1

December 2005

Exchange

on HIV/AIDS, sexuality and gender

> **Allan Moolman, guest editor for the thematic section of this magazine on:**

Internal HIV/AIDS mainstreaming

This is the very first issue of *Exchange*, a magazine on HIV/AIDS from the perspective of gender, sexuality and sexual health. It is the successor to *Sexual Health Exchange*, which was published by the Royal Tropical Institute in the Netherlands for many years. We decided to change the design, content and title to celebrate and accommodate a new partnership with Novib (Oxfam Netherlands).

In *Exchange*, several articles on one overall theme have been produced by Oxfam counterparts in the framework of the KIC project (see page 2). One of these counterparts has been invited as a guest editor to this thematic section: Allan Moolman of Project Empower in Durban, South Africa. Together we invited several people working in NGOs in Africa to share their experiences, knowledge and insights on how to address HIV/AIDS in civil society organizations.

In addition, several articles have been collected on a variety of subjects, including the lack of access to prevention and treatment for mobile population groups such as fishermen and temporary migrants and the consequences of abstinence-only programmes for sexual minorities. In this first issue of *Exchange*, particular attention has been paid to initiatives and programmes in South Africa.

We wish you good reading and welcome your comments!

Nel van Beelen
Managing editor

Allan Moolman
Guest editor

Youth and the media in South Africa p.18

Mobility and HIV/AIDS p.23

Managing HIV/AIDS in the civil society workplace

While the majority of civil society organizations (CSOs) have a good understanding of the potential impact of HIV and AIDS on the communities with whom they work, very few have examined the impact of the epidemic on their own staff. Fewer CSOs have formulated even a basic response to the potential crisis that HIV and AIDS present. Mainly CSOs in Southern countries, the epicentre of the epidemic, find themselves in a precarious position.

Low staff numbers and high reliance on volunteers make non-profit organizations particularly vulnerable, should members of staff be HIV positive. These organizations deliver critical services to marginalized communities and, therefore, any threat to their survival places communities they serve at even greater risk. The pandemic has the potential to devastate organizations that are often the only lifeline for many people.

The responses to the impact of HIV/AIDS on the workplace have largely been technical. Driven by the corporate sector's need to maintain its productive capacity, mainstreaming efforts have focused on the provision of antiretroviral treatment (ART) and workplace programmes addressing employee health needs. Many CSOs, under pressure from the donor community, have acceded to the demands to mainstream HIV/AIDS, by rapidly adopting corporate sector policy models and practices without much consideration for the applicability or sustainability. Mainstreaming has become a catchphrase, with little meaning or understanding attached to its use.

Mainstreaming HIV/AIDS in CSOs requires that organizations consider and respond to the impact on the constituencies they serve through their programme work as well as the impact on the lives of their own staff and ability to continue delivering services once they are affected by HIV and AIDS. Mainstreaming requires that we consider the implications HIV/AIDS has for our work – that we are conscious of the effects the epidemic has on our organizations and, in turn, the effect our work has on the epidemic (see Box on p.4).

The role of workplace policies

The International Labour Organization (ILO) has produced a comprehensive guideline for policy development that, coupled with the provisions in local labour and human rights legislation, provides workers with access to

This issue

2 Editorial **Managing HIV/AIDS in the civil society workplace**

5 Experience **Living with HIV in an HIV-negative workplace**
The experiences of Phindile, a woman living with HIV in South Africa

7 Experience **The need for being flexible in implementing workplace policies**
The experiences of Vicci Tallis of Gender AIDS Forum, South Africa

9 Experience **Developing a workplace programme**
The experiences of Ticharwa Masimira of MASO, Zimbabwe

11 Pilot **Building HIV-positive organizations in South Africa**
The role of sharing experiences and results

14 Pilot **HIV/AIDS internal mainstreaming in Ethiopia**
Some lessons learned of a first effort

16 Experience **Being HIV positive in an 'HIV-positive' organization**
The experiences of Rose, a woman living with HIV in Zimbabwe

18 Sustained practice **Soul City, South Africa: Partnering with the media and civil society in achieving social change**

21 Viewpoint **Claims and realities in HIV programme evaluation**
The example of loveLife in South Africa

23 Insight **Overcoming barriers to delivery of effective health services for fisherfolk**

25 Findings **Temporary migration and HIV vulnerability in China**
Findings from a comparative research

28 Viewpoint **In harm's way: How global abstinence-only and Global Gag Rule policies restrict sexuality around the world**

30 Lessons **The impact of comprehensive HIV/AIDS care on stigma and testing**
Learnings and experiences from Haiti

32 **Online resources**

a number of policy tools.[1] Developing policy based on the principles outlined in the ILO Code of Good Practice is straightforward. What has largely been missing from the discourse is that policy is only one component of organizational response. A workplace policy has to be applied in a supportive and enabling environment. The reality is that stigma exists in many organizations and policy alone cannot address it.

This is a critical issue. Even with the best policy it is quite common to hear that staff in organizations are not taking up the benefits on offer. Stigma is also contextual; what is stigmatizing in one situation may not be in another. A participant in a workshop pointed out that stigma, whether it is real or perceived, is a reality for the person experiencing it. This statement challenges us to look critically at our practices and to question whether through development work we may be creating more stigmatizing environments. For example, a programme that can only be used by HIV-positive people can draw unwanted attention to them. Inside the organization, stigma poses a barrier to disclosure and thus influences the taking up of available benefits and services, which makes guaranteeing confidentiality even more important.

There is a general assumption, as with HIV/AIDS, that all organizations understand gender. It is an often forgotten component of the impact assessment process. It is well known that HIV and AIDS do affect women disproportionately. Women do bear the burden of care and are more vulnerable to

n(o)vib
OXFAM NETHERLANDS

KIT

KIC

Knowledge Infrastructure with and between Counterparts (KIC)

Novib (Oxfam Netherlands) and *Exchange* are collaborating to improve and boost learning on HIV/AIDS between Oxfam counterparts. For the coming issues of *Exchange* Oxfam's counterparts are invited to share ideas for themes and to write articles about the lessons learned: good, bad and new practices on HIV/AIDS. The articles produced in the framework of this collaboration are accompanied by an Oxfam logo in a green title box.

Besides using *Exchange*, the KIC project has an interactive website under construction where Oxfam counterparts can share evidenced-based practices and lessons learned. Awaiting the portal, counterparts are encouraged to use the e-mail address aids.kic@novib.nl for sending reactions and lessons learned on HIV/AIDS mainstreaming and for questions/comments about this edition.


Photo: Gender AIDS Forum, South Africa

Discussing HIV/AIDS with colleagues

HIV infection for biological, social and economic reasons. What is often not recognized is that men and women may cope differently with the disease and that this may affect their uptake of VCT, their disclosing behaviour and their access to and use of treatment and HIV management services. Also, men and women may respond differently to HIV prevention messages and may have different preferences for settings and ways in which these messages are conveyed. It is thus critical to the success of workplace programmes that the gendered impact of HIV and AIDS, and the gendered response of workers, is taken into consideration.

Finding solutions

Many CSOs lack the resources to design and implement large scale health-focussed interventions. They simply lack the financial and income-generating capacity to provide treatment and medical care and support. Some constraints experienced by small organizations are:

- providing or facilitating access to ART in countries where this treatment is not available through health insurance or medical aid packages,
- facilitating access to VCT and HIV management in regions where there is a general lack of health services,
- implementing exit policies (continuing to pay for treatment after a person left the organization), etc.

Sometimes painful decisions have to be made, e.g., on whether workplace policies should cover dependents of staff (family members) and to what degree, and also volunteers. Another important issue is how to make sure people entitled to the benefits will receive them without being forced to disclose their status to colleagues they do not wish to disclose to. Different organizations have found different solutions to address this issue, ranging from restricting access to all private information to only one person in the organization, to negotiating with health services that they send anonymized bills, handing out vouchers for VCT or other HIV/AIDS-related services, or contracting specialized firms or NGOs to support and assist HIV-positive staff members.

> There is a need to move away from general, one-size-fits-all approaches to mainstreaming

Solutions have to be tailored within the constraints of available resources. Workplace policies and available financial and human resources have to complement each other. What CSOs have to remember is that they have a wealth of experience, skills and information available to them in their own organizations and in peer networks. The challenge to them is to put these resources to use to create and sustain positive work environments.

Responding to HIV/AIDS is not a simple matter – nor are there simple solutions. The impact of HIV/AIDS on organizations is complex and contextual. While the effects on staff may be similar, the impact on organizations will vary – as will responses. The response of individual organizations will be limited by their access to resources and the culture and day-to-day practice of the people who constitute these organizations. A sound response begins with an honest

HIV/AIDS and the workplace: some facts

- By the end of 2003, globally as many as 36.5 million persons who are engaged in some form of productive activity were HIV positive.
- By 2005, over two million labour force participants will be unable to work at any time as result of HIV/AIDS, and by 2015, well over four million.
- In several African countries, there are over a million economically active persons who are HIV positive: e.g., in Nigeria, 2.4 million workers are HIV positive, in South Africa, nearly 3.7 million. Kenya has 1 million, Mozambique 1.1 million, Ethiopia and Zimbabwe 1.3 million each, and the United Republic of Tanzania 1.4 million.
- The ILO also estimates that, globally, the combined impact of the deaths and illness of persons living with HIV/AIDS will add 1% to the economic burden and just over 1% to the social burden by 2015.

Source: HIV/AIDS and work: global estimates, impact and response – 2004. The ILO Programme on HIV/AIDS and the World of Work, ILO, 2004: www.ilo.org/public/english/protection/trav/aids/publ/global_est/glob_report_2004rev.pdf

assessment of an organization's, and individuals' vulnerability to HIV infection. There is a need to move away from general, one-size-fits-all approaches to mainstreaming. Organizations' individual needs are different and the responses in support of their efforts to mainstream HIV/AIDS need to suit their circumstances.

Developing a workplace programme

We need more than organizations that have mainstreamed HIV/AIDS; we need to have mainstreamed HIV/AIDS throughout our society. This requires a concerted effort and cooperation on the part of the international community, governments, the corporate sector, civil society and our communities to address HIV/AIDS. This should happen not only in high-prevalence countries but also in countries where the impact of AIDS is not yet that visible. We should all be more conscious of the need to act to avert a crisis in CSOs and in the communities they work with, and in.

Increasingly, the burden of service delivery to poor communities is being transferred to CSOs, and a threat to the survival of these organizations represents a threat to many communities in crisis. It is vital that CSOs recognise the need to rethink the way they deliver development and health programmes to affected communities and this, most importantly, requires a shift in how they conceptualise themselves and how they relate to themselves. Developing a workplace programme – which should be a continuous process rather than a one-off affair – is a first step in this transformation process.

There are a growing number of effective efforts to slow the epidemic's advance. But there is no magic bullet, no single formula that works everywhere. An effective organizational response depends on a combination of prevention and treatment, as well as programmes to address the present and future impacts of AIDS. The ability of CSOs to deal with HIV/AIDS and its effects will have as much to do with their ability to constructively engage with, and relate to, each other as it will to their workplace policies. ■

This article was produced as part of the KIC project.

About internal mainstreaming

Mainstreaming HIV/AIDS is a tool to achieve an expanded cross-sectoral approach to HIV/AIDS. It is about incorporating HIV/AIDS in the core business of organizations. Mainstreaming refers to all interventions that in one way or another address HIV/AIDS and can be helpful in reducing the transmission or impact. *Internal* mainstreaming is about workplace policies and programmes. It focuses on the vulnerability and risks of the organization itself and on the people within the organization. *External* mainstreaming is incorporating HIV/AIDS into the core business of an organization and its programmes.

The output of internal mainstreaming is a workplace programme comprising in-house prevention, care and capacity building. Internal mainstreaming is important not only because of maintaining the health and wellbeing of the personnel and the sustainability of the programme and interventions, but also in building the necessary expertise and capacity for an effective HIV/AIDS community programme for the beneficiaries. Internal mainstreaming is an important entry and starting point for external mainstreaming. Capacity building of the organization and its staff puts staff and workers into a better position to understand what can be done in the programmes.

According to the book *AIDS on the agenda* by Sue Holden,[1] three main strategies of internal mainstreaming are:

1. *Awareness-raising and staff education, e.g.:*
   - by involving PLWHA,
   - by providing ongoing training – repeated sessions for new and old staff,
   - by developing tailored sessions (single-sex, various levels of staff, etc.), if possible,
   - by working with an HIV/AIDS focal point and/or peer educators.
2. *Encouraging and facilitating access to VCT, for example:*
   - by referring staff to an AIDS Service Organization (ASO) to ensure confidentiality,
   - by introducing role models, e.g., people who live positively with HIV/AIDS, or higher level staff going for VCT.
3. *Development of a workplace policy by writing up what type of services are offered, including:*
   - HIV/AIDS training and awareness sessions,
   - access to VCT,
   - special AIDS-related human resources and personnel policies (e.g., health schemes including access to ART, arrangements for sick leave, and conditions of employment for HIV-positive staff members).

1. S. Holden, *AIDS on the agenda*. Oxfam, 2003 (256 p.): www.oxfam.org.uk/what_we_do/issues/hivaids/aidsagenda.htm

Allan Moolman
Coordinator Project Empower (Durban, South Africa) and guest editor of this issue

Correspondence:
Room 234 Diakonia Centre
20 St Andrews Street, Durban 4001
South Africa
tel: +27 31 3103565
fax: +27 31 3103566
e-mail: info@projectempower.org.za

1. *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual.* ILO Programme on HIV/AIDS and the World of Work, 2002 (329 p.): www.ilo.org/public/english/protection/trav/aids/publ/manual.htm (available in English, French and Spanish)