



Praxis Note No. 44

# Customised Family Day Events

Promoting HIV Counselling and Testing in the Workplace and Beyond

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**INTRAC**  
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## Promoting HIV Counselling and Testing in the Workplace and Beyond

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Paralysing fear turned to joy for a Dembe\* and his wife when they found out their HIV negative status. Reaching this point, however, had not been easy. It started when Dembe got an invitation from the Ugandan NGO he worked for to 'a family event about HIV'. He decided to attend and took his wife and little boy along. At the event his wife took an HIV test, but without knowing her results he was still too afraid to take the test himself.

"I was full of fear and to say the truth, I tricked my wife to go out and buy sweets for our little boy who had accompanied us. Once she went out I opened her bag quickly...read her card and saw her results were negative."

Only then did Dembe get enough courage to be tested. To their joy, his result was also negative.

Finding out your HIV status can be one of the most important things you do. Yet, as Dembe's story shows, it can also be one of the most difficult. Uganda has registered success in the fight against HIV/AIDS due to intensive HIV prevention efforts, leadership commitment, a multi-sectoral approach and promotion of the ABC prevention model. Yet, almost 80% of HIV positive people in Uganda remain unaware of their status.<sup>1</sup> More action is needed to make people use the available HIV counselling and testing services. This note describes how NGOs can organise customised family day events to encourage people to know their status and to offer voluntary counselling and testing (VCT) services.

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\* Name has been changed

<sup>1</sup>The New Vision (2008) 'Mass HIV testing: Will it curb new infections?' ([www.newvision.co.ug](http://www.newvision.co.ug))

### Know Your Status!

In Uganda HIV counselling and testing (HCT) services are free. Furthermore, most testing centres send out information to the public to raise awareness of the services available. Yet, even individuals who are willing to know their status seldom get tested. One constraint is the lack of HCT sites within close reach of residential areas or workplaces. The low number of people knowing their HIV status weakens efforts to reverse the transmission of HIV and access to early treatment.

Stop AIDS Now! (SAN!) Uganda supports efforts to increase the number of people getting tested. Since 2005 SAN! has been involved in facilitating 76 local NGOs in Uganda to mainstream HIV and AIDS in the workplace. A local organisation ACORD hosts the project and gives administrative support to facilitate implementation. From early on SAN! recognised that arranging HIV counselling and testing (HCT) is an

important part of a successful workplace policy response. For the past two years SAN! has supported the Know Your Status! campaign, popularly known as 'Customised Family Day Events'. These events make it possible to bring testing and counselling services near to individuals and their workplaces. So far the SAN! project initiative has involved 20 local NGOs reaching a total of 248 staff and family members (218 males and 240 females).

## **Organising the event**

Organising a "Customised Family Day Events" includes the following steps.

### **Getting started – finding a host**

The process starts with a request to a partner NGO to host the event. The NGO contacted should not only be willing to host the event, but also have enough space for the venue and be in close vicinity to other NGOs wishing to participate. Once the date is agreed, invitations are sent to four or five NGOs that are not far from the host venue. This is done for reasons of proximity since distance to the testing venues has been found to be one of the hindering factors to access HCT. Also, NGOs are familiar with others working in the same neighbourhood and this makes it easier to create trust.

### **Mobilising people to attend**

The five NGOs invite all their staff members to attend. It should be emphasised that the invitation is voluntary and no one is obliged to attend. However, everyone is encouraged to participate and to bring along family members and friends from the neighbourhood. This way of mobilising people has proven to be very effective. The events so far have been

overwhelming, with attendance reaching up to 160 participants. Mirembe<sup>2</sup>, for instance, attended the event because a family member invited her:

"I was informed by my brother who works for this organisation that today there will be a family event with an opportunity to test for HIV. Since it is not a school day I decided to attend and will definitely take a test."

## **Contacting a local AIDS service provider**

We then contact a reputable AIDS service provider (e.g. AIDS Information Centre, Mild May Centre, referral hospitals) with technical staff and testing equipment to facilitate the HCT. We ensure that in each district where an event is held, the local AIDS service provider is contacted. This has saved us spending large amounts of money in facilitating the AIDS organisation to offer their services.

## **Event programme**

The day events usually start at 9am and run through to 4pm. The events are informal. People can walk around freely and engage in discussions according to their interests. However, there are some key activities that everyone attends to ensure quality HCT. All participants are required to register for attendance, and where possible adults are separated from children to address specific issues. There is group pre-test counselling and information session about HIV and AIDS issues. People are free to ask questions or make contributions and talk freely about their life experiences. The session also includes personal testimonies of people living with HIV/AIDS (PLHA) and of

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<sup>2</sup> Name has been changed

those who have undertaken a test with negative results. This is used as a prevention tool and to motivate those that fear to take a test. Usually a local drama show is organised full of educative messages and songs that talk about the various modes of transmission, behaviour risk factors, available options for treatment and social support. The activities and sessions prepare people to discuss HIV openly and to make an informed decision whether they want to undertake a test.

## Testing

Testing is done in a private room. Throughout the day people who have registered for the test can enter the private room whenever they feel ready for it. This can happen whilst the other activities and sessions continue. To ensure confidentiality, all who undertake a test are issued with reference numbers and once a test is completed, numbers are read out and people willing to receive results go into private rooms for post-test counselling. About three professional counsellors are assigned this duty and hold discussions on areas ranging from referrals, access to information, confirmatory tests and need for disclosure.

## Experiences of the event

The event brings together people from variety of backgrounds (NGO staff members, their wives and husbands and children, family friends and neighbours). All attend the event for different reasons and with different expectations. Often people arrive with many fears, but when they see others taking the test, they get courage to take it as well. However, the day is still challenging for many and especially for those that have never taken a test before and for those that

acknowledge they may have been exposed to infection. It is worse for married couples who are not sure how a positive result will affect the marriage relationship.

“When I tested positive and my husband negative, he divorced me reasoning that he is likely to get infected as well if we remained together, and moreover he could not continue using condoms all the time. Unfortunately, he remarried and is now positive.”

However, there are also moments of joy for others who find out that their results are negative. Dembe was lucky to be one of them.

## Good practices

### Getting the support from NGO leadership

When top managers lead by example in openly going for HCT (together with their family members), it increases staff acceptance, confidence and willingness to do the same within their workplace environment. Seeing the leader of the organisation involved in the event motivates the staff. They understand that there is no hidden agenda from the organisation, but is done for the staff to stay healthy and to have better choices for the future. The top leadership can demonstrate their support by accepting to host these events, allowing time for staff to attend, making contributions in form of seats and venue and general publicity, and attending the event with their own families.

## Local ownership

Allowing local organisations to host the events and to take a central role in the whole process is necessary for success. It

increases ownership and motivates staff to give moral support during the post-HCT period. Often the events also increase the commitment of the HIV focal point person to continue sensitising staff, management and board.

## **Advantages of the approach**

### **Bringing together family and friends**

The event provides an opportunity for family members to open and start discussions related to HIV/AIDS. For many participants this support from family made all the difference. They acknowledge that if it had not been the head of their family (often a staff member) encouraging them to attend the HCT family day, they would not have undertaken a test. This support extends beyond family to friends and neighbours as well. When word spreads around that there will be a HCT event at a specific NGO, other families living in the neighbourhood come wishing to join. People come together, share their concerns and come to terms with HIV/AIDS realities that they face. The success of peer support was acknowledged by one of the staff members who participated in the event:

“It is very interesting to see the overwhelming turn up of fellow staff family members at this event. We have all the time known that such services are provided at the hospital (which is a stone throw away), but few of us have ever bothered to attend. My view is that what constrains success is the formal procedures...The hospital staff rarely invest their time to set a day aside for the HCT.”

## **Reaching large numbers**

The approach is cost effective. The event can reach high number of people for counselling, information sharing and testing in a short time using fewer technical staff and resources than are normally necessary for successful HCT. On average, it costs US \$1 per person for testing at the event.. This is far less compared to US \$3 if a staff member was to undertake testing as an individual where they would have to meet the costs of transport, waiting, meals and other incidental costs. Other costs include; participants’ transport, drama shows, facilitation for the technical team and expert clients giving testimonies, refreshments, seats and other facilities like a public address system. This is an effective approach that can be emulated by local NGOs who may not have a lot of resources to support their individual staff to take HIV tests.

## **Challenges**

### **Lack of technical support staff**

The HCT family days have been successful in bringing people together and increasing the uptake for testing. However, if the number of people attending is very high, the time available for individual counselling needs becomes limited. In some of the events, the technical team (for HCT) may receive 160 people all willing to undertake testing and wishing to receive the results. To address this problem we now request a bigger technical team to ensure that all counselling needs can be met. Also, individuals that require further counselling are encouraged to visit the counsellors in their workplaces at an agreed later date.

## Fear of stigma

Dealing with stigma (both known and assumed) is still an issue at workplaces, especially for NGOs that have not had a staff member living with HIV/AIDS before. For this reason staff members are sometimes very conscious about revealing their status if it is positive. Some suspect that a positive result may influence the continuation of their employment. This is especially the case if the organisation does not have adequate policy guidelines in place. These fears for possible negative reactions from the employees, fellow staff and family members cannot be overcome in the short time that the event lasts.

To address this challenge, we have trained peer educators and equipped the HIV and AIDS NGO focal point persons with more information. These people can support staff who continue exploring the meaning and implication of undertaking a test. Also, personal testimonies especially of PLHAs have been promoted in internal education sessions. Moreover, stigma and discrimination reduction have become

central subjects in policy development guidelines.

## Conclusions

Bringing HCT services to the workplace has proved to be very successful in reaching out to people both in and outside of the organisations. Many staff and family members who have taken a test at the event have testified that it was their first time despite knowing about the availability of services in other centres for a long time. Organisations wishing to use this strategy should bear in mind the importance of top leadership commitment to achieve ownership, involvement and cost effectiveness.

## For further information, please contact:

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