opportunity to share their knowledge and experiences within workshops, at the conference market place, and through presentations and informal networking. Each received all the conference materials on a USB memory stick. For those who were not present the materials are also available on-line at www.stopaidsnow.org/our_work_article/wpp_conference_jan08.

This report sets out the participants' main conclusions and recommendations and is followed, with an outline of each of the presentations, workshops and the closing debate.



Conclusions and Recommendations

2.1 Taking joint action

Joint action by donors (In the Netherlands by Dutch Co-Funding Agencies) can be effective, where agencies are challenged to agree a common stand. This has been demonstrated by the STOP AIDS NOW! programme 'Managing HIV and AIDS in the Workplace', through which Cordaid, HIVOS, ICCO and Oxfam Novib agreed their guidelines 'Good Donorship in a Time of HIV and AIDS'¹. This document aims to break the silence between the agencies and their NGO partners by presenting explicit principles and commitments, including financial and other support that is available for addressing HIV and AIDS in the workplace.

Recommendations

STOP AIDS NOW! is already (through the work of local research organisations supervised by the University of Amsterdam) learning and publishing findings from its projects supporting NGOs in Uganda, Ethiopia and India. Participants requested STOP AIDS NOW! and the Dutch Co-Funding Agencies to advocate to others, and to expand their own work. STOP AIDS NOW! was also requested to share findings about the different experiences in India and Uganda, considering their different HIV prevalence rates and to make these available via its website.

2.2 Drawing in more donors

There is interest among donors as to how to support partners to manage HIV and AIDS, and donors and NGOs who are already involved should encourage them. This is critical for partners, who will not be able to sustain effective workplace programmes if they are dependent on a few donors who are actively willing to invest in their efforts. However, the likelihood of interest turning to action is much greater among those donors that fund recurrent costs such as salaries and institutional costs. Donors that do not cover these essential costs are unlikely to be persuaded to pay for workplace programmes.

¹ www.stopaidsnow.org/documents/Good%20Donorship%20in%20a%20time%20of%20AIDS_ENG.pdf

Recommendation

Those donors which are already responding are best placed to advocate and encourage others to take action. They should make a strategic assessment as to where their efforts are most likely to result in other donors getting involved. For example, Cordaid is likely to have the most impact by focusing on other NGOs within the Caritas network. The Dutch Ministry of Foreign Affairs was requested to lobby bilateral donors to institutionalise the Good Donorship approach amongst other European countries. It has expressed willingness to share its experiences with other EU ministries and sees an EU framework as a possibility.

2.3 Using different ways to support partners

Some donor agencies, including the individual Dutch STOP AIDS NOW! partners, are already actively supporting their partner NGOs in various countries to develop and implement workplace policies. Methods include:

- Making one-off grants to individual partners for the cost of workshops or of hiring external support to develop a policy;
- Running capacity building workshops for partners or groups of partners;
- Partnering with capacity building organisations who then support other partners;
- Providing consultants to enable partners to go through the 12-boxes self-assessment process;
- Paying for a few members of staff to attend training courses about responding to HIV and AIDS in the workplace;
- Facilitating linking and skills swapping between partners;
- Providing useful materials: documents, DVDs, downloads on websites;
- Training their own staff to be more competent and able to support partners;
- Funding all or a proportion of the costs of devising and implementing a workplace policy.

Recommendation

We need practices to be evaluated, compared for cost-effectiveness, documented and shared, including mistakes made.



2.4 Donors influencing partners

Donor agencies can use their funding as leverage to influence NGOs' efforts to address HIV and AIDS in the workplace. This may be *unconditional*, where the donor agency considers each NGOs' response to HIV and AIDS in the workplace along with many other criteria for funding. The Dutch Ministry of Foreign Affairs is likely to do this in its next round of funding, in recognition that it would prefer to allocate its resources to organisations which are themselves responding to HIV in the workplace. IPPF already uses the NGO Code of Good Practice assessment exercise as a tool to assist its selection of partners. On the other hand it may also be *conditional*, as in the case of Oxfam Novib in Southern Africa, where funding is not provided to NGOs which lack an HIV and AIDS workplace programme.

The dilemma is a familiar one: respecting the autonomy of partners whilst also wanting to be sure that funds go to those organisations most likely to achieve certain outcomes. Donors may avoid some of the resistance which naturally accompanies 'donor driven' agendas by presenting partners with evidence from their peers.

Recommendation

Oxfam Novib is requested to compare experiences in Southern Africa with other parts of the region, and to share its findings. The comparison of the two different approaches might give us new insights in the effect of choosing to work ONLY with NGOs which do have a workplace policy on HIV and AIDS.

2.5 Closing the gap between having a policy and taking action

It is all too easy for workplace policies to become romantic documents on shelves, rather than a springboard to action within an organisation. For action and change organisations must find the financial and human resources that are needed to implement the policy and make it meaningful. Otherwise it is useless to staff, especially those in urgent need of services. Unimplemented policies will obviously not deliver its benefits to the organisation and, ultimately, its beneficiaries through the effectiveness of its development work.

Recommendations

Both NGOs and donors must be aware that a workplace policy is not the end of the story; organisations need to take action and implement the policy. Having a policy is not enough. We need to actively implement it in order to make a change. We have to remember that the ultimate purpose of workplace policies is to reduce the effect which HIV and AIDS have on the organisation's work; an unused document cannot do that. Indeed, spending money and time on policies which are not implemented wastes resources and demotivates staff. Organisations need to move to implementation and to monitor their progress using appropriate indicators. Donors need to provide support and follow-up. Linking and learning with peers can also be useful in providing on-going motivation for both donors and NGOs.

2.6 Facing up to our own challenges

The 'them' and 'us' approach to HIV and AIDS—distancing ourselves from the danger which 'they' over there face—is understandable but not justifiable. It is evident where donors urge their partners to have HIV and AIDS policies but do not have them themselves. We can also see it in NGOs which do HIV prevention work within the community but have not responded within their own workplace. It also occurs within organisations, where managers exclude themselves from sessions about HIV and AIDS. In every case the denial undermines the success of the work, and means that those who are distancing themselves are failing to respond. Organisations which accept that it is a

problem for 'us' too are in a better position to help 'them'. For example, following its experiences of responding to HIV and AIDS in its own embassies, the Dutch Ministry of Foreign Affairs now has a better understanding of the need for policies to fit the local context, and of the difficulties of tackling stigma. It is therefore now better placed to advocate to its implementing partners to manage HIV and AIDS in their workplaces and with their partners.

Recommendations

Donors and NGOs must challenge themselves on this at all levels within their organisations, and in how they work. It is difficult and less effective to attempt to support others in something which you have not yourselves dealt with.

2.7 Respecting the involvement of people living with HIV

Much as we have known for a long time that it is critical to involve people living with HIV in our responses, including workplace programmes, it often does not happen. The opposite also occurs, where a member of staff known to be living with HIV ends up 'over-involved' and shouldering most of the burden of the programme, often in addition to his/her normal duties. Such 'over-involvement', including unseen support given to colleagues seeking advice, undermines the policy aim of supporting PLHIV staff to protect their health and to work efficiently.

Recommendations

NGOs and donors should attend to GIPA—the Greater Involvement of People Living with HIV2. Where an organisation does not have known PLHIV staff members it can get input from PLHIVs from outside of the organisation and encourage the involvement of staff members affected by HIV, whilst also reducing stigma so as to increase the likelihood of HIV-infected staff members' involvement in the future. Where PLHIV staff are willing to take part in the response, their contribution should be recognised and rewarded, including reallocation of other duties as necessary. Responsibility for the programme should be shared among staff within the institution, not dumped at the feet of PLHIV.

2.8 Collaborating with trade unions

Trade unions are so far underrepresented in efforts to respond to HIV and AIDS in the workplace and the ILO is trying to involve them. Its focus on the Decent Work³ agenda – seeking workplaces which are healthy, both mentally and physically – obviously provides opportunities for responding to HIV. The ILO is also developing a new International Labour Standard on HIV and AIDS (Recommendation) which is likely to put more emphasis on stigma and discrimination.

Recommendations

NGOs and donors are reminded of the possibility of collaborating with the ILO and trade unions, and are invited to feed into the development of the new labour standard on HIV and AIDS by filling in the questionnaire on page 87 of the report 'HIV and the World of Work'. This questionnaire can be found at www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_090177.pdf

2.9 Using good practice to inspire better responses

The NGO Code of Good Practice was developed for NGOs by over 100 NGOs, drawing on all the knowledge and experience gained since the response to HIV began. The code sets out the key principles, practice and evidence base required for successful responses to HIV including in workplace programmes. Practical tools are in development, including checklists, which can help NGOs to develop more effective responses, based on our experience to date.

Recommendations

NGOs which have not signed the code can find out more about it, and endorse it, at www.hivcode.org. Participants requested greater visibility of the NGO Code of Good Practice, and ways of making it more useable for donors and governments.



² See the 2007 UNAIDS document, *Policy Brief: The Greater Involvement of People Living with HIV (GIPA)*, available from www.unaids.org/publications/documnts/persons/index.html.

³ Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and

social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men.

3 Conference Sessions in Brief

This section gives a brief overview of each session; for much more detail, see the downloads available at www.stopaidsnow.org/our_work_article/wpp_conference_jan08



3.1 Presentations

Good Donorship in times of AIDS

Lucie van Mens – Program Manager, STOP AIDS NOW!

“Is your organisation HIV competent and willing to sign the NGO Code of Good Practice?”

Lucie officially welcomed the participants and outlined the objectives of the conference. She also posed some key questions for participants to bear in mind during the conference, including:

- Does addressing HIV in the workplace benefit behavioural change? Can it be an entry point for addressing other issues such as violence against women?
- Can we show examples of stigma reduction as a result of HIV workplace interventions?
- Does internal mainstreaming have a positive effect on mainstreaming in programs?
- Is there enough capacity to scale up internal mainstreaming within local NGOs and the private sector?
- Can we challenge the multinationals to engage with their supply chain businesses?
- Is your organisation HIV competent and willing to sign the NGO Code of Good Practice?

What does ‘Hand in Hand’ mean?

Theo Bouma – Program Director, Oxfam Novib

“Oxfam Novib has trained its staff in the rationale for workplace policies, which it views as part of the good functioning of democratic organisations, and how to communicate with partners about issues concerning HIV and AIDS.”

Theo related the history of impacts of HIV on Oxfam Novib’s partner organisations, noting that it took Oxfam Novib more than a decade to act. In 2004

Oxfam Novib carried out some research in Southern Africa with nine NGOs on the impact HIV and AIDS at organisational level and the results were astonishing: definite impacts, and a need for help from donors in dealing with new phenomena. The study results, combined with Oxfam Novib’s 2002 policy paper ‘*Linking AIDS with Poverty, Gender and Sexuality*’, led to the joint firm position of the Dutch Co-Funding Agencies partnering with STOP AIDS NOW!. Oxfam Novib has taken the ‘*Good Donorship in a Time of AIDS*’ guidelines and applied them across all its regions. It has trained its staff in the rationale for workplace policies, which it views as part of the good functioning of democratic organisations, and how to communicate with partners about issues concerning HIV and AIDS. One of the main challenges faced concerns finance; partners question whether the 4% principle is sufficient, and Programme Officers often do not feel sufficiently well informed to discuss this issue in depth. The recently developed STOP AIDS NOW! tool ‘*What’s It Likely To Cost?*’ should help.

Oxfam Novib organises its support on workplace policies through STOP AIDS NOW!, Oxfam International, and capacity building NGOs. It also trains local consultants, and supports partners to use the HIV self-assessment tool ‘*Test Your Organisation with the 12-Boxes Framework*’. To aid networking and the sharing of experiences, Oxfam Novib hosts a community of mainstreaming practitioners on its KIC website (KIC stands for Knowledge Infrastructure with and between Counterparts) www.oxfamkic.org. It is also the place to find Oxfam’s documents and other key documents on mainstreaming.

HIV and AIDS in the Workplace: The Reality

Beatrice Were – African Partnership Director, Global Aids Alliance

“In many cases policies seem to focus more on those who are infected, so ignoring the critical value of prevention.”

Beatrice shared some of her experiences as a positive woman in workplaces with and without a policy. She emphasized the importance of PLHIV as key assets to any organisation which listens, supports and actively and meaningfully involved them in its response. But all

too often employers, including NGOs working in the field of HIV, tend to ignore the relationship between staff welfare and organisational goals and targets.

Her experience of opening up in the workplace was that it attracted too much attention and a much greater workload. Suddenly she became a kind of courageous hero, counsellor and crisis manager. Her workload doubled but this was unrecognised, undocumented and not remunerated, despite her contribution to organisational performance and staff welfare.

Very often organisations depend on convenient but unsustainable means of addressing an emergency, which is risky for any organisation. Incompetent leadership on HIV and AIDS in the workplace remains a challenge. Beatrice found that senior managers, human resource or staff welfare managers do not normally understand the complexity of the issue. Of significance is the ignorance towards gender and human rights in workplace policies, with many policies addressing men and women equally. For example, one organisation's policy allocated the same amount of medical benefits for men and women, so ignoring the needs of positive pregnant staff that require additional support for prevention of mother to child transmission (PMTCT) and infant feeding. Beatrice also argued that policies should attend to the way in which female staff carry more of the burden of care.

Another challenge is that of maintaining confidentiality such that PLHIV can access policy benefits without being forced to disclose their status to someone within their organisation. PLHIV also need clear commitments in policies regarding their access to treatment should they leave the organisation. NGOs and donors also need to appreciate the power of providing holistic support for those affected by targeting their spouses and significant others in the family. The workplace and family are symbiotic and reinforce each other. Furthermore, from personal experience, organisations should not assume that someone on ARVs will always feel completely well; many times she had wished for a place to rest for a short time whilst at work.

Finally, Beatrice suggested that in many cases policies seem to focus more on those who are infected, so ignoring the critical value of prevention. Such policies also become associated with those who are HIV-positive, and may unintentionally fuel stigma and discrimination.

Work in Progress: SafAIDS' HIV and AIDS Workplace Policy and Programme

Sara Page - Deputy Director, SafAIDS

“We have fallen into the trap of focusing on HIV and others whilst maintaining silence about how HIV affected our staff and the organisation itself.”

Sara took us through the achievements and challenges of SafAIDS' (the Southern Africa HIV and AIDS Information Dissemination Service) internal mainstreaming process. Despite being an AIDS-focused organisation, when two staff members fell ill in 2000 there was unease, with colleagues finding it inappropriate when one revealed her status. SafAIDS had fallen into the trap of focusing on HIV and others whilst maintaining silence about how HIV affected its staff and the organisation itself. They decided to act, beginning with recognising the impact of HIV – felt by all staff members – and how stigma and discrimination fuel the epidemic. By 2002, using a process involving all members of staff including contract workers, they had a policy and had begun implementation.

In 2007 SafAIDS reviewed their policy as part of staff retreat. Among the outcomes were a revised protocol for supporting staff with deaths of family members to include collection of death benefits (*chema*), greater emphasis on shared confidentiality, and a commitment to greater participation of family members in prevention sessions. A (Knowledge Attitudes, Practices and Beliefs) KAPB survey showed good knowledge of HIV/AIDS among staff, 53% using condoms with regular partners, 83% having had an HIV test, but almost half believing themselves to be at low risk of HIV infection. A reduction in stigma within SafAIDS is evident through more willingness to discuss HIV and its personal impacts, and a number of members of staff being open about their status.

In addition to challenges in behaviour change and risk perception, SafAIDS wants to encourage infected staff members and their family members to access treatment earlier. Fundraising for the workplace activities was unsuccessful, so instead staff agreed to an annual 1% of monthly salary levy (0.083% of annual salary) to fund the necessary on-going



programme of education and training and occasional small emergencies. Further challenges are that interns and volunteers do not have access to the medical aid scheme, and that the committee responsible for the programme tends to prioritise program work over implementation of the workplace policy.

Key-note speech

Madelon de Gruijter- Personnel Management Advisor, Ministry of Foreign Affairs

“There is a strong likelihood that in the coming funding round ‘addressing HIV and AIDS in the workplace’ will become a criterion for selection.”

The Ministry of Foreign Affairs piloted its workplace policy at 18 embassies in Africa in 2003. The target group of about 3,500 people comprises expatriate staff and their families, domestic staff and their families, and locally employed embassy staff and their families. For the implementation of the programme the Ministry contracted a third party, PharmAccess Foundation. Over four years the programme has led to more people having access to prevention and information; better quality ARV-treatment being offered; doctors in contracted hospitals have upgraded their skills and knowledge; and HIV and AIDS is becoming a more normal subject of conversation in the embassies.

An evaluation of the programme showed that there are still barriers in place concerning fears of stigma and lack of confidentiality. Whilst 20% of the target group have been for testing, 80% have not, and of

the 50 found to be HIV+, 15 have not enrolled in the care and treatment programme to which they are entitled. Another limitation is that the 'one size fits all' design and centralistic approach has resulted in lack of ownership within some embassies, and made it harder to take into account local conditions. Furthermore, many Dutch staff members believe that they do not need information on the subject and therefore do not attend the education meetings. However, in some embassies the energy of some committed staff members has led to very successful programmes. Within the changing context of cost and availability of treatment and insurance, the ministry is proceeding with adapting and improving its workplace policy programme, and expanding it to cover all embassies. Furthermore, the ministry is very willing to share its experiences with other EU ministries and is now urging its implementing partners to address HIV and AIDS in their workplaces and with their partners. There is a strong likelihood that in the coming 2010-2013 funding round this will become a criterion for selection.

Code of Good Practice for NGOs Responding to HIV and AIDS

Susan Fox - Project Manager, NGO Code of Good Practice

“The ‘glue that sticks the code together’ is involving PLHIV and addressing stigma and discrimination.”

Susan presented the NGO Code of Good Practice which was developed for NGOs by over 100 NGOs, drawing on the knowledge and experience gained since the response to HIV began. The code sets out the key principles, practice and evidence base required for successful responses to HIV. Susan urged participants to use it in order to get their NGOs to commit to using evidence-based principles and practice, to improve the quality and cohesiveness of their work and their accountability to partners and beneficiaries, and to foster greater collaboration between the variety of NGOs now actively engaged in responding to the AIDS pandemic. The code can be used to inspire organisational change; provide a framework for collaborative partnerships; and inform the development, implementation and evaluation of evidence-informed programmes and advocacy. NGOs that sign on to the code agree to support ALL

principles, but in terms of implementation they choose what is relevant to them. This makes the code useful and relevant for any and all NGOs working in the field of HIV. Important to note is that the 'glue that sticks the code together' is involving PLHIV and addressing stigma and discrimination.

Work in Progress: Supporting Partners to Develop Workplace Policies & Programmes

Diana Mpinganzima - Joint Oxfam Mainstreaming Officer, Oxfam Burundi

“The biggest challenge is the lack of funding from other donors – partners are too dependent. There is a need to get other donors on board.”

Diana introduced to us the Joint Oxfam HIV and AIDS Mainstreaming Programme (JOHMET) which aims to contribute to the reduction of HIV prevalence and HIV mortality rate amongst partner organisations and communities. In Burundi JOHMET began in 2002 and is implemented through ten Oxfam International partners, including, from the outset, the national network of PLHIV. Various activities have been organised including a baseline study to know the needs of organisations, meeting with directors to ensure commitment, capacity building and training, providing funds to support activities in workplaces, and lobby and advocacy to promote an enabling environment for people living with HIV.

All ten of the participating partners have developed a workplace policy and set up provision for VCT with aids service providers. Whilst ARVs are free, partners have been encouraged to put in place safety-nets to ensure continuous treatment when there are drugs shortages in the public sector. Diana finds that the biggest challenge is the lack of funding from other donors – partners are too dependent on Oxfam, and there is a need to get other donors on board supporting the Good Donorship Guidelines including financial commitment. Other challenges are the high turnover of staff which makes repeat trainings essential, and the difficulty for rural-based staff of accessing ARVs. Stigma and discrimination remain, but improvements are seen and it takes time and trust. The issue of confidentiality versus transparency in the budget is another issue.

One interesting experience is the organisation which has a family member participating in the workplace policy committee, besides family participation in education and training sessions.

The Role of the UN

Bhatupe Mhango - UNPlus Coordinator. UNAIDS

“Ultimately the workplace will be an important venue to simplify ‘universal access’.”

Bhatupe introduced the UN’s HIV in the workplace programme by showing a video for UN staff featuring Kofi Anan emphasising that ‘silence is death’ and that it is about a virus and not about judgements. The UN programme has two components. The learning strategy is about improving knowledge levels and competences of staff to support national responses to HIV and AIDS. The UN Cares programme aims to ensure that ten minimum standards (based on the ILO principles⁴) are in place at all UN workplaces. Within that the UNPlus group aims to ensure that PLHIV within the UN have a supporting working environment. UNPlus also serves as a peer group and as an advocacy group.

Bhatupe stressed the importance of commitment at the highest management level, strengthened leadership of PLHIV, and better application of GIPA. With regard to GIPA she presented a statement from Alex de Waal underlining that in all development work the balance that must lean towards positive and meaningful engagement which is a duty as opposed to a favour. A progressive workplace that addresses HIV is only achieved when prevention, treatment, care and support are taken into account. Treatment is not a favour, but a duty. Ultimately the workplace will be an important venue to simplify ‘universal access’.

UN organisations are collaborating with NGOs and others, but only after engaging them in workplace programs, by offering guidance and support. UN organisations will also collect best practices and publications for knowledge sharing; it is their responsibility to provide benchmarks in the world of work through ILO as a lead agency. UNAIDS is also

⁴ As set out in *The ILO’s Code of Practice HIV/AIDS and the World of Work*, www.ilo.org/public/english/protection/trav/aids/publ/code.htm

working with the ILO towards a declaration where governments state that they will have a policy on HIV.

Bhatupe stated that the conference is a critical juncture for HIV workplace programs. Progress is not uniform across organisations and countries. Organisations which have invested need a way to sustain their efforts. Organisations which have not invested may want a harmonized means to do so. The UN must be well placed to engage successfully with both. The best way to position itself is as a leader that ‘walks the talk’ as it is by leadership and proactive engagement that societies change. There is a need for further coordination and collaboration amongst all of us.

The Role of the ILO

Sophia Kisting – Director, ILO Global Programme on HIV and AIDS and the World of Work

“If you take away our jobs, you will kill us faster than the HIV virus.”

Sophia shared her three-part vision; one cannot work without involvement of NGOs and trade unions. There is a need to improve the collaboration and involvement of trade unions in the response to HIV in the workplace. Trade unions get excluded; last year only three of 196 Global Fund applications included trade unions. The unions may see NGOs as getting preferential treatment based on misconceptions.

The ILO focus is on the Decent Work agenda and that allows many opportunities for mainstreaming HIV. The workplace should be healthy, mentally and physically. She cited the sentiments of some PLHIV: *If you take away our jobs, you will kill us faster than the HIV virus*. Her concern is that top down policies from employers and trade unions do not function and that there is a need for equity and involvement of managers and workers. The process of developing a policy should be participative and the policy should suit the context. As HIV evolves, a new International Labour Standard on HIV and AIDS (Recommendation) is being developed. In this standard the emphasis on stigma and discrimination will be strengthened. Sophia invited the participants to feed into the development of this standard by filling a questionnaire on page 87 of the report to be found at www.ilo.org/public/english/protection/trav/aids/ In preparation, ILO assembled information for an overview ‘law and practice’ report,

including the most comprehensive compilation to date of national laws and policies on HIV and AIDS, covering 170 countries.

The new standard will be presented at an ILO Conference planned in 2009. Sophia praised our efforts of being together in this meeting sharing knowledge and experiences. She was pleased to see that ILO Code of Conduct was used as guidance. Workplaces can be centres of positivity, champions of human rights.

The Private Sector - What about the Contractors in the Supply Chain?

Judith Fischer - ACCA Programme Officer, GTZ

“Motivation for multinationals to engage with supply chain partners are impact on productivity losses on own business, corporate social investment programmes, and company policy to actively engage and commit suppliers.”

GTZ's Aids-Control in Companies in Africa (ACCA) programme gives support to business coalitions and direct support to companies. It is based on the principles of a public private partnership. Direct support to companies involves technical assistance in building comprehensive programs that contain four pillars; prevention, health care, human resource management and community outreach/supply chain. An evaluation of eight programmes showed that the key success factor is management buy in. Weaknesses that have been identified are the lack of systematic planning and monitoring, lack of involvement of PLHIV, and systematic outreach addressing community needs. The work with business coalitions is to strengthen the embedding of the business coalitions in the national context. This support involves capacity building, training, services for member companies, development of tools, and providing a network which links business coalitions in many countries through annual meetings.

Recently ACCA launched a new 'Supply Chain Initiative' project in Nigeria. Its objective is to improve access to and the supply of continuous HIV and AIDS, malaria and TB related prevention, counselling, testing and

treatment measures for employees of selected companies operating along the supply chain of the contract partners. Currently only a few initiatives include up-scaling HIV workplace programmes to the supply chain. The companies in the supply chain are large and medium sized enterprises with 150 – 8,000 employees and the sectors that they are operating in are packaging, security and transport. Motivation for multinationals to engage with supply chain partners are impact on productivity losses on own business, corporate social investment programmes, and company policy to actively engage and commit suppliers. The current challenge in the project is getting the supply chain organisations on board; the multinationals need to advocate the benefits of a workplace policy to their suppliers. These benefits may be the potential for better business, the opportunity to implement at a reduced cost, and to enjoy the reputation of a community leader.

3.2 Workshops

Results and Challenges from Uganda and India

Spencer Birungi, Saud Akthar and Winny Koster

“Ownership, involvement of PLHIV, and reduction of stigma and discrimination are seen as key towards achieving an effective programme.”

This session presented the experiences from India and Uganda of the STOP AIDS NOW! project on managing HIV and AIDS in the workplace. Spencer explained the initiation of the country projects and their structures, goals and objectives, then outlined the results, challenges and way forward in Uganda. Saud followed by briefly sharing the context of HIV and AIDS in India, the preliminary findings of their Rapid Needs Assessment and Baseline, and the challenges and way forward. Winny Koster continued with the set-up, findings and recommendations of the applied research component of the project.

The session was appreciated and, despite the difference in prevalence and culture between India and Uganda,

the similarities between the HIV mainstreaming trajectories were seen as interesting. In both settings ownership, involvement of PLHIV, and reduction of stigma and discrimination are seen as key towards achieving an effective programme. Challenges that were highlighted are level of awareness, resistance, turnover of staff, negative attitudes towards condoms, stigma and discrimination. Resources are also problematic, despite the willingness from Dutch donors and the capacity and skills of organisations to discuss the need for resources with other donors.

Building the skills of NGOs

Ramata Koutou and Caroline Aantjes

“Staff turnover remains a challenge when implementing a workplace policy. Rotating committees could be the answer.”

This workshop was facilitated by Ramata and Carolien, two consultants who have worked together on building the skills of Oxfam Novib partners in mainstreaming HIV and AIDS in West Africa. They asked the participants to brainstorm in pairs which outcomes we anticipate when building the skills of NGOs in this area and the type of skills we would aim to build in order to achieve these outcomes. Examples of skills were the ability to organise tailor made awareness sessions, ability to mobilise people for one cause, to be able to adapt workplace policy examples to own organisation and master policy language, and being able to see the organisation’s comparative advantage and translate this into a strategy to assist the external mainstream process.

The facilitators presented their approach to skills building with Oxfam Novib partners and introduced the participants to the 12 box model (available for download from www.stopaidsnow.org/our_work_article/wpp_conference_jan08_materials). The participants did a small exercise with this tool, followed by a discussion in groups. The session was concluded by giving participants a number of web links for further, interesting information on the topic. Outcomes of the session were that staff turnover remains a challenge and a possible solution is to have rotating committees, this also enlarges knowledge and ownership of the policy with an organisation.

What is lacking is the involvement of PLHIV in policy development and implementation. The inclusion of PLHIV is not a natural process if there are no employees openly in the workplace with HIV.

Impact, Cost and Benefits of Addressing HIV in the Workplace

Joyce Mataya, Rick James and Lynn Ilon

“The impact of indirect costs – to which most organisations turn a blind eye – proved to be significant.”

This session presented the findings from research into the costs of HIV and AIDS in CSOs. The study was conducted in Uganda, Tanzania and Malawi by CABUNGO, TRACE, CDRN and INTRAC, and the report, which is Praxis Paper 13, can be downloaded from www.intrac.org. Among the impacts shown by the research were the indirect costs to which most organisations turn a blind eye. Costs are rising due to absenteeism to attend to funerals, attending to the sick, medical costs, extra pay for temporary cover, management time, funeral and recruitment costs and often most of these are not budgeted for. In conclusion, it was noted and agreed that it is very costly for organisations not to have a workplace policy and that NGOs are not well prepared to respond to HIV.

Lynn then presented the basic findings of the work done in Zambia, looking at costs and benefits of workplace programmes within companies. She and her team from CHAMP, the World Bank, and International Office for Migration, UK’s DFID and USAID found that six of the seven companies surveyed showed net benefits. Lynn also discussed some of the methodology behind her work including an overview of how costs and benefits were calculated and how base numbers were modelled. A lively discussion followed with many questions regarding how companies were using the findings, how word was being disseminated on the findings and how companies responded to the need to share information. One challenge emerged: since the Zambia work was conducted through a local NGO, there was a challenge in getting the results widely disseminated beyond the country. Also, presenters concluded that a good cost analysis was technically complex and probably needed joint efforts between local NGOs and methodologists.

What's It Likely to Cost?

Spencer Birungi and Sue Holden

“Workplace programmes are not just about access to treatment.”

This session introduced the tool ‘*What's it Likely to Cost?*’ which was developed by Sue as part of the STOP AIDS NOW! managing HIV in the workplace project (available from www.stopaidsnow.org/downloads). The tool was a response to the problems experienced by NGOs in the project who need to create budgets and by Programme Officers with the Dutch Co-Funding Agencies who assess and fund the budgets. It explores issues such as *What should be in the budget, and how to estimate the costs? What should not be included? What makes a good budget? What are the advantages and disadvantages of the different methods being used for budgeting for health care?* The document emphasizes that organisations need to think about all costs (time and money) from the outset, making sure that their workplace policy and programme is appropriate to their organisation’s capacity and context.

Questions were asked about the 4% additional fund commitment made in the Good Donorship Guidelines. This 4% figure came from costs of workplace programmes in Southern Africa of around 2% of staff salaries. Sue acknowledged that the 4% of staff salaries ceiling is imperfect, as it discriminates against organisations with low salaries, typically the smaller NGOs. However, it was important to have a tangible and simple commitment which all the Dutch Co-Funding Agencies would sign up to. Whilst a percentage is imperfect, at least partners know where they stand, and have donors who have made and communicated a firm commitment. A staff member from Oxfam Novib stated that they see the 4% as negotiable, according to the context. In practice the 4% is useful in giving the NGOs a realistic framework; some who ignored it presented very expensive budgets which dwarfed the funding they were receiving for their programme work.

There were contributions from others about reducing the costs of programmes. One suggestion was that NGOs can collaborate and link with other AIDS service providers, or use government services. Another suggestion was that workplace programmes are too easily equated with access to treatment – this can put off organisations which are not in a position to provide ARVs,

and stop them doing other important but much cheaper interventions such as reducing stigma and discrimination, prevention work, and promoting positive living.

Regarding getting other donors to share the costs, it was noted that building NGOs’ capacity to budget properly should lead to empowered discussions with the Dutch donors, but also with others.

Experiences with 12-Boxes Self Assessment Tool

Verona Groverman and Savitri Ramaiah

“Sharing personal experiences of stigma was considered essential to enhance sensitivity to people living with, and/or affected by HIV and AIDS.”

The assessment using the 12 boxes leads to an overview of the NGO’s strengths and limitations related to its response to HIV and AIDS, using a gender perspective. The last part of the self assessment is to prioritize actions for strengthening the NGO’s response to HIV and AIDS and gender.

This session provided a glimpse of the process and content of an Oxfam Novib tool for NGOs to self assess their response to HIV and AIDS and gender, the 12-boxes model (available for download from www.stopaidsnow.org/our_work_article/wpp_conference_jan08_materials). Its use is most effective if every category of staff participates in an intensive three-day workshop, which should be facilitated by a team of two external consultants, one of who should have experience in organisational development and the other in HIV and AIDS.

Savitri presented the three tangible and three intangible outcomes of the self assessment. She then led the group to experience glimpses of the self reflection process which takes up the first one-and-a-half days of the workshop. The group answered quiz statements that helped assess (a) in-depth knowledge of HIV and AIDS and sensitivity towards high-risk behaviour groups, (b) stigma and discrimination, (c) gender, and (d) the personal impacts of HIV and AIDS.

This was followed by an outline of the 12-box model by Verona. The four columns of the model focus on vision



and mission, structures, staff issues and programs. These are assessed for technical issues, aspects of interaction, and cultural issues, which form the three rows of the 12-box model. Assessment of each box is preceded by a warm up exercise, some of which also help staff assess their personal values, opinions and attitudes towards those living with, and/or affected by HIV and AIDS, the staff and the community.

The group agreed that a process of self-reflection was essential for an effective and in-depth self assessment. They found the quiz statements challenging as they not only tested in-depth knowledge but also their ability to present facts on HIV and AIDS in a sensitive and specific language. Sharing personal experiences of stigma was considered essential to enhance sensitivity to people living with, and/or affected by HIV and AIDS. The main concern raised was the feasibility of NGOs dedicating three full days for the self assessment.

Some participants felt that senior management may not be able to participate for three days and some of the administrative and support staff may not know enough about the programs.

Setting up an HIV and AIDS Workplace Programme

Wassie Azashe and Yvette Fleming

“Sustainability of the activities is important at all levels: project, organisation and agenda setting.”

After asking the audience about their expectations of the session, the facilitators explained in brief how to set up a country programme based on their experience of doing so in Ethiopia. At an introductory



workshop the participating organisations chose a structure to ensure local ownership and sustainability. This has been a key factor for success of STOP AIDS NOW!'s other project interventions in Uganda and India, creating trust and transparency. The introductory workshop is organised in such a way that partner organisations, private sector companies, PLHIV networks, UN agencies (mostly ILO) and the government can all share their experiences and strategies. In Ethiopia the country structure that emerged comprises a project steering group and a host organisation. The steering group is composed of seven participating NGOs, including the network of PLHIV in Ethiopia, and provides guidance to oversee the project's implementation. The project is hosted by Jerusalem Children and Community Development Organisation (JeCCDO) which is also a member of steering group. JeCCDO facilitates the implementation of project activities by providing office space and

logistical and financial systems support to the project. It also does lobby and advocacy work concerning the project and liaises with different stakeholders. JeCCDO hosts the project's coordinator and assistant, who are responsible for the daily activities carried out by the project. STOP AIDS NOW! Netherlands provides technical and capacity support and has an important role in wider lobbying and advocacy for addressing HIV and AIDS in the workplace.

The project springs from recommendations of a pilot phase of a joint project of OxfamNovib, Cordaid, ICCO, Plan Netherlands, which ran from 2004 to 2005 in Ethiopia. The pilot project enabled 11 NGOs to develop their workplace policy and to better understand HIV and AIDS internal as well as external mainstreaming⁵. The current project will run for three years (2007-2010) and targets 35 NGOs throughout Ethiopia who are partners of Cordaid or Oxfam Novib, working in both rural and urban settings. The project aims at



developing the capacity of partner organisations through facilitating group and individual learning; workplace policy formulation and implementation; engagement in lobby and advocacy activities; and undertaking applied research on selected themes. Sustainability of the activities is looked at from different levels – project, organisation and agenda setting. The project aims for sustainability through strengthening the donor-partner relation with the Good Donorship Guidelines, and will work towards accessing financial resources preferably at national level.

One of the suggestions made was that individual learning could be more emphasized in the project set-up, in order to enhance behavioural change.

3.3 Catwalk and Market Place

Instead of showing the latest fashion the conference organisers used the catwalk for participants to show off some of their products. During three rounds of the catwalk, 11 organisations promoted their materials, with the aim of drawing audience members to their stalls in the market place. Each presentation took approximately five minutes. As it was all about catching the audience's attention, there was a lot of creativity shown, and we were treated to some diverse, entertaining and informative presentations. This playful method was a useful contrast to the more structured parts of the conference, and enabled participants to get the most out of the market place.

17 organisations participated in the market place, varying from implementing organisations to large donor organisations. It created an interesting space for linking and learning, and for exchanging products, information and experiences. Some of the materials presented at the market place are available at www.stopaidsnow.org/our_work_article/wpp_conference_jan08

⁵ See *Taking the Initiative: HIV/AIDS Workplace Policies for NGOs in Ethiopia, Africa*, available from the 'Managing HIV and AIDS in the Workplace' part of www.stopaidsnow.org/downloads

3.4 Closing Debate

No Partnerships or Contracts without an HIV and AIDS Policy at the Workplace

Janhuib Blans, with Elizabeth Girrback of GTZ, John Histon of Irish Aid, Henriette Laursen of AidsFondet on behalf of Danida, and Sophia Kisting of the ILO

The participants were asked to formulate advice, comments and questions for the donors on the panel, in order to help Janhuib to provide an energetic and to-the-point debate. The focus of the debate was on the relationship between donor-partner organisations, which is similar to that between multinational-supply chain partners, and the role that donors and multinationals can play in ensuring that the latter are planning for the impact that HIV and AIDS has on their performance and effectiveness.

Things that were discussed included:

- Are employees of contractors and implementing partners as important as our own employees?
- How do we feel about supporting and initiating policy making with implementing partner organisations – donor driven or needed to ensure our quality and effectiveness?
- Can we include having a workplace policy as part of our partner selection or funding (project) criteria?
- Is there an in between, where we initiate and support implementing partners to start developing and implementing as part partner relation and funding?

Janhuib began by posing the question *how on earth is it possible that when I put bottles in a crate, I am more likely to be part of workplace program then if I am working in a NGO delivering services to the community?* This led to a discussion first if that is true, or is it just that the programmes of multinationals are more visible. It was generally agreed that the private sector and more specifically certain multinationals have taken the lead in addressing HIV in the workplace. However, the discussants also noted that larger organisations – businesses and NGOs – with a health and safety system already in place are much more likely to have a workplace programme. The discussion went on to the topic of cost-effectiveness and the cost-benefits of workplace programmes, which have been a key motivation in the private sector. Views varied on whether cost effectiveness was /should be always the bottom line.



Next the panel were asked *who has signed the Code of Good Practice for NGOs Responding to HIV and AIDS?* It was acknowledged that it is still a little difficult for donors particularly government agencies to sign the code donor because it was written for NGOs. However, all the panel members agreed that it is desirable to have donor–government principles, potentially these could be drawn up at the EU level, using the Good Donorship Guidelines and NGOs’ Code as a starting point. The Ministry of Foreign Affairs will have a requirement in the coming financial round MFS 2010-2013 on addressing HIV in the workplace for funding partners and their implementing partners.

The focus then moved on to the question *are there minimum requirements for a workplace programme?* The discussion revealed the importance of having a formal policy in relation to activities that take place in the workplace, but which are not formalised. Equitable treatment of male and female staff, non-discrimination, and confidentiality are at stake if an organisation is responding without the response being formalised.

A representative of the Dutch Ministry of Foreign Affairs stated that they will lobby the Ministry of Social Affairs and Employment to underwrite the recommendations for the new ILO Code of Good Practice on HIV/AIDS and the World of Work at their 2009 conference. The importance of bringing HIV in the workplace to the level of Human Resource Management is seen as very interesting, but is not yet understood nor, for the most part, a reality.

Another discussion concluded that it is very important that workplace policies have a clear exit strategy concerning staff on ARV treatment who leave the organisation. Whilst some advocate a lifelong commitment, others opt for maximum support to refer former employees to treatment programmes providing ARVs are free.

Discussants also viewed health insurance cover including HIV as an opportunity. The Health Insurance Fund currently active in Tanzania and Nigeria should be interesting developments to follow.

Ultimately in the discussion all agreed that more could be done at different levels to convince governments, donors, national and local NGOs, implementing partners, contracting partners, funding partners to reduce the impact that HIV and AIDS has on our work.

For more information

Hopefully this report has convinced you of the need for the development and implementation of workplace policies on HIV and AIDS.

All the experiences and knowledge shared during the conference might even have inspired you to start (support) managing HIV and AIDS in the workplace yourself. The following resources can provide you some interesting background information in your search to learn more about addressing HIV and AIDS in the workplace.

Conference materials

During the conference there was also a lot of room for sharing. Many interesting materials have been exchanged. The participants have received all the materials on a USB Memory Stick. For those who were not present at the conference the materials are also available on-line. Hopefully they will contribute to an increased impact of your work! Please check: www.stopaidsnow.org/our_work_article/wpp_conference_jan08 to view conference information such as a participants list, programme and the presentations of the key speakers. On this webpage you can also download interesting tools and reports related to managing HIV and AIDS in the workplace.

Managing HIV and AIDS in the workplace, including Good Donorship in times of AIDS

Please visit the STOP AIDS NOW! Professionals website www.stopaidsnow.org/our_work_article/workplace for more information on managing HIV and AIDS in the workplace. On the website you will find some general information as well as a lot of interesting background documents.

STOP AIDS NOW! country projects 'Managing HIV and AIDS in the workplace'

The project aims to stimulate and support local partners in the development and implementation of a comprehensive HIV and AIDS workplace policy. It takes place in three countries, Uganda, India and Ethiopia. Please visit www.stopaidsnow.org/our_work_article/workplace to learn more about our work so far as well as our plans for the future. By signing up for our electronic news letter we can keep you updated on our work and the latest developments on the issue.

Any further questions?

If you have any further questions, please contact the Project Coordinator 'Managing HIV and AIDS in the workplace':

Yvette Fleming

E-mail: yfleming@stopaidsnow.org

STOP AIDS NOW!
Keizersgracht 390
1016 GB Amsterdam
The Netherlands
Tel.: +31 20 528 7828
Fax.: +31 20 627 5221

Programme

Day 1 Wednesday 23rd of January

09.00-09.30	Registration	13.45-14.00	Catwalk Round 2
09.30-09.45	Chair of the Conference Elske ter Veld (Former State Secretary Social Affairs, Employment and Gender related Issues)	14.00-15.15	Workshop Round 2 A - What's it likely to Cost - Budgeting for a Workplace Policy Location: Annie M. G. Schmidt zaal Spencer Birungi (Local Project Coordinator Uganda) Sue Holden (Project Manager NGO Code of Good Practice)
09.45-11.00	Plenary Good Donorship in a time of AIDS Lucie van Mens (Program Manager, STOP AIDS NOW!) What does hand in hand mean? Theo Bouma (Program Director, Oxfam Novib) HIV and AIDS in the workplace, the reality Beatrice Were (African Partnership Director, Global AIDS Alliance) HIV work in progress Sara Page (Deputy Director of the Southern Africa HIV and AIDS Information Dissemination Service - SAF AIDS)		B - Experiences with 12 box Self Assessment Tool Location: Herman Heijermans zaal Savitri Ramaiah (Consultant India) Verona Groverman (Consultant Netherlands)
11.00-11.15	Coffee/Tea Break		C - Setting up a country Workplace Policy programme Location: Wim Kan Auditorium Wassie Azashe (Local Project Coordinator Ethiopia) Yvette Fleming (Project Coordinator STOP AIDS NOW!)
11.15-11.30	Catwalk Round 1	15.15-15.30	Coffee/Tea Break
11.30-12.45	Workshop Round 1 A - Results and Challenges from Uganda and India Location: Herman Heijermans zaal Spencer Birungi (Local Project Coordinator Uganda) Saud Akthar (Local Project Coordinator India) Winnie Koster (Consultant Supervisor Research) B - Building the skills of NGOs (Reinforcement des capacités des ONG) Location: Annie M. G. Schmidt zaal Ramata Koutou (Local Consultant Burkina Faso) Carolien Aantjes (Consultant ETC Crystal) C - Impact, Cost and Benefits of addressing HIV in the workplace Location: Wim Kan Auditorium Lynn Ilon (CHAMP Zambia) Joyce Mataya (CABUNGO Malawi)	15.30-16.15	Marketplace - to share and exchange
		16.15-16.45	Closing Session
12.45-13.45	Lunch		

Day 2 Thursday 24th of January

09.00-09.30	<p>Chair of the Conference Elske ter Veld (Former State Secretary Social Affairs, Employment and Gender related Issues)</p>	13.30-14.00	<p>Marketplace - to share and exchange</p>
		14.00-15.15	<p>No partnerships or contracts without a HIV and AIDS policy at the workplace</p>
09.30-10.00	<p>Key Note Speaker Wilfred Mohr (Deputy Director Human Resources Department, Dutch Ministry of Foreign Affairs)</p>		<p>Janhuib Blans in debate with: Irish Aids John Histon - Corporate Development, Department of Foreign Affairs</p>
10.00-10.45	<p>Plenary Code of Good Practice for NGOs Responding to HIV and AIDS Susan Fox (Project Manager for the NGO Code of Good Practice International Federation of Red Cross) HIV work in progress Diane Mpinganzima (Joint Oxfam Mainstreaming Officer, Burundi)</p>		<p>GTZ Elisabeth Girrback - Team leader of the regional project AIDS Control in Companies in Africa</p> <p>ACCA Danida - represented by AIDS Fondet Henriette Laursen - Director Danish AIDS Foundation (AIDS-Fondet)</p>
10.45-11.00	<p>Coffee/Tea Break</p>		<p>ICCS Peter van Rooijen - Director International Civil Society Support</p>
11.00-11.15	<p>Catwalk</p>		
11.15-12.30	<p>Plenary Role UNAIDS to enable NGOs to address HIV and AIDS in the workplace Bhatupe Mhango (UNPlus Coordinator UNAIDS)</p> <p>Role ILO to enable NGOs to address HIV and AIDS in the workplace Sophia K. Kisting (Director ILO Global Programme on HIV/AIDS & the World of Work)</p> <p>Private sector achievements and challenges - What about the contractors in the supply chain? Judith Fischer (Aids-Control in Companies in Africa ACCA - Programme Officer Deutsche Gesellschaft für Technische Zusammenarbeit - GTZ)</p>	15.15-15.30	<p>Closing Remark</p>
		15.30-16.30	<p>Drinks</p>
12.30-13.30	<p>Lunch</p>		

Participants

	Type	Workshop 1	Workshop 2	Nr	Organisation	Surname	First Name
	C	1B	2B	1	ACE Europe	Phlix	Geert
Workshop	C	speaker 1B	2A	2	AES/Burkina	Koutousy	Ramata
	D	1C	2B	3	Aids Fonds	Keizer	Irene
	D	1B	2B	4	AWEPA	Meenhorst	Martien
	D	1B	2B	5	AWEPA	Verweij	Marion
	D	1C	2C	6	Ministry of Foreign Affairs	Klinkert	Els
Speaker	D			7	Ministry of Foreign Affairs	de Gruijter	Madelon
	D	1C	2C	8	Ministry of Foreign Affairs	de Roos	Aaltje
Workshop	I/C	speaker 1C	2A	9	CABUNGO	Mataya	Joyce
Workshop	C	speaker 1C	2A	11	CHAMP Zambia	Ilon	Lynn
Marketplace	D	1A	2C	12	Concern Worldwide	Gahan	Breda
Chair	C			13	Consultant	Ter Veld	Elske
Debat leader	C			14	OTU	Blans	Janhuib
	D	1B	2C	15	Cordaid	van Mensvoort	Geertje
Only 2nd day	D			16	Cordaid	Kruijzen	Marjan
Only 2nd day	D			17	Cordaid	van der Veen	Remco
Debate	D	1C	2A	18	Danida	Laursen	Henriette
	I	1B	2C	19	EASUN Centre for Organizational Learning	Karanja	Awangui
Workshop	C	speaker 1B	2C	20	ETC Crystal	Carolien	Aantjes
				21		Backer	Adriaan
Speaker	I	1A	2C	22	Global AIDS Alliance	Were	Beatrice
Marketplace	C	1A	2A	23	Grool Consultant	Aalders	Henri
Debate/only 2nd day	D/C			24	GTZ	Girrbach	Elizabeth
Speaker	D/C	1A	2A	25	GTZ	Fischer	Judith
	D	1C	2B	26	Heineken	Schilthuis	Herbert
	D	1C	1C	27	Heineken Health Affairs	van der Borgh	Stefaan
	D	1A	2B	28	HIVOS	Elderhorst	Miriam
Marketplace	D	1C	2C	29	HIVOS Regional Office - Southern Africa	Musungwa	Sarah
Workshop	C	1B	speaker 2A	30	Ho Ho Consultants	Holden	Sue
Marketplace	C	1B	2C	31	IC Consult	van den Broek	Ankie
Marketplace	C			32	IC Consult	de Vries	Christina
Marketplace	C	1B	2C	33	IC Consult	Navele	Anastasia
	D	1A	2B	34	ICCO	Kempkes	Willeke
Only 1st day	D	1A	2B	35	ICCO	de Graaf	Karin
Marketplace	C	1A	2A	36	ICCO	Chandran	Vinay
Marketplace	C	1C	2B	37	ICCO	Pillai	Meera
	D	1A	2C	38	ICCO	Muhungi	Lilian
	D	1A	2A	39	ICCO	Marchal	Jan
	C	1C	2A	40	ICEM	De Laet-Zabchine	Yamina
Debate	D	1A	2A	41	ICSS	van Rooijen	Peter
Speaker	D	1C	2C	42	IFRC	Fox	Susan

Position	Country	Email	Website
Consultant	Belgium	geert.phlix@ace-europe.be	www.ace-europe.be
Public Health Advisor	Burkina Faso	koutrasy@yahoo.fr	
Program Manager	The Netherlands	ikeizer@aidsfonds.nl	www.aidsfonds.nl
HR Officer	The Netherlands	m.meenhorst@awepa.org	www.awepa.org
PA of the CEO	The Netherlands	m.verweij@awepa.org	www.awepa.org
	The Netherlands	els.klinkert@minbuza.nl	www.minbuza.nl
Deputy Head of Division/Counselor Human Resources Personnel and Organisation Department Ministry of Foreign Affairs	The Netherlands	madelon-de.gruijter@minbuza.nl	www.minbuza.nl
Policy Advisor Department Sustainable Economic Development	The Netherlands	aaltje-de.roos@minbuza.nl	
Executive director	Malawi	jmataya@sdpn.org.mw	
Researcher/Professor	United States	professional@lynnilon.com	www.lynnilon.com
Global HIV and AIDS Programme Advisor	Ireland	breda.gahan@concern.net	
Consultant	The Netherlands	elske44@xs4all.nl	
Consultant	The Netherlands	Blans@otu.dds.nl	
Programme Officer	The Netherlands	gen@cordaid.nl	www.cordaid.nl
Program officer Malawi	The Netherlands	mky@cordaid.nl	www.cordaid.nl
Team leader Sector Health and Well-being, East and Southern Africa	The Netherlands	rve@cordaid.nl	www.cordaid.nl
Director Danish AIDS Foundation	Denmark	Henriette@aidsfondet.dk	www.aidsfondet.dk
Programme Officer/Change Management	Tanzania	wangui.karanja@easun-tz.org	www.easun-tz.org
Consultant	The Netherlands	c.aantjes@etcnl.nl	www.etcnl.nl
Photographer	The Netherlands	adriaanbacker@gmail.com	
African Partnership Director	Uganda	beatrice.were@gmail.com	
Consultant	The Netherlands	h.w.aalders@inter.nl.net consultants@grool.nl	
Teamleader of the regional project Deutsche Gesellschaft für Technische Zusammenarbeit	Germany	Elisabeth.Girrbach@gtz.de	
Project Officer AIDS Control in Companies in Africa (ACCA)	Germany	judith.fischer@gtz.de	www.gtz.de/ aids-at-the-workplace
Medical Advisor	The Netherlands	herbert.schilthuis@heineken.com	www.heineken.com
Director	The Netherlands	s.vanderborght@heineken.com	
Programme officer HIV and AIDS Africa	The Netherlands	m.elderhorst@hivos.nl	www.hivos.org
Sector Programme Officer, HIV and AIDS	Zimbabwe	sarah@hivos.co.zw	
Consultant	United Kingdom	sueholden@talktalk.net	
Public Health Advisor	The Netherlands	ankie.van.den.broek@icco.nl	www.icco.nl
Health Consultant	The Netherlands	christina.de.vries@icco.nl	www.icco.nl
Consultant	Burkina Faso	atnavele@yahoo.com	
Policy Advisor	The Netherlands	willeke.kempkes@iccoenkerkinactie.nl	www.icco.nl
Programma Officer	The Netherlands	karin.de.graaf@iccoenkerkinactie.nl	www.icco.nl
Consultant ICCO	India	vinu228@yahoo.com	www.icco.nl
Consultant ICCO	India	mpillai65@yahoo.com	
Programme Officer	The Netherlands	Lilian.muhungi@iccoenkerkinactie.nl	www.icco.nl
Program Officer	The Netherlands	jan.marchal@iccoenkerkinactie.nl	www.icco.nl
Officer	Belgium	yamina.delaet@icem.org	www.icem.org
Director	The Netherlands	pvanrooijen@icssupport.org	www.icssupport.org
Project Manager for the NGO Code of Good Practice	Switzerland	susan.fox@ifrc.org	www.ifrc.org

	Type	Workshop 1	Workshop 2	Nr	Organisation	Surname	First Name
	I/C	1B	2B	43	IIRR	Gebremariam	Alem Azezew
	C/I	1C	2A	44	IIRR	Tolsma	Ethjel
Speaker	D	1A	2A	45	ILO	Kisting	Sophia
Only 1st day	C	1C	2B	46	Instituut voor Tropische Geneeskunde	van der Roost	Joost
	D	1B	2C	47	International Planned Parenthood Federation (IPPF)	Stackpool-Moore	Lucy
Only 2nd day	D			48	Swedish Workplace HIV/AIDS Programme	Hubendick	Ludvig
Marketplace	C	1C	2A	49	INTRAC	James	Rick
	C	1A	2B	50	INTRAC	Ferguson	Hanna
	C	1B	2C	51	INTRAC	Macleod	Rod
Debate	D	1C	2C	52	Irish Aid	Histon	John
Marketplace	C	1A	2C	53	Royal Tropical Institute (KIT)	Baatsen	Pam
	C	1A	2C	54	LHSI	Waanders	Jan Edwin
	C	1B	2C	55	Medical Knowledge Institute	Robles	Harold E.
	C	1A	2B	56	Medical Knowledge Institute	Overall	Judith
	C	1C	2C	57	Medical Knowledge Institute	Fernandez	Emilita Zizi
	D	1A	2A	58	Misereor	Schmitt	Ellen
Workshop	C	1C	speaker 1B	59	Nil	Ramaiah	Savitri
	D	1B	2B	60	Oxfam GB	Viljoen	Andre
Marketplace	I/C	1B	2B	61	Oxfam International	Mpinganzima	Diane
	D/C	1C	2B	62	Oxfam International	Nkivumbi	Harriet
	D	1A	2A	63	Oxfam Ireland	Friel	Enida
Only 2nd day	D			64	Oxfam Novib	Jansen	Ute
Only 1st day	D	1A	2B	65	Oxfam Novib	Hans	Petra
Marketplace	D	1C	2B	66	Oxfam Novib	van Bruchem	Gertjan
Marketplace	D	1C	2A	67	Oxfam Novib	Kusters	Lincie
	D	1A	2A	68	Oxfam Novib	Rehmatullah	Shamshad
Speaker	D	1C		69	OxfamNovib	Bouma	Theo
	D	1C	2C	70	OxfamNovib	Peters	Anny
	C	1C	2C	71	PharmAccess Foundation	Tesink	Irene
Only 1st day	C	1C	2C	72	PharmAccess Foundation	Wiebing	Hans Peter
Only 2nd day	C			73	PharmAccess Foundation	Nzorubara	Doriane
	C	1B	2B	74	PharmAccess Foundation	Dekker	Annelies
	D	1A	2C	75	Prisma	Drost	Janharmen
Speaker/Marketplace	I	1C	2B	76	SafAIDS	Page	Sara
Workshop	I	1C	speaker 2C	77	SAN! Ethiopie Project	Aleme	Wassie Azashe
Workshop	I	speaker 1A	speaker 2A	78	SAN! Uganda Project	Birungi	Spencer
	D	1A	2B	79	Schorer	Kraan	Karen
	D	1A	2A	80	Stop AIDS Alliance	Pakker	Martijn
	D	1C	2C	81	STOP AIDS NOW!	Groenewegen	Marco
	D	1C	2B	82	STOP AIDS NOW!	Lopes Mejia	Adolfo
Workshop	I	speaker 1A	2A	83	SAN! India Project	Akhtar	Saud
	D	1C	2C	84	STOP AIDS NOW!	Groenhof	Miriam
	D	1C	2C	85	STOP AIDS NOW!	van Mens	Lucie
	D	1C	2B	86	STOP AIDS NOW!	Bushee	Jennifer
	D	1A	2B	87	STOP AIDS NOW!	't Hart	Doortje
	D		speaker 2C	88	STOP AIDS NOW!	Fleming	Yvette

Position	Country	Email	Website
Hiv and Aids programme Manager	Ethiopia	alemezew@yahoo.com	
Hiv and Aids expert	Ethiopia	etolsma2000@hotmail.com	
Director, ILO programme on HIV/AIDS and the World of Work	Switzerland	kisting@ilo.org	www.ilo.org/aids
International Health Policies	Belgium	dvdroost@itg.be	www.itg.be
PLWHIV Stigma Index Officer	United Kingdom	lstackpoolmoore@ippf.org	www.ippf.org
Programme Coordinator Swedish Workplace HIV/AIDS Programme (SWHAP)	Sweden	ludwig@nir.se	
Senior Consultant	United Kingdom	rjames@intrac.org	www.intrac.org
Programme Assistant	United Kingdom	hferguson@intrac.org	www.intrac.org
Programme Director	United Kingdom	rmacleod@intrac.org	www.intrac.org
Corporate Development Section	Ireland	john.histon@dfa.ie	
Senior Advisor HIV/AIDS	The Netherlands	p.baatsen@kit.nl	www.kit.nl
Policy Development Advisor	Ukraine	janedwinwaanders@hotmail.com	www.lhsi.org.ua
Founder & President	The Netherlands	hrobles@infomki.org	www.infomki.org
	The Netherlands	joverall@infomki.org	
Operational officer	The Netherlands	zizi.fernandes@sanec.nl	www.infomki.org
Consultant Misereor at HIV and AIDS mainstreaming	Germany	schmitt@misereor.de	www.misereor.de
Health Consultant	India	savitri_ramaiah@vsnl.com	
Global Hiv and Aids workplace coordinator	South Africa	aviljoen@oxfam.org.uk	www.oxfam.org
Joint Oxfam HIV and AIDS Officer Burundi	Burundi	mpidia@yahoo.fr	
Regional HIV Policy Co-ordinator HECA region	Uganda	hokalubo@Oxfam.org.uk	www.oxfam.org
Hiv and Aids Programme Coordinator	Ireland	enida.friel@oxfamireland.org	www.oxfam.org
Regional Manager East and Central Africa	The Netherlands	ute.jansen@oxfamnovib.nl	www.oxfamnovib.nl
Programme Officer South Asia	The Netherlands	petra.hans@oxfamnovib.nl	www.oxfamnovib.nl
Programme Officer Nigeria	The Netherlands	gertjan.van.bruchem@oxfamnovib.nl	www.oxfamnovib.nl
HIV and AIDS policy officer	The Netherlands	lincie.kusters@oxfamnovib.nl	www.oxfamnovib.nl
Focal person HIV and AIDS South Asia Bureau	The Netherlands	shamshad.rehmatullah@oxfamnovib.nl	www.oxfamnovib.nl
Program Director	The Netherlands	theo.bouma@oxfamnovib.nl	www.oxfamnovib.nl
Policy Advisor Research & Development	The Netherlands	anny.peters@oxfamnovib.nl	www.oxfamnovib.nl
Project Manager	The Netherlands	a.dekker@pharmaccess.org	www.pharmaccess.org
Project Director	The Netherlands		www.pharmaccess.org
	The Netherlands	d.nzorubara@pharmaccess.org	www.pharmaccess.org
Programme Manager	The Netherlands	a.dekker@pharmaccess.org	www.pharmaccess.org
Policy Officer HIV/AIDS	The Netherlands	jdrost@prismaweb.org	www.prismaweb.org
Deputy Director	Zimbabwe	sara@safaids.org.zw	www.safaids.org.zw
Project coordinator	Ethiopia	wasieazashe@yao.com	
Project Coordinator	Uganda	omusingyeomusingye@yahoo.co.uk	
	The Netherlands	k.kraan@schorernet.nl	www.schorernet.nl
EU Policy Advisor	Belgium	mpakker@stopaidsalliance.org	www.stopaidsalliance.org
Fund raiser Companies	The Netherlands	mgroenewegen@stopaidsnow.nl	www.stopaidsnow.org
Policy Officer	The Netherlands	alopez@stopaidsnow.nl	www.stopaidsalliance.org
Program Coordinator	India	san-sip@airtelbroadband.in	www.stopaidsalliance.org
Program Officer	The Netherlands	mgroenhof@stopaidsnow.nl	www.stopaidsalliance.org
Program Manager	The Netherlands	lvanmens@stopaidsnow.nl	www.stopaidsalliance.org
Policy Officer Gender	The Netherlands	jbushee@stopaidsnow.nl	www.stopaidsalliance.org
Policy Officer OVC	The Netherlands	dthart@stopaidsnow.nl	www.stopaidsalliance.org
Policy Officer WPP	The Netherlands	yfleming@stopaidsnow.nl	www.stopaidsalliance.org

	Type	Workshop 1	Workshop 2	Nr	Organisation	Surname	First Name
	D			89	STOP AIDS NOW!	van der Zweep	Esther
	D	1A	-	90	STOP AIDS NOW!	van der Kroef	Moniek
	D	1C	2C	91	STOP AIDS NOW!	Ghielen	Lotte
	D			92	STOP AIDS NOW!	Goppel	Jet
	D			93	STOP AIDS NOW!	Jansen	Berry
	D			94	STOP AIDS NOW!	de Smit	Ralf
	D			95	STOP AIDS NOW!	Schram-Sloep	Petra
	D			96	STOP AIDS NOW!	Voermans	Floor
Speaker	D	1B	2B	97	UNAIDS	Mhango	Bhatupe
Workshop	C	speaker 1A	2B	98	University of Amsterdam	Koster	Winnie
	C	1A	2C	99	University of Amsterdam	Westerhof	Nienke
	C	1A	2C	100	University of Amsterdam	Huson	Mischa
Workshop	C	1C	speaker 2B	101	Verona Groverman Consultancy	Groverman	Verona
	D	1A	2A	102	VSO	de Ruijter	Jessica
Only 1st day	D	1A	2B	103	VSO	Plug	Marijn
	C	1C	2B	104	VVOB	Willems	Arne
Only 1st day	C	1C	2C	105	Consultant	Kerkhoven	Russell

Position	Country	Email	Website
Program Officer Communication Professionals	The Netherlands	evanderzweep@stopaidsnow.nl	www.stopaidsalliance.org
Pleitbezorger	The Netherlands	mvanderkroef@stopaidsnow.nl	
Trainee Pleitbezorger	The Netherlands	lghielen@stopaidsnow.nl	
Organisation Conference	The Netherlands		
Organisation Conference	The Netherlands		
Organisation Conference	The Netherlands		
Organisation Conference	The Netherlands		
Organisation Conference	The Netherlands	fvoermans@stopaidsnow.nl	www.stopaidsalliance.org
UNPLUS Coordinator	Switzerland	mhangob@unaids.org	
Lecturer/Researcher	The Netherlands	w.koster@uva.nl	www.uva.nl
Student	The Netherlands	nienke.westerhof@student.uva.nl	www.uva.nl
Student	The Netherlands	mischahuson@hotmail.com	www.uva.nl
Director/Consultant	The Netherlands	verona@groverman.nl	www.groverman.nl
Lobby and Advocacy Officer	The Netherlands	j.deruijter@vso.nl	www.vso.nl
HIV and AIDS Programme Officer	The Netherlands	m.plug@vso.nl	www.vso.nl
Programme Officer HIV and AIDS Focal Point	Belgium	arne.willems@vvob.be	www.vvob.vlaanderen.be
Consultant	The Netherlands	russellk@xs4all.nl	

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STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global response to HIV and AIDS. In STOP AIDS NOW! five organisations, the Aids Fonds, Hivos, ICCO, Cordaid and Oxfam Novib have joined forces.

STOP AIDS NOW! aims to:

- Raise funds in order to contribute to more HIV and AIDS projects in developing countries
- Obtain political and public support for the efforts against HIV and AIDS, both nationally and internationally
- Innovate or redefine existing strategies and establish new forms of cooperation in order to improve the response to HIV and AIDS, and meet the needs of people affected





