

Coca-Cola Africa

HIV/AIDS Workplace Prevention Programme

Awareness and Prevention

Manual 2

CCA HIV/AIDS Workplace Prevention Programme Awareness & Prevention Programme (Manual 2)

This manual is part of a series of guides for implementing a workplace HIV/AIDS prevention programme for Coca-Cola Africa affiliates. Together, these manuals state the information, strategies and tools needed for a comprehensive programme for employees, including opportunities for family education and community outreach.

The Awareness and Prevention Manual provides guidance on implementing the HIV/AIDS prevention program core education, protection and motivation strategies. The Manual covers implementation of nonformal and formal education, condom distribution and negotiation, and sexually transmitted infections and voluntary counselling and testing strategies.

This guide is intended for use by program managers, HIV/AIDS committee members, consultants and others who implement the activities of the worksite prevention program. These individuals will find educational content in the provided modules and tools for monitoring training in the *Monitoring & Evaluation Manual*.

Depending upon the capabilities and resources of program staff, Coca-Cola Africa and/or its affiliates may choose to contract with regional or local outreach specialists to assist with the awareness and prevention implementation.

Awareness and Prevention

The effect of HIV/AIDS on industry, the workplace and individuals calls for action on the part of companies to take responsibility for their employees. To be stable, workforces must provide:

- ✘ **Instruction** to employee peer educators so employees receive education by those familiar and trusted and employee peer educators serve as a continuous source of in-house information and advice;
- ✘ **Education** on HIV/AIDS in the country, in the workplace, modes of transmission, risk factors and prevention;
- ✘ **Protection** through knowledge and tools for mutual fidelity, partner reduction, abstinence, and condom use; and
- ✘ **Motivation** to change behaviour influenced by a workplace where living and working with HIV/AIDS is destigmatised and to seek diagnosis and treatment of STIs and voluntary counselling and testing for HIV/AIDS.

As workplaces recognize the advantages and impact of HIV/AIDS awareness and prevention programmes, many types of programmes are being developed. In this manual, efforts have been made not recreate the wheel but

to identify the best practices for setting up and implementing an HIV/AIDS awareness and prevention program.

Not only are there advantages and potential for great impact on the epidemic by implementing these best practices but the International Labour Organization espouses the obligation of industry to undertake quality HIV/AIDS prevention programs. Citing best practices, the ILO states that “Workplace information and education programmes are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV/AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection. It can significantly reduce HIV-related anxiety and stigmatisation, minimize disruption in the workplace, and bring about attitudinal and behavioural change. Programmes should be developed through consultations between governments, employers and workers and their representatives to ensure support at the highest levels and the fullest participation of all concerned. Information and education should be provided in a variety of forms, not relying exclusively on the written word and including distance learning where necessary. Programmes should be targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workforce and its cultural context. They should be delivered by trusted and respected individuals. Peer education has been found to be particularly effective, as has the involvement of people living with HIV/AIDS in the design and implementation of programmes.”

Programme Guidelines

Ideally, while managers would have ample time to become familiar with all HIV/AIDS workplace issues, they should become familiar, at a minimum, with the following ILO-identified and other best practices. This manual incorporates the practices that are currently considered necessary to an effective workplace HIV/AIDS awareness and prevention program:

“Information and awareness-raising campaigns

- (a) Information programmes should, where possible, be linked to broader HIV/AIDS campaigns within the local community, sector, region or country. The programmes should be based on correct and up-to-date information about how HIV is and is not transmitted, dispel the myths surrounding HIV/AIDS, how HIV can be prevented, medical aspects of the disease, the impact of AIDS on individuals, and the possibilities for care, support and treatment.
- (b) As far as is practicable, information programmes, courses and campaigns should be integrated into existing education and human resource policies and programmes as well as occupational safety and health and anti-discrimination strategies.

“Educational programmes

- (a) Educational strategies should be based on consultation between employers and workers, and their representatives and, where appropriate, government and other relevant stakeholders with expertise in HIV/AIDS

education, counselling and care. The methods should be as interactive and participatory as possible.

- (b) Consideration should be given to educational programmes taking place during paid working hours and developing educational materials to be used by workers outside workplaces. Where courses are offered, attendance should be considered as part of work obligations.
- (c) Where practical and appropriate, programmes should:
- include activities to help individuals assess the risks that face them personally
 - (both as individuals and as members of a group) and reduce these risks through decision-making, negotiation and communication skills, as well as educational, preventative and counselling programmes;
 - give special emphasis to high-risk behaviour and other risk factors such as occupational mobility that expose certain groups of workers to increased risk of HIV infection;
 - provide information about transmission of HIV through drug injection and information about how to reduce the risk of such transmission;
 - enhance dialogue among governments and employers' and workers' organizations from neighbouring countries and at regional level;
 - promote HIV/AIDS awareness in vocational training programmes carried out by governments and enterprises, in collaboration with workers' organizations;
 - promote campaigns targeted at young workers and women;
 - give special emphasis to the vulnerability of women to HIV and prevention strategies that can lessen this vulnerability;
 - emphasise that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatised, but rather should be supported and accommodated in the workplace;
 - explain the debilitating effects of the virus and the need for all workers to be empathetic and non-discriminatory towards workers with HIV/AIDS;
 - give workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS;
 - instruct workers (especially health-care workers) on the use of Universal Precautions and inform them of procedures to be followed in case of exposure;
 - provide education about the prevention and management of STIs and tuberculosis, not only because of the associated risk of HIV infection but also because these conditions are treatable, thus improving the workers' general health and immunity;
 - promote hygiene and proper nutrition;
 - promote safer sex practices, including instructions on the use of male and female condoms;
 - encourage peer education and informal education activities;
 - be regularly monitored, evaluated, reviewed and revised where necessary.

“Gender-specific programmes

- (a) All programmes should be gender-sensitive, as well as sensitive to race and sexual orientation. This includes targeting both women and men explicitly, or addressing either women or men in separate programmes, in recognition of the different types and degrees of risk for men and women workers.
- (b) Information for women needs to alert them to, and explain their higher risk of, infection, in particular the special vulnerability of young women.
- (c) Education should help both women and men to understand and act upon the unequal power relations between them in employment and personal situations; harassment and violence should be addressed specifically.
- (d) Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves.
- (e) Education for men should include awareness raising, risk assessment and strategies to promote men’s responsibilities regarding HIV/AIDS prevention.

“Linkage to health promotion programmes

Educational programmes should be linked, where feasible, to health promotion programmes dealing with issues such as substance abuse, stress and reproductive health at the workplace. Existing work councils or health and safety committees provide an entry point to HIV/AIDS awareness campaigns and educational programmes. This linkage should highlight the increased risk of infection in the use of contaminated needles in intravenous drug-injection. It should also highlight that intoxication due to alcohol and drugs could lead to behaviour that increases the risk of HIV infection.”

“Practical measures to support behavioural change

- (a) Workers should be provided with sensitive, accurate and up-to-date education about risk reduction strategies, and, where appropriate, male and female condoms should be made available.
- (b) Early and effective STI and tuberculosis diagnosis, treatment and management, as well as a sterile needle and syringe-exchange programmes, should also be made available, where appropriate, or information provided on where they can be obtained.
- (c) For women workers in financial need, education should include strategies to supplement low incomes, for example, by supplying information on income-generating activities, tax relief and wage support.”

(ILO)

The CCA HIV/AIDS awareness and prevention program is based on CCA policies and these ILO guidelines and other guidelines that include such recommendations as the importance of employees not only being empathetic and non-discriminatory of HIV positive colleagues but also supportive.. The program is organized by implementation tasks and background information and supplemented with modules of program content. This manual should be read along side reading the Management Guidelines, Training, Community Outreach and Evaluation manuals.

While the program has a standardized design to economize on materials development and facilitate common reporting, it is important to work with an contracted HIV/AIDS education experts to tailor the program to fit target audiences. The primary target audiences are men and women employees and their families who are at risk of contracting HIV/AIDS through heterosexual contact. Within this group in the bottling industry the majority of employees are young and middle-aged men. If they have not been targeted by workplace education programs, they may consider themselves at very little risk whether or not this is truly the case. It is important to discern their levels of knowledge and behaviours practiced, and where they receive their information. Women's issues should also be presented to men and women, for not only the benefit of those women employed in clerical and management positions but also for the wives, girlfriends and daughters of male employees.

The programme is designed to target employees who work for bottling and distributing companies throughout Africa. Within each company, employees should be educated in groups as homogenous as possible (same job, same shift, same education level, same gender). It is understood that a majority of participants are young and middle-aged males with minimal levels of education working as loaders, drivers and production floor workers. Additional target groups are management and supervisory level workers with greater levels of education, clerical workers and future peer educators.

The CCA HIV/AIDS awareness and prevention workplace program is based on these components:

- A. Instruction (refer to Management Guidelines and Training Manual)**
 - ⓧ Training of peer educators and trainers
- B. Education**
 - ⓧ Formal
 - ⓧ Non-formal
- C. Protection**
 - ⓧ Condom distribution and use
- D. Motivation**
 - ⓧ Counselling, testing and treatment and HIV-positive support services
- E. Mobilization (refer to Community Outreach Manual)**
 - ⓧ Community outreach
- F. Evaluation (refer to Monitoring and Evaluation Manual)**
 - ⓧ Monitoring and evaluation

A. Instruction – Training employees to educate their peers

The accompanying Management Guidelines and Training Manuals describe the process and provide suggested materials to prepare peer educators and peer educator trainers. The instruction component ensures sustained

awareness and prevention efforts, enabling peer educators to incorporate up-to-date approaches and reinforce education skills through refresher trainings. In addition, through an internal trainer programme, employees will be instructed on becoming peer educators as new educators are needed as a result of attrition, disinterest, death or other reasons. The Monitoring and Evaluation manual provide survey and feedback tools.

B. Education – Formal and Non-formal HIV/AIDS education

Awareness and prevention efforts will be carried out by both formal and non-formal HIV/AIDS education. The awareness and prevention program involves (i) educating and motivating workers through (ii) peer educators trained in (iii) behaviour change communication with the basis being (iv) CCA policies and standards.

i. HIV/AIDS education and training activities in the workplace are designed to educate workers about HIV/AIDS and encourage changes in behaviour that will reduce the spread of HIV. The education sessions will cover such topics as general information about HIV/AIDS/STI transmission, prevention strategies such as partner reduction, mutual fidelity, abstinence and male and female condoms, how to use condoms correctly, and counselling and testing services. Nonformal education activities will create awareness about these subjects, provide information, such as locations and telephone numbers and serve as reminders of formal training session content.

ii. Informal education and training approaches are conducted by co-workers who have been specially trained as "peer educators." Informal, group and one-on-one interactions are used to discuss HIV/AIDS, teach safer sex practices, answer questions, discuss fears, distribute pamphlets and other materials, and generally foster an environment of greater awareness and understanding about the disease.

iii. Peer educators motivate change through behaviour change communication (BCC). BCC aims to stimulate individuals to sample new behaviours and to continue those behaviours. It uses messages specifically formulated to encourage the target population and deliver those messages through channels that will be effective with the population. BCC is based on research on the population and reasons for their behaviours. BCC motivates potential users to abstain or use condoms, for example, and assist them in correct and consistent use. This requires more than giving factual information about HIV/AIDS (See Module M8 on BCC).

iv. In the workplace, HIV/AIDS awareness begins with communicating CCA's HIV/AIDS policy stipulating company expectations. An HIV/AIDS policy defines a company's position and practices as they relate to HIV/AIDS, whether an employee is, or is believed to be, HIV-infected. HIV/AIDS policies establish consistency of practice for the business, set standards of behaviour expected of all employees, promising "zero tolerance" for discrimination, and set the standards for communication about HIV/AIDS. Policies let employees

know where to go for assistance and instruct supervisors and managers on how to manage HIV/AIDS in their work groups. The policy must be clear and concise, well presented, reflect joint support of unions and managers and on permanent display throughout the workplace, existing as “a live document” (See Module M5).

Implement Non-formal education activities

While the formal education cycle can take between six months to a year, depending on the size of the company, dissemination of materials throughout the workplace will ensure that all information is available at the start of the program and between formal session times. Steps B1 through B5, below, describe steps for implementing informal education.

B1. Disseminate posters and brochures

Coca-Cola Africa will develop HIV/AIDS posters, brochures and other items for dissemination throughout its affiliate companies. These materials will be part of an overall campaign with a stylised look and message. While standardized, CCA will adapt materials to be language and culture appropriate.

Companies should disseminate these materials as released throughout their plants and depots. In addition, some companies may create additional materials to meet special needs of their company. Please see Modules M8 and M9 on behaviour change communication and steps to create messages, materials and disseminate them. It is important that information on HIV/AIDS and STIs be up to date. Materials should remind and inform employees and through posters and brochures promote no less than such issues as:

- ✘ The awareness and prevention program campaign
- ✘ CCA Policies
- ✘ Partner reduction
- ✘ Faithfulness to a single partner
- ✘ Condom use and negotiation
- ✘ Encouraging testing with local testing site contact information
- ✘ Destigmatisation and working along side those HIV positive
- ✘ Personal risk assessment
- ✘ CCA policy and legal rights
- ✘ Universal precautions

Brochures should be available in the health clinic and in employee new hire packets. Posters should be displayed in hallways, restrooms, health clinics, management offices, plant floors, and employee change rooms.

B2. Schedule and plan events for Kick off, AIDS Awareness Day, World AIDS Day, etc.

Events are excellent mediums for prolonging attention to an issue to heighten awareness. Suggested kick-off week events, described in the Management Guidelines Manual (See Module M12), can be used in combination for any one-day event. Keys to success are advance promotion of the event, employee participation in developing the event (especially for organizing activities and preparing dramas), and plenty of fun and educational activities. Games, awards and prizes, special guests, food, music and dancing as well as plenty of banners, brochures, dramas and posters on HIV/AIDS prevention and care can go a long way to destigmatise HIV and generate interest and motivation in behaviour change. Events are a good time to publicly recognize the individual contributions made by peer educators. In addition, remember to contact the media to cover the event and capture the community's attention of the importance of HIV/AIDS prevention.

B3. Associate with and promote an HIV/AIDS hotline

Many communities have a toll-free HIV/AIDS telephone hotline number individuals can call for counselling. This hotline number should be included in all posters and perhaps provided on prevention reminder wallet cards given to employees.

B4. Post peer educator one-on-one advising schedules

The person selected to be responsible for peer educator session schedules can also create a schedule whereby there are peer educators available either during or after work hours for consultation. Provide a private location for discussion and promote these times among employees through posters and announcements. Ideally, peer educators would have basic skills to consult on other health issues (nutrition, family planning, etc.), to reduce the stigma of seeking their advice.

B5. Set up anonymous question box and answer bulletin board

A central location should be selected to post answers to employee questions regarding HIV/AIDS/STIs. The healthcare provider may wish to “stack” the board with unsolicited answers to help employees feel comfortable about asking questions. The question box with paper and writing instrument should be in a less visible location, perhaps near where condoms are dispensed.

Nonformal education will also be reinforced for employees while they target their families and community through outreach activities (See Community Outreach Manual). All of the nonformal education efforts should be promoted during the formal education sessions, reinforcing the messages.

Implement the formal education component for all employees

Awareness, as well as prevention efforts, will take place through the formal education component of the program. The formal education component may be implemented as described in the Guidelines Manual and the following

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paragraphs (B6 through B10), suited to meet the needs of the individual company.

The education components will communicate the company's policies on HIV/AIDS, covering all issues related to HIV/AIDS and employee care. Education sessions will be held for management, human resources staff, healthcare staff and for employees. Management representatives should try to also attend portions of the employee education sessions to demonstrate management support of the programme.

B6. *Develop session schedule and provide it to employees*

Formal education will begin with the written communication from senior management announcing the program sessions for all employees. A sample schedule may entail Session 1 occurring soon after the kick-off beginning on December 1 with World AIDS Day, Session 2 beginning within the next month, Session 3 occurring two-three months later, and Session 4 two to three months after Session 3, well prior to the following December. The following December progress to the management and employees can be reported as part of subsequent World AIDS Day.

B7. *Tailor education program*

While training tools have been provided in this manual, it is still important to contract with professional HIV/AIDS educators. These professionals will adapt this standardized program to fit the country setting, company culture, and employee knowledge level.

B8. *Institute education program*

Trained peer educators may conduct educational sessions for the workforce, or alternatively, an organization may be contracted to provide workforce education, or a combination of internal capacity and external assistance may prove ideal. Regardless, it is suggested that an external organization continue for a period of time to observe selected education sessions after performing the training of peer educators.

The programme should be offered to all employees over a short time span, so that everyone is provided with the same information at approximately the same time. All sessions should be mandatory without necessarily stating as such, offered during regular work hours, last approximately three hours, and grouped by employees who normally work together. The education sessions have approximately 50 to 100 employees per session. Ideally, the second and third sessions would be given more frequently so as to limit class size to only 20 employees, however, sessions are designed for 50 to 100 to minimize impact on the work schedule. This programme strategy alternative is to train enough peer educators to lead sessions so that it is possible to break into small groups during the session. It is proven that achieving HIV/AIDS

prevention behaviour change is greater in small groups and the group size will enable employees to participate in hands-on activities.

The text for the course should be an Employee Handbook that can be developed using the Modules provided in these manuals. It is suggested modules like M10 (generic form of the letter to employees), M5, A3, A5, A7, A6, A11, A15, and blank pages for note taking be bound together and given to employees at the first education session. Once an employee has completed all four sessions, preferably in order, he or she should receive a certificate of completion.

Repetition is a key element in behaviour change communication and each session should allow for review of the other sessions. Best practices in HIV/AIDS prevention behaviour change recommend that each individual receive 20 hours of education. This programme design allows for twelve hours of formal education to be complemented by time spent at events, reading brochures, receiving one-on-one counselling, and participating in community outreach. These other activities should not be viewed as supplemental but rather, as integral.

Each of the following four sessions, should be carried out within six months to a year's time. Given that CCA affiliates have as many as 9,000 employees; enough peer educators will need to be trained so that the multiple sessions per week of each of the series of four sessions will be completed within the year for all employees. The sessions rely on presentations, video, role plays, handouts, hands-on activities, question and answer time and experiential learning. All CCA/company policies will be presented in Session 1 and then the corresponding policy with each topic will be presented throughout the session series.

No less than two peer educators or consultants will lead the formal education sessions. Sessions are divided up as such to allow time to cover all issues thoroughly and allow extra time if needed. Permanent question boxes and posted answers on bulletin boards will provide ongoing workplace discussions and clarification for questions not asked during sessions.

The manner and methods that are used to convey educational information can be extremely influential in laying a foundation for people to choose behaviour change. When individuals decide on their own to change, it is much more likely to endure. These sessions endeavour to empower to individuals to make that personal decision and act on it.

Session 1: HIV/AIDS, transmission, prevention and risk assessment

Session 1 entails completing a baseline assessment on knowledge, attitudes and practices by each student (see Module E12). In addition, the session will cover the impact of AIDS in Africa and this country, CCA/company HIV/AIDS policies and standards, transmission, prevention, risks, consequences of HIV/AIDS and a completion of a personal risk assessment. In this session is included how all employees should protect

their health status by observing universal precautions in the workplace. The resources available within the company, i.e., peer educator consultations, hotline, condoms, family materials, etc., will be announced. Relevant modules with peer educator guides, presentations and handouts are Modules A1 through A7 and M5.

Session 2: Correct and consistent use of condoms, negotiation and communication skills and gender issues

Session 2 demonstrates correct and consistent use of male and female condoms through hands on experiences. Role-plays and other activities help to address negotiation skills, gender issues, and alcohol and drug abuse. Relevant modules with peer educator guides, presentations and handouts are Modules A8 and A9.

Session 3: Counselling, testing and treatment (sexually transmitted infections)

Session 3 presents a host of STIs and the relationship to HIV infection, STI in-house services, referral and testing. In addition, walking through the voluntary counselling and testing (VCT), process for HIV/AIDS. Relevant modules with peer educator guides, presentations, sample coupons and handouts are Modules A10 through A12.

Session 4: Living with HIV/AIDS; working with those HIV positive -- caring

Building on sessions 1 through 3, session 4 discusses fears, myths and destigmatisation and looks at providing corporate and individual support to HIV positive employees. It also addresses how the HIV positive individual can take special care to protect his or her health status, such as opportunistic infections like TB. Confidentiality and legal rights related to employment, treatment, care and health insurance are shared. This session also presents how employees can participate in community outreach. A post KAP assessment on sessions 1 through 3 is completed at this time (see Module E12). The series of sessions end with the completion of personal action plans. Follow-up focus groups assess knowledge and attitudes on session 4. Relevant modules with peer educator guides, presentations and handouts are Modules A13 through A15.

Manager/Human Resources Session: In addition to participating in the information and education sessions that are directed at all workers, supervisory and managerial personnel will receive training to:

- ⌘ Enable them to explain and respond to questions about the workplace's HIV/AIDS policy;
- ⌘ Be well informed about HIV/AIDS so as to help other workers overcome misconceptions about the spread of HIV/AIDS at the workplace;

- ✘ Explain reasonable accommodation options to workers with HIV/AIDS so as to enable them to continue to work as long as possible;
- ✘ Identify and manage workplace behaviour, conduct or practices which discriminate against or alienate workers with HIV/AIDS;
- ✘ Maintain confidentiality of employees' medical information
- ✘ Enable them to advise about the health services and social benefits that are available; and
- ✘ Consequences of not implementing an HIV/AIDS workplace program.

Managers will roleplay difficult situations such as how to receive news that someone is HIV positive and handling discrimination.

This session presentation to company management and HIV/AIDS committee is based on the presentation given to Senior Management at regional workshops (Module M4) and the employee sessions. Management education is an intense version of the employee education sessions (described below) with the described management topics and workshop that are held during the first quarter, rather than over the course of the year.

Healthcare Provider Session: Healthcare providers will attend all of the employee sessions to be aware of the education employees are receiving and serve as a refresher course. Healthcare providers should also receive specialized training in order to:

- ✘ Be sufficiently knowledgeable about the content and methods of HIV/AIDS prevention so that they can deliver information and education programmes to workers;
- ✘ Be able to assess the working environment and identify working methods or conditions which could be changed or improved in order to lessen the vulnerability of workers with HIV/AIDS;
- ✘ Verify whether the employer provides and maintains a healthy and safe working environment and processes for the workers, including safe first-aid procedures;
- ✘ Ensure that HIV/AIDS-related information, if any, is maintained under conditions of strict confidentiality as with other medical data pertinent to workers and disclosed only in accordance with the protection of workers' personal data;
- ✘ Be able to counsel workers to identify and reduce risk factors in their personal lives;
- ✘ Dispense male and female condoms;
- ✘ Be able to provide employees in-house medical services for the diagnosis and treatment of STIs or refer them to services outside the workplace which can effectively respond to their needs.

Subsequent years should have refresher sessions for employees and education should remain ongoing. Employee involvement and preparation of community outreach activities will also serve to keep HIV/AIDS prevention at

the forefront of everyone's minds. Employees will receive informational materials to share with their families (mostly targeting women and youth), and arrangements for education sessions for families at the worksite further the investment made in peer educators and reinforce the investment made in employee education.

B9. Incorporate HIV/AIDS formal education sessions into new hire orientation

The human resources department should incorporate the formal education sessions into the new hire orientation. Peer educators should be scheduled to conduct sessions for groups of newly hired employees. In addition, videotapes of initial sessions can be shown to new hires, complemented by peer educator question and answer times. The usual assessment tools on knowledge, attitudes and practices and satisfaction should continue to be used for new hires. New managers will need to participate in all of the sessions, if they have not already, as well as the manager session.

B10. Monitor and evaluate formal education programs

The formal education programme will be monitored through:

- ✘ Baseline knowledge, attitudes and practices (KAP) assessment survey
- ✘ Session satisfaction evaluations
- ✘ Peer educator self evaluations
- ✘ Rapid KAPs after each session to assess short-term learning and if messages and information were conveyed accurately
- ✘ Supervisor observation reports
- ✘ Follow-up KAP at the completion of a full round of formal education sessions for all employees

See Evaluation Manual for detailed approach and protocols.

C. Protection – Condom distribution and use

Although educational activities are necessary to provide a knowledge base about the problem and practical solutions, they have not been shown to be effective when used alone. Therefore, in addition to the formal and nonformal education components, the program enables employees to change behaviour by providing them with the tools and support to take action.

Condom use is the result of individuals accurately assessing their personal risk and taking appropriate action. The second component of a workplace prevention program is a condom distribution system that makes male and female condoms readily and consistently available to employees. Regular and correct condom use is an essential factor in the prevention of HIV/AIDS and STIs. A major focus of the worker education and prevention sessions is on the importance of correct condom use and negotiation skills.

“Unless the company is certain that condoms are readily, reliably and affordably available in the surrounding community, the organization will probably want to provide employees with condoms, if they are not already doing so.

“Some employers dispute the role of business in condom distribution to workers, because an employee’s private sexual life takes place away from work. This is true, but it’s also true that employees’ private lives have an impact on work as well, having a significant cost impact on business. It makes good business sense and is cost-effective to invest in ways that can help employees prevent the transmission of HIV/AIDS in their private lives.

“Condom distribution to employees supports and reinforces HIV/AIDS education and prevention activities. When employees are encouraged in their worker sessions about how to use condoms and the discussions are backed up by the distribution of condoms, workers are more likely to learn to use them and to change their behaviour toward safer sexual practices.”
(Businesses Managing HIV/AIDS)

C1. Identify a condom distributor

The bulk procurement and distribution of condoms is a relatively inexpensive and prudent business investment. Condoms may be provided by affiliates free of charge or at a price affordable to employees (not necessarily recovering the full cost of condom distribution). CCA policy is to provide condoms free of charge.

Advantages to providing condoms free of charge are financial accessibility by everyone in the workplace, no need for purchase and maintenance of condom vending machines and perceived company good will. Advantages to charging a minimal amount for condoms are perception of a quality product thus perhaps greater use, reduction of potential for hoarding and resale, and recuperation of some costs. Another alternative is, not in lieu of freely distributed condoms but as a complementary effort, companies may consider also selling condoms through company stores or condom vending machines. Providing free and priced condoms can help the programme reach more market segments.

It is important to select a condom brand trusted by employees and a distributor that is much more than a provider of condoms. The distributor should have the capacity to work as a partner in the program and be able to consistently provide affordable condoms. The contracted company can assist with distribution decisions, such as calculating the appropriate number of condoms to stock and distribution point strategies, yet also assist with HIV/AIDS education and prevention efforts. Additional criteria for selection include:

- ✘ Organizational viability – to ensure quality products and sustained

provision

- ✘ Distribution infrastructure, such as a team of experienced sales people, well-maintained warehouses and delivery vehicles
- ✘ Ability and experience in ensuring timely deliveries
- ✘ Ability and willingness to promote the products
- ✘ Geographic coverage that includes all of the bottler's work sites
- ✘ Can provide male and female condoms and lubricants
- ✘ Experience in workplace distribution and promotion
- ✘ Can provide advice and other complementary services and has a vested interest in workplace HIV/AIDS prevention programmes

C2. Select condom distribution points

The key to selecting condom distribution points within the workplace is to choose places employees may discretely obtain condoms without having to ask for them, and avoid potential embarrassment. Distribution options include:

- ✘ Paycheck envelopes,
- ✘ Change rooms, and
- ✘ Employee lounges.

Other, less discrete points of distribution, albeit possibly preferred by employees, include:

- ✘ Health clinics,
- ✘ Vending machines,
- ✘ Peer educators, and
- ✘ Company stores.

Condoms should be available at all worksites, including depots.

If condoms are distributed free of charge, thus no cost to employees, companies may want to control distribution (i.e., providing a certain number of condoms per paycheck) to discourage hoarding and sale of condoms. Other companies do not find this to be an issue and rather ensure that there are always large quantities of condoms available whenever an employee needs them.

C3. Track condom distribution as part of monitoring plan

Tracking the number of condoms taken up on a regular basis will help to determine future procurement needs and help to evaluate the education and promotion programme. The company healthcare provider or HIV/AIDS programme coordinator can be responsible for replenishing and tracking uptake. See Evaluation Manual for the protocol to track condom distribution and Module E7 for a sample tracking form.

C4. Promote condom use

This supporting document is part of a library of case studies and supporting documents available at: <http://www.weforum.org/globalhealth/cases>

Condom promotional information should be included in formal and nonformal education activities. Promotional material goes beyond information to motivating a change in traditional behaviour patterns to using a condom for desired health and personal benefit, known as social marketing. A change in behaviour must be preceded by a change in attitude, which in turn requires the persuasive presentation of motivationally sound information. The target of the promotional material is acknowledging a practice of risky behaviours. Thus, advertising and promotion are extremely important tools -- they not only create awareness of the product and motivate the target audience to act (use a condom), but they also convince the target group to discard old attitudes and behaviour in favour of new ones.

Specifically, project promotion campaigns must encourage safer sex, inform consumers where they may obtain condoms, and create consumer desire to use condoms. Messages should communicate that condoms are reliable, high quality, and discreetly accessible. Importantly, condom promotion should promote the brand and its “qualities,” not just a health-oriented message (See Module M8 on behaviour change communication and condom promotion).

Include promotional information in formal and nonformal education activities, and on posters in change rooms, management offices, and production floors and depots, on trucks, in company newsletters, on t-shirts, and other places often viewed by employees.

C5. Provide specific information on condom use

The primary source, after change rooms and employee watering holes, for condom information will be Session 2 of the employee education series. The session will present the effectiveness of male and female condoms, correct (putting on, taking off and disposing of condoms) and consistent use, and lubricants. Employees will learn skills in inter-partner communication about sexuality, condom use negotiation and responsibility. The nonformal education materials, posters and brochures will then serve as reminders about consistent use, importance of use, and other points important to employees regarding condoms.

D. Motivation - STI Counselling, Testing and Treatment

The counselling, testing and treatment component supports the education components with services and empowers employees to take action. Sexually Transmitted Infections (STIs) or Diseases (STDs) are interchangeable terms for a host of infections that do and do not have cures.

“STDs are one of the most common health problems among workers. In many African countries, STDs are among the top five reasons for health service consultations. The presence of an STD also greatly increases the possibility of transmitting the HIV/AIDS virus during sexual intercourse. STD

diagnosis and treatment are medical issues and are not usually seen as directly related to business functions. However, there is a strong relationship between worker health and high productivity.

“STD services, whether internally or externally provided, should be covered in the same way as other company-sponsored health services. The cost of diagnosis and treatment for a worker with an STD is often less than one day’s wages, and the worker remains productive. Should a worker’s STD be ignored, absenteeism and the resulting impact on productivity, medical fees, potential transmission of the STD to others, and other expenses can be many times more costly than diagnosis and treatment.

“The willingness of the business to treat STDs demonstrates the commitment of the organization to deal professionally (e.g., confidentially and without stigma) with intimate sexual matters. Second, in some settings, the company clinic is the only—or most convenient—medical service in the immediate vicinity. Third, some employees find the cost of outside services to be prohibitive and avoid treatment, or seek less expensive and inappropriate treatment. Counselling and support services for employees and their families reinforce other prevention activities and can be important for creating and maintaining desired behaviour change” (Business Managing HIV/AIDS).

D1. Provide access in-house or refer employees to external STI diagnosis and treatment

“STD management services includes information that encourages employees (and their partners) to learn about STDs and avoid their transmission, and offers access to medical services for the diagnosis and treatment of STDs. To provide STD services, a workplace clinic will need medically trained personnel, some testing procedures and equipment, and perhaps, most important, adequate supplies of pharmaceuticals. Otherwise, companies should identify and contract with convenient healthcare centres to provide services to employees” (Business Managing HIV/AIDS).

Health clinics should be accessible and equipped to diagnosis and treat STIs. They should include specific hours available for appointments both during and after work hours. One of the weakest resource areas presently in workplace programs is the lack of skilled counsellors. Peer educators may be able to offer some basic referral assistance and adhere to a standardized counselling approach. However, because of confidentiality issues and the level of counselling skills required to be an effective counsellor, peer educators are not generally good candidates to offer more in-depth support services. Access to skilled counsellors may include hospitals, church groups, NGO medical clinics or other AIDS-related services organizations. These organizations should be promoted within the company as employee resources.

To start STI management services, obtain infection management/treatment guidelines from the Ministry of Health or World Health Organization. Medical

guidance should be sought to procure necessary testing and pharmaceutical supplies or ensure stock levels are adequate to support the new campaign.

Another possible option for healthcare clinics with limited facilities is making available “Pre-packaged therapy kits” for self-treatment of STIs. For example, In Madagascar, the pre-packaged therapy (PPT) kits for urethritis contain antibiotics (single dose ciprofloxacin and seven days of doxycycline), condoms, educational materials, and patient identification cards coupled with training of health care providers and pharmacists. The project distributes a single 500 mg oral dose of ciprofoxacin (c) and a seven day course of doxycycline (D) to be taken orally twice daily for the treatment of urethritis. Organizations experienced in creating and marketing PPT kits, such as Population Services International’s affiliates, may be consulted for assistance.

D2. Provide access to voluntary counselling and testing (VCT) for HIV/AIDS

CCA policies dictate that there be no mandatory HIV testing of employees or applicants, however, employers should choose to provide voluntary, informed, and confidential testing for employees and their partners as part of the employee education program. “Voluntary Counselling and Testing (VCT) is a cornerstone for early access to prevention as well as to care and support services. High public awareness of HIV, increasing numbers of persons sick and dying with AIDS, and knowledge of personal risk behaviours result in an increased desire to learn one’s serostatus” (CDC).

“The need for VCT is increasingly compelling as HIV infection rates continue to rise, and countries recognize the need for their populations to know their serostatus as an important prevention and intervention tool. Those people who learn they are seronegative can be empowered to remain disease-free. For those HIV-infected, the development of less costly interventions to reduce mother-to-child transmission of HIV and HIV-associated infections (e.g., tuberculosis preventive therapy and prophylaxis for other opportunistic infections) takes on new importance. In addition, other medical and supportive services can help those living with HIV to live longer, healthier lives and prevent transmission to others” (Businesses Managing HIV/AIDS).

“In the workplace, VCT

- ✘ Changes the image of HIV/AIDS from illness, suffering and death to living positively with HIV.
- ✘ Generates optimism as large numbers of persons test HIV negative.
- ✘ Reduces stigma and enhances the development of care and support services
- ✘ Reduces transmission.
- ✘ Enables access to preventive prophylaxis, and antiretroviral therapy where available, and access to needed clinical services (antenatal clinics, STI and TB clinics, primary care clinics).

For couples and families

- ⓧ Enables planning for the future (marriage, pregnancy, relationships, orphan care, financial and property arrangements).
- ⓧ Enhances faithfulness.
- ⓧ Encourages family planning.

For the individual

- ⓧ Empowers uninfected persons to protect themselves from HIV.
- ⓧ Assists infected persons to protect others and live positively.”
(CDC)

“In high prevalence settings, many individuals tend to develop feelings of hopelessness and helplessness and a sense that it is too late for behaviour change. In these settings, the power of positive behaviour change messages can be reinforced by effective HIV VCT services. In all settings, learning one’s serostatus with prevention counselling can be a powerful prevention and care strategy. *Knowledge* of personal risk behaviours and serostatus *is power*.

“Counselling and support services sessions for employees for family members focus on personal feelings, problems, beliefs, or responses to HIV/AIDS and other related issues, such as sex, intimacy, or condom use. These sessions are to be conducted by trained facilitators. Employees can explore their questions and concerns about HIV/AIDS in a safe and understanding environment and discuss their own personal and sexual behaviour. Clinic-based counselling has the potential to influence an individual’s high-risk behaviour with greater success than a community-based program.”
(Businesses Managing HIV/AIDS)

“UNAIDS and WHO have taken the lead in describing best practice guidelines and developing case studies for VCT service delivery programs. Lessons learned have included the following: 1) VCT can be a catalyst for development of a comprehensive HIV prevention program; 2) Protecting confidentiality is critical to ensure both trust and demand for VCT services; 3) Services for STI management, family planning, and referral for TB diagnosis and treatment are feasible and well received by VCT clients; 4) Effective counselling requires a client-centred approach including risk reduction planning and skill-building as well as a) a well-trained and well-supported staff, b) a well-defined and active referral system for both HIV-positive and HIV high-risk negative individuals for on-going support to other care partners in the community, and to post-test clubs, and c) routine monitoring, quality assurance, and evaluation activities”
(CDC).

VCT includes pre- and post-test counselling to discuss the nature of the test and its implications, and to address the concerns and questions that arise from the test process and results.

D3. Institute a confidential coupon payment system to access testing at health facilities.

If there are internal health facilities, employees may or may not access the company health services for STIs or VCT because of concern for confidentiality. It is recommended that companies establish a relationship with external STI clinics and VCT centres to complement its own internal services. More than 12 CCA countries now have private VCT centres with more on the way (Module A11). To access these centres and STI clinics, companies or the centres can jointly establish a confidential coupon payment system to encourage counselling and/or testing for HIV/AIDS. Companies or the centres can develop coupons for each employee to receive one free external counselling and/or testing. Partnership with the clinic(s) where coupons may be redeemed will allow for anonymous tallying of redeemed coupons (with no medical report attached) to help companies assess the effectiveness their VCT promotion.

D4. Verify operation of or institute partner notification protocol for STIs, if services are in-house

A key tool in STI prevention and treatment is partner notification. If STI services are in-house ensure that a partner notification protocol is in place. See Module A12 for a sample notification card. Promotional materials should also encourage partner notification.

D5. Advertise and promote STI clinic and VCT services with contact information

Information about all of the HIV/AIDS education and prevention activities, including access to STI clinics and VCT centres, should be woven into all communications about the program. The counselling and testing services can be advertised through posters, brochures, and pamphlets.

D6. Ensure STI services and VCT links with external HIV/AIDS networks

Identify and/or create post-test clubs and networks to other medical and support programs (hospitals, churches, etc.) and activities, including community and home-based care. It is important to form alliances with non-governmental organizations and promote their services within the company via posters and brochures. Representatives of these organizations can be brought in as guest speakers during the kick-off week and for special AIDS day events.

D7. Ensure confidentiality and quality STI and VCT services

As a company gears up for a campaign it must be prepared to absorb increased frequenting of its healthcare services. Ensure there are quality STI diagnosis, testing and referral services being provided and implement (create if necessary) record procedures that ensure confidentiality and provide overall

program monitoring. Professional medical assistance should be sought if it is necessary to modify services.

D9. Support and encourage care of HIV positive employees

“Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and ensure that they are not discriminated against nor stigmatised. To mitigate the impact of the HIV/AIDS epidemic in the workplace, workplaces should endeavour to provide counselling and other forms of social support to workers infected and affected by HIV/AIDS” (ILO).

All employees suffering from illnesses need proper medical coverage and need to be fully informed of their benefits.

“Where health-care services exist at the workplace, appropriate treatment should be provided. Where these services are not possible, workers should be informed about the location of available outside services. Linkages such as this have the advantage of reaching beyond the workers to cover their families, in particular their children. Partnership between governments, employers, workers and their organizations and other relevant stakeholders also ensures effective delivery of services and saves costs” (ILO).

If not already in place, employees can be galvanized to set up support activities, such as delivering meals and help with childcare, for their peers suffering from AIDS-associated complications. Such assistance can also help to communicate the reality of HIV/AIDS and empower employees to act in compassion for their colleagues. All the available education cannot communicate the tragic impact on an individual and a family and cannot be simplified by statistics, posters and educational sessions.

Module

Awareness and Prevention Module and Materials Guide

No.	Modules	Activities					
		Programme Development	Affiliate Senior Mgmt Regional Meeting	Affiliate Mgmt, HR, Healthcare, AIDS Committee Education	Peer Educator Training	Employee Services and Education	Community Outreach
	CCA Management Tools						
M1	Letter to affiliate senior management						
M2	Business Responds to AIDS brochure						
M3	HIV/AIDS and the workplace: forging innovative business responses, UNAIDS, 1998						
M4	Workplace programs presentations, FHI, Businesses Managing HIV/AIDS						
M5	Coca-Cola Africa HIV/AIDS Policies						
M6	Memorandum of Understanding						
M8	Behaviour Change Communication Campaigns						
M9	Sample campaign messages						
	Affiliate Management & Staff Tools						
1-5	Guidelines from all Manuals						
M5	Coca-Cola Africa HIV/AIDS Policies						
M6	Memorandum of Understanding						
M7	Needs and Resources Audit						
M10	Letter to employees with training schedule						
M11	Peer education nomination form						
M12	Sample Kick-off Week agenda						
E5	Peer educator observation form						
E9	Community outreach monitoring form						
E10	Quarterly regional report						
E11	Implementer interviews						
E13	Employee focus group guide						
E14	Productivity and health care cost report						
E15	Employee satisfaction survey						
	Healthcare Provider Tools						
	Male and female condoms						
E7	Condom distribution monitoring form						
	Brochures						
	Posters						
	STI PPT kits						

This supporting document is part of a library of case studies and supporting documents available at:
<http://www.weforum.org/globalhealth/cases>

No.	Modules	Activities					
		Programme Development	Affiliate Senior Mgmt Regional Meeting	Affiliate Mgmt, HR, Healthcare, AIDS Committee Education	Peer Educator Training	Employee Services and Education	Community Outreach
	STI diagnosis and treatment protocols						
A11	Voluntary Counselling and Testing locations information						
A12	Sample VCT coupon						
A12	Partner notification cards						
E8	VCT Coupon Monitoring Form						
E9	Community outreach monitoring form						
	Peer Educator Trainer Tools						
A16	Possible Resources for Sessions and Nonformal education efforts						
1-5	Guidelines from all Manuals						
T1	Peer Educator selection form						
T2	Sample Peer Educator Orientation schedule						
T3	Peer Education Guidelines						
T4	Training Outline						
T5	Session 1 PE Guide						
T6	Session 2 PE Guide						
T7	Session 3 PE Guide						
T8	Session 4 PE Guide						
T9	Experiential Learning Cycle						
T10	Targeting Men document						
M6	Behaviour change communication Education schedule						
E1	Peer educator training monitoring form						
	Peer Educator Tools						
	Education schedule						
T5	Session 1 PE Guide						
T6	Session 2 PE Guide						
T7	Session 3 PE Guide						
T8	Session 4 PE Guide						
T10	Targeting Men document						
E6	Peer educator self-evaluation						
	Male and female condoms						
E7	Condom distribution monitoring form						
	Brochures						
	Posters						
	STI diagnosis and treatment protocols						

No.	Modules	Activities					
		Programme Development	Affiliate Senior Mgmt Regional Meeting	Affiliate Mgmt, HR, Healthcare, AIDS Committee Education	Peer Educator Training	Employee Services and Education	Community Outreach
A11	Voluntary Counselling and Testing locations information						
A12	Sample VCT coupon						
A12	Partner notification cards						
E8	VCT Coupon Monitoring Form						
E9	Community outreach monitoring form						
	Training and Education Sessions						
	Session 1: HIV/AIDS						
E12	Employee baseline KAP survey						
	CCA introductory video						
A1	Myths and facts guide						
A2	Transmission and prevention overview						
A16	HIV/AIDS transmission video						
A3	Transmission and prevention handout						
A4	Impact on the workplace in Africa						
M5	CCA Policies and Standards handout						
A5	Universal Precautions						
A6	Risk assessment document						
A7	Risk assessment form						
E2	Education session monitoring form						
E3	Education session post-test						
E4	Education session evaluation						
	Session 2: Condom use and negotiation						
A8	Condom use and negotiation overview with role plays						
A9	Gender issues document						
A16	"It's My Choice" video						
A16	Negotiation clips video						
	<i>care sheath video</i>						
E2	Education session monitoring form						
E3	Education session post-test						
E4	Education session evaluation						
	Session 3: STI testing, counselling and treatment						
A10	STI Counselling, Testing and Treatment overview						
A16	"Silent Epidemic" video on STIs						

No.	Modules	Activities					
		Programme Development	Affiliate Senior Mgmt Regional Meeting	Affiliate Mgmt, HR, Healthcare, AIDS Committee Education	Peer Educator Training	Employee Services and Education	Community Outreach
	Legal rights regarding testing and confidentiality						
A11	Voluntary Counselling and Testing locations information						
A12	Sample VCT coupon						
A16	VCT PSAs video						
A12	Partner notification cards						
E2	Education session monitoring form						
E3	Education session post-test						
E4	Education session evaluation						
	Session 4: Living and working with HIV/AIDS						
	Legal rights regarding working with HIV/AIDS						
A13	Living positively overview						
A14	Care and support document						
A15	Personal action plan						
E2	Education session monitoring form						
E3	Education session post-test						
E4	Education session evaluation						
E12	Follow up employee KAP survey						

List of Modules

Module A1: Myths and Facts	page 27
Module A2: Session 1 presentation: HIV/AIDS	page 30
Module A3: HIV/AIDS Introduction Handout	page 31
Module A4: Impact of HIV/AIDS on Work in Africa	page 38
Module A5: Universal precautions	page 40
Module A6: HIV/AIDS: Are you at risk?	page 42
Module A7: Personal Risk Assessment Handout	page 46
Module A8: Session 2 presentation: Correct condom use	page 47
Module A9: HIV/AIDS gender issues	page 48
Module A10: Session 3 presentation: Counselling and testing	page 50
Module A11: List of countries with VCT	page 51
Module A12: Sample STI partner notification card	page 52
Module A13: Session 4 presentation: Working and Living with HIV	page 53
Module A14: Care and support	page 54
Module A15: Personal action plan	page 55
Module A16: Media resources for nonformal and formal education	page 56
Acknowledgements	page 58

**Module A1
Session 1 Activity**

Myths and Facts

Objective: To distinguish the difference between myths and facts and to correct common myths. See Module T1.

Myths:

- 1. Because I have been with my partner for along time and we are faithful, we don't need to worry about AIDS.**

Explanation: You and your partner may have had previous partners. If you have not been tested with your partner, then you can not be sure you or your partner have not been carrying the HIV virus from previous a relationship. Being faithful is not enough. You must include testing to be sure. Also, remember that circumstances change—even that once off relationship can infect you with HIV.

- 2. If I am infected with HIV, I can have sex with a virgin to remove the virus from my body.**

Explanation: There is no cure. The virgin may become infected as well. If you believe you are infected, get counselling to learn about ways to remain healthy and live longer.

- 3. Even if I use condoms, the HIV virus can still pass through, and I can get infected.**

Explanation: It is not possible for the HIV virus to pass through a condom that is used properly. More explanation needed.

- 4. I can't be HIV positive because my blood is very strong and I have never had an STI.**

Explanation: Anyone can be infected with the HIV virus no matter how healthy the blood or body as long as they practise unsafe sex.

- 5. During sex, if the man withdraws before ejaculation, there is no infection of the HIV virus.**

Explanation: The HIV virus lives not only in the semen, but also in other body fluids including seminal fluid that can be released before ejaculation or during foreplay. The virus can also be transmitted through sores.

- 6. I have had the same partner for six months so I can stop using a condom.**

Explanation: Unless you have both been tested and are negative, you should continue using condoms. It is always a good idea to go for VCT to be sure about your status.

7. Condoms are not 100% effective.

Explanation: If stored correctly and used properly with every sex acts condoms are 100% effective. Condoms sold in Zimbabwe have been tested at the MCA.

8. If I go for HIV testing and the results are negative, it means I am not infected.

Explanation: If the results are negative, it is likely that you are not infected. However, it is possible that you are infected, but it is too early for the test to detect the virus. Consider getting tested again in 3 months to be sure.

9. My wife is on family planning. We do not need to worry about HIV.

Explanation: Family planning prevents only pregnancy. You and your wife are not protected from HIV/AIDS/STIs.

10. If I am HIV positive, there is no reason to use condoms with my partner.

Explanation: If you are positive, you should still use condoms for two reasons:

- 1) To avoid being re-infected with the HIV virus which will cause AIDS to develop sooner;
- 2) To avoid infecting or re-infecting the ones you love.

Facts:

1. If I am infected with HIV, it can take more than 10 years to develop AIDS.

Explanation: An infected person who lives a healthy life and avoids re-infection can prolong the time before AIDS develops.

2. If I go for an HIV test at a New Start Centre, I will get my results the same day.

Explanation: With rapid testing, results are given in about 2 hours.

3. The reason why some condoms are so affordable and easily available is that they are donor-funded.

Explanation: The price of Protector Plus and care is very low because of fund contributed by donors. The donors also assist in distribution to outlets.

4. If an HIV test comes back with a negative result, it is still possible for the person to have the HIV virus.

Explanation: This is true. It is possible that the test was given shortly after infection and before the virus could be detected by the test. This period of time is called the window period.

Alternative activity

Materials:

Myths and facts cards
Flipchart
Marker

Introduce the activity. *We know there is a lot of information about HIV/AIDS. Some of it is true and some of it is not. It is important to be able to know the difference. It is also important to be able to correct some of the common myths about HIV/AIDS. Let's take our time to share information and correct some of these myths.*

Ask for volunteers. Fourteen participants are needed. The participants come to the front and take a card. Tell the group that the cards have information about HIV/AIDS on them. Some of the information is true—facts—and some of it is not true—myths.

The purpose of the activity is to separate the facts from the myths. Post the FACTS card on one side of the room and the MYTHS card on the other. Tell the groups that each participant will read a card and they must decide if the information is a myth or a fact. They should indicate which side of the room the person should go to by pointing. Tell the group they are allowed to talk during the activity. The participant should choose which side of the room to go to based on the indication of the group.

Go through each participant before explaining the correct answers. Take time to cover the explanation thoroughly and answer questions. Remember that just because a participant knows when to go to the correct side does not mean that everyone in the group understands the information.

After using this activity a few times, evaluate the information and change some of the myths and facts so they are more appropriate for the participants. New myths and facts can be added and others can be removed.

Module A2
Session 1 Presentation

Session 1:

HIV/AIDS transmission, consequences, prevention and risk assessment

Sample Power Point Presentation to follow

**Module A3
Session 1 Handout**

HIV/AIDS Introduction

By the end of 1998, there were 33 and a half million people living with HIV / AIDS in the world. Nearly every country is seeing new infections every day, and the epidemic is out of control in many places. It is estimated that in Africa 800 000 children, 12 million women and 10 million men have HIV or AIDS. More than 11 million Africans have already died, and another 22 million are now living with HIV/AIDS.

In South Africa, 3 and a half million people are infected with HIV. By the year 2000, if the epidemic continues to grow, as much as 20% (one fifth) of South Africa's working population may be HIV positive. At some time, almost every workplace will have to deal with a worker who is living with HIV / AIDS.

The rapid spread of the disease is related to poverty and the lack of access to socio-economic rights such as housing, clean water, sanitation and health care.

Everyone and anyone can get HIV / AIDS, but those most at risk are youth, women, migrant workers, long-haul truck drivers and sex workers.

The following socio-economic factors help to spread the epidemic in South Africa:

- ✘ Migrant labour increases the spread of the disease by breaking families apart.
- ✘ Single sex hostels
- ✘ Overcrowded housing
- ✘ Poor access to health care
- ✘ Lack of recreation facilities
- ✘ Lack of information
- ✘ Illiteracy and poor education
- ✘ High unemployment
- ✘ Exploitation and inequality of women (this makes it difficult for women to demand safer sex)
- ✘ Other poverty related diseases such as TB
- ✘ Sexually transmitted diseases

What is HIV / AIDS?

HIV stands for **the Human Immune-deficiency Virus**. HIV is the cause of **AIDS**, which stands for **Acquired Immune Deficiency Syndrome**.

There are cells in your body that protect you from invasion by bacteria, viruses, fungi and parasites. They also destroy cancer cells. The HI Virus attacks and destroys these cells in your body so that they can no longer fight diseases.

After you have been infected for a long period, usually 3 - 7 years, many of these cells will have been destroyed and your body will not be able to defend itself against infections and cancers. This is the phase of HIV - infection when you become sick, and is known as AIDS.

How can you become infected with HIV?

HIV must get into a person's blood to infect them. For you to transmit it to another person it has to pass from your body in your blood or your sexual fluids, into their body through a break in their skin.

If you are infected, the HI Virus is in:

- ⓧ Blood
- ⓧ Semen
- ⓧ Vaginal fluids
- ⓧ Mother's milk

You can get HIV from sex

HIV can be spread through sexual intercourse. Many infected people have no symptoms and have not been tested. If you have sex with one of them, you put yourself in danger.

If you have a sexually transmitted disease, the virus can pass much easier into your body during sexual intercourse because you will have open sores that allow the virus through. Women are infected more easily through sex, because the lining of the vagina breaks easily, and allows the virus into the body.

Safer sex

Most people in South Africa get infected with the AIDS virus by practicing unsafe sex. If you want to protect yourself from AIDS you must have safer sex. Sex is safer if:

- ⓧ You use a condom
- ⓧ The penis does not penetrate the vagina or anus

- ✘ You have sex with only one partner in your lifetime, and your partner only has sex with you - this is a faithful relationship
- ✘ You and your partner have an HIV test which shows negative and then you only have sex with each other - this is also a faithful relationship

You can get HIV from sharing needles

Sharing needles or syringes, even once, is a way of becoming infected with HIV and other germs. HIV from an infected person can remain in a needle or syringe and then be injected into the bloodstream of the next person who uses it.

HIV and babies

A woman infected with HIV can pass the virus on to her baby while she is pregnant, while she is giving birth or when she is breastfeeding. Any woman who wants to have a baby and who thinks she may have been exposed to the virus - even a long time ago - should go for counselling and testing for HIV.

Blood transfusions

In the past, some people became infected with HIV from receiving blood transfusions. Now all blood for transfusions is checked for antibodies to the HI Virus. There is very little chance that a person could get an AIDS infection from a blood transfusion. There is also no chance of getting AIDS by donating blood, because a brand new, sterile needle is used for each person who donates.

How you cannot get HIV

HIV infection does not "just happen". You cannot catch it like a cold or the 'flu'. HIV is not spread by coughing or sneezing. You only get HIV by receiving infected blood, semen or vaginal fluids from another person. HIV is not easy to get.

- ✘ You will not get HIV through everyday contact with infected people at school, at work, at home, or anywhere else.
- ✘ You will not get HIV from clothes, telephones, computer keyboards or toilet seats. It cannot be passed on by things like cups, knives and forks.
- ✘ You cannot get HIV from eating food that has been prepared by an infected person.
- ✘ You will not get HIV from a mosquito bite. HIV does not live in a mosquito. You also will not get it from bedbugs, lice, flies or any other insects.
- ✘ You will not get HIV from sweat or tears.

Four Important Facts about HIV / AIDS:

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- ⓧ HIV infection can be prevented.
- ⓧ HIV is only transmitted in a few specific ways.
- ⓧ HIV does not discriminate - it can infect people of any race, age, gender or sexual orientation.
- ⓧ There is no cure for HIV/AIDS.

The stages of infection

Stage 1 HIV infection

This is when the virus enters the body. There are no signs or symptoms of infection.

Stage 2 Window period

The virus is present in the body but has not yet produced antibodies that can show up in an HIV test. There are no signs or symptoms of disease. This stage usually lasts from 2 to 12 weeks, but may last months.

Stage 3 Seroconversion

This is when antibodies develop in the blood and an HIV test will detect them. In other words, it is when you convert from being HIV-negative to HIV-positive. Some people have a flu-like illness for a few days - slight fever, tiredness, aching muscles and joints.

Stage 4 HIV infection with no symptoms

There are no signs or symptoms of illness, although infection is present. This period may last from a few months to many years.

Stage 5 HIV / AIDS related illnesses

The immune system (the cells which fight disease) has been damaged by the virus. Symptoms of diseases increase but as yet they are not severe enough to threaten life. Examples of symptoms are a low-grade fever that lasts several weeks, diarrhoea, extreme tiredness, weight loss, skin rashes, swollen glands and night sweats. Women may get vaginal infections (thrush) that never seem to clear up, even with treatment. Infections gradually become more frequent and more serious. This period may last for months or years.

Stage 6 AIDS

Serious infections and cancers invade the body because the immune system is now very weak. Typical infections are pneumonia, skin cancers, "slim's" disease and TB. The patient could die at this stage from an untreatable condition.

Workplace issues: Discrimination

Discrimination is when:

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- ⓧ An employer tries to fire a person with AIDS
- ⓧ An employer denies medical benefits or sick leave to a worker with AIDS
- ⓧ Co-workers refuse to work with a person who has AIDS
- ⓧ Unfair restrictions are placed on a worker, like having to eat lunch alone or take breaks away from other workers
- ⓧ A qualified worker is not promoted because he/she has AIDS
- ⓧ A worker's personal health information is discussed without his or her permission

AIDS and the law (Will vary by country)

The most important thing to know about AIDS and the law is that people with HIV/AIDS may not be discriminated against in the workplace.

The constitution gives all workers the right to "fair labour practices" and states that everyone is entitled to equality and freedom from unfair discrimination.

The LRA also outlaws discrimination and protects workers from being dismissed simply because they are HIV-positive. It also protects them from being discriminated against with regard to benefits, staff training and other opportunities at work.

The Occupational Health and Safety Act requires employers to create a safe working environment. This means that proper equipment should be provided to protect workers against infection and that workers should be trained in the use of precautions.

The Employment Equity Act prevents employers from testing for HIV/AIDS before employment (pre-employment testing).

The Compensation for Occupational Injuries and Diseases Act provides compensation for workers who are injured in the "course and scope" of their employment. Therefore, if there is a possibility that a worker has been exposed to HIV during an occupational accident:

- ⓧ An accident report should be completed and forwarded to the Workmen's Compensation Commissioner
- ⓧ The worker should be tested for HIV to determine their status before the accident
- ⓧ Any other person who was involved in the accident should be tested with their informed consent
- ⓧ If he or she tests negative, the worker should be tested again at 3 and 6 months after the accident

- ✘ If they sero-convert (test positive) during this period, an application for compensation may be made

The Medical Schemes Act prevents medical schemes from discriminating against people with HIV / AIDS

The right to confidentiality means that a worker does not have to inform his or her employer if he or she is HIV positive. Also, doctors and healthcare workers are not permitted to give any information to employers about any worker's HIV status.

Testing for HIV / AIDS

It is important to get yourself tested for HIV if you think it is possible you have been exposed to the virus. It is important to know whether you have the virus because you can remain healthy by eating healthy food, sleeping properly and cutting down on alcohol. Also, you may be able to begin treatment immediately.

However, it is your choice as to whether you wish to be tested. Nobody may test your blood without your consent. If you agree to be tested in your workplace, your results must remain confidential and counselling must be provided before and after testing.

Employers are legally prevented from testing for HIV before hiring workers. The LRA also protects applicants from unfair or discriminatory hiring practices

Testing for HIV before you are admitted to a medical aid scheme is also illegal.

Medical benefits

The Medical Schemes Act prevents medical aid and medical insurance schemes from discriminating against people infected with HIV.

There are other benefits that workers may be entitled to, such as retirement and ill-health benefits, group life or disability cover and funeral benefits.

Workers should be made aware of how much cover their benefit schemes offer for HIV / AIDS. Any changes to benefit schemes should be made in consultation with employee organisations, workplace forums and bargaining councils. The negotiations on benefit packages must take place transparently so that all workers understand the changes.

Treatment

There is no cure for AIDS. There are medicines available that boost the immune system and reduce the amounts of the virus in the body. These are called anti-retroviral drugs and protease inhibitors. Most of them are produced by multinational pharmaceutical companies and are very expensive. It has been found that if you take three of these drugs together, it boosts your immune system effectively. However, South Africa would not be able to afford

to provide this treatment to all of its 4 million HIV-positive citizens. It would cost about R200 billion to do so.

Two common examples of these drugs are AZT and nevirapine. AZT is particularly effective in reducing the possibility of a mother infecting her baby during childbirth. Because it costs the government a lot of money to treat babies who are born with HIV infection, it is more cost-effective for it to provide this drug to pregnant women who are HIV positive.

Apart from these anti-retroviral drugs, there are medications that treat the infections that invade your body when you have AIDS. These medications help people live longer and better. Again, most of the drugs are sold by American or multinational pharmaceutical companies, and are too expensive for workers. Some of the drugs are produced much more cheaply in other countries, such as India or Thailand.

(Taken from COSATU, South Africa)

Please note that in addition to the excellent information provided in this COSATU document, there are treatments available that help avoid opportunistic infections and can delay the onset of AIDS. Treatments and information about them should be made available to employees.

Module A4
Session 1 presentation information

Impact of HIV/AIDS on Work in Africa

Demographic and labour force impact

As of 2002, more than 28 million Africans are living with HIV. Africa is suffering in every sector, from the health of its citizens to the economies of its nations. Workplaces in Africa feel the impact from both directions.

The consequences of AIDS deaths for total population numbers in Africa are clear: by 2010, for 29 countries with prevalence rates of over 2 per cent, the total population will be 50 million fewer than in the absence of AIDS. There are sex and age consequences as well, as in many countries women often become infected at a younger age than men; in Africa over half of new infections are among women. The age group worst affected everywhere is the 15-49 year-olds, the active population, whose contributions to the family, society and the economy are thus being lost. The ILO estimates that over 20 million workers globally are living with HIV/AIDS. The size of the labour force in high-prevalence countries will be between 10 and 30 per cent smaller by 2020 than it would have been without AIDS; 14 million children have lost one or both parents to AIDS, and many of them will be forced out of school and on to the job market, exacerbating the problem of child labour.

“The average life expectancy in sub-Saharan Africa is currently 47 years. Without AIDS, it would have been 62 years.” “AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care and funerals” (UNAIDS).

“Labour productivity has been cut by up to 50% in the hardest-hit countries. In Zambia, nearly two-thirds of deaths among the managerial sector can be attributed to AIDS. By 2002, over 25% of the workforce may be lost to AIDS in some severely affected countries” (UNAIDS press release, 2002). “The vast majority of people living with HIV/AIDS worldwide are in the prime of their working lives. By 2005, Zimbabwe will have lost 19% of its workforce to AIDS, Botswana 17%, South Africa 11%, the United Republic of Tanzania 9% and Côte d’Ivoire 8%.

“AIDS weakens economic activity by squeezing productivity, adding costs, diverting productive resources, and depleting skills. The epidemic hits productivity mainly through increased absenteeism, organizational disruption, and the loss of skills and organizational memory. Production cycles can be disrupted, equipment stands idle, and temporary staff may need to be recruited and trained.

“A study in several southern African countries has estimated that the combined impact of AIDS-related absenteeism, productivity declines, health-

care expenditures, and recruitment and training expenses could cut profits by at least 6-8%.

“Loss of know-how tends to be the most often-cited cost factor on the shop floor. Thus, even in high unemployment areas (with an apparently “bottomless” pool of unskilled or semi-skilled labour), the drain on visible and invisible skills and knowledge ends up being considerable” (UNAIDS, 2002).

HIV/AIDS has an enormous impact on infected individuals and their families, as well as on the community at large. The implications are serious for the old and young dependants of infected family members. The impact at the individual and household level is mirrored at the enterprise level and, increasingly, in the national economy. The epidemic manifests itself in the world of work in many ways: disruption of production, discrimination in employment, the worsening of gender inequalities, and increased incidence of child labour; other manifestations are depleted human capital, pressure on health and social security systems, and threatened occupational safety and health.

(ILO)

Presenter should add statistics and profiles of the company, if known.

Module A5
Session 1 Handout

Universal Precautions

Workplace conditions

There is very little chance that HIV can be transmitted in your workplace. Unless there is blood present, there is no danger of catching the virus from being around people who may be infected. Even if a person sneezes or coughs, there is no blood present so you cannot catch the virus. A worker with HIV/AIDS does not have to be isolated, and needs the support, sympathy and understanding of his or her co-workers.

- ⓧ In workplaces where there might be blood or other infectious fluids around, you are at risk of catching the HI Virus. You can get stuck with a needle with blood on it, get cut with a sharp instrument or get splashed in the eyes, nose or mouth with infected blood.

In the workplace, use "universal precautions" whenever you come into contact with:

- ⓧ Blood
- ⓧ Body fluids
- ⓧ Cuts, wounds, or other kinds of "open skin" or lesions

Universal precautions means treating all blood and other body fluids as if they were infected with HIV. Universal precautions include:

- ⓧ Washing your hands between each patient or each task, after using the bathroom, and after taking off your gloves
- ⓧ Wearing gloves when you touch blood or other body fluids
- ⓧ Wearing a gown, mask, or eye protection when you may be splashed with blood or other body fluids

Universal precautions should be used by all workers including housekeepers, laundry workers, diet workers and janitors.

If there are splashes of blood or body fluids on the floor or on your clothes, common cleaning materials such as bleach and water, and ammonia, destroy and dissolve the AIDS virus within 30 seconds.

(COSATU)

Tests and treatment after occupational exposure

(a) Where there is a risk of exposure to human blood, body fluids or tissues, the workplace should have procedures in place to manage the risk of such exposure and occupational incidents.

(b) Following risk of exposure to potentially infected material (human blood, body fluids, tissue) at the workplace, the worker should be immediately counselled to cope with the incident, about the medical consequences, the desirability of testing for HIV and the availability of post-exposure prophylaxis, and referred to appropriate medical facilities. Following the conclusion of a risk assessment, further guidance as to the worker's legal rights, including eligibility and required procedures for workers' compensation, should be given.

(ILO)

Module A6
Session 1 Handout

HIV/AIDS: Are you at risk?

Will You Get AIDS if You Are Infected With HIV?

In recent years, about half the people with HIV have developed AIDS within 12 years, but the time between infection with HIV and the onset of AIDS can vary greatly. The severity of the HIV-related illness or illnesses will differ from person to person according to many factors, including the overall health of the individual. Today there are promising new medical treatments that can postpone many of the illnesses associated with AIDS. This is a step in the right direction, and scientists are becoming optimistic that HIV infection will someday be controllable. In the meantime, people who get medical care to monitor and treat their HIV infection can carry on with their lives, including their jobs, for longer than ever before.

How Can You Become Infected With HIV?

You can become infected with HIV in the following ways:

- ⓧ Having sexual intercourse—anal, vaginal, or oral—with an infected person
- ⓧ Sharing drug needles or syringes with an infected person
- ⓧ From mother to baby—before or during childbirth or breastfeeding
- ⓧ From a blood transfusion

YOU CAN GET HIV FROM SEXUAL INTERCOURSE

HIV can be spread through sexual intercourse — from male to male, male to female, female to male, and, rarely, female to female. HIV is not the only infection that is passed through intimate sexual contact. Other sexually transmitted diseases, such as gonorrhoea, syphilis, herpes, hepatitis B, and chlamydia, can also be contracted through anal, vaginal, and oral intercourse. If you have one of these infections and engage in sexual behaviours that can transmit the virus, you are at greater risk of getting HIV. HIV may be in an infected person's blood, semen, or vaginal secretions. HIV can enter the body through cuts or sores in the skin or the moist lining of the vagina, penis, rectum, or even mouth. Some of these cuts or sores are so small you don't even know they're there. Anal intercourse with an infected person is one of the ways HIV has been most frequently transmitted. Other forms of sexual intercourse, including oral sex, can spread it as well. During oral sex, a person who takes semen, blood, or vaginal secretions into his or her mouth is at risk of becoming infected. Many infected people have no symptoms and have not been tested. If you have sex with one of them, you unknowingly put yourself in danger. The only sure way to avoid infection through sex is to abstain from sexual intercourse or engage in sexual intercourse only with someone who is not infected and only has sex with you. Male latex condoms help prevent HIV

This supporting document is part of a library of case studies and supporting documents available at:
<http://www.weforum.org/globalhealth/cases>

infection and other sexually transmitted diseases. Latex condoms with or without spermicides help prevent sexual transmission of HIV. The female condom or vaginal pouch serves as a physical barrier to viruses. If a male latex condom cannot be used, consider using a female condom for male/female sexual intercourse. The polyurethane condom has been shown to have the same barrier qualities as the latex condom. Lab testing has shown that particles as small as sperm and HIV cannot pass through this polyurethane material. Polyurethane condoms are an appropriate choice for people who are allergic to latex.

Other Transmission Risks

Casual contact through closed-mouth or “social” kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during “French” or open-mouth kissing, engaging in this activity with an infected person is not recommended.

YOU CAN GET HIV FROM SHARING NEEDLES

Sharing needles or syringes, even once, is a very likely way to become infected with HIV and other germs. HIV from an infected person can remain in a needle or syringe and then be injected directly into the bloodstream of the next person who uses it. Sharing needles to inject drugs is the most dangerous form of needle sharing. Sharing needles for other purposes may also transmit HIV and other germs. These other purposes include injecting steroids and tattooing or ear piercing.

If you plan to have your ears pierced or get a tattoo, make sure you go to a qualified person who uses brand new or sterile equipment. Don't be shy about asking questions. Responsible technicians will explain the safety measures they follow.

HIV AND BABIES

A woman infected with HIV can pass the virus on to her baby during pregnancy, while giving birth, or when breastfeeding. If a woman is infected with HIV before or during pregnancy, she can take treatments that will decrease her child's chance of becoming infected with HIV. Any woman who is considering having a baby and who thinks she might have done something that could have caused her to become infected with HIV—even if this occurred years ago—should seek counselling and testing for HIV infection to help her make an informed choice about becoming pregnant. All pregnant women should be routinely counselled and offered testing.

BLOOD TRANSFUSIONS AND HIV

Blood should be tested for evidence of HIV before receiving a blood transfusion. You cannot get HIV from giving blood at a blood bank or other

blood collection centre. The needles used for blood donations are sterile. They are used once, then destroyed.

HOW YOU CANNOT GET HIV

HIV infection doesn't "just happen." You can't "catch" it like a cold or flu. Unlike cold or flu viruses, HIV is not spread by coughs or sneezes. Again, you get HIV by receiving infected blood, semen, or vaginal fluids from another person.

- ✘ You won't get HIV though everyday contact with infected people at school, at work, at home, or anywhere else.
- ✘ You won't get HIV from clothes, phones, or toilet seats. It can't be passed on by things like forks, cups, or other objects that someone who is infected with the virus has used.
- ✘ You cannot get HIV from eating food prepared by an infected person.
- ✘ You won't get HIV from a mosquito bite. HIV does not live in a mosquito, and it is not transmitted through a mosquito's bite like other germs, such as the ones that cause malaria. You won't get it from bedbugs, lice, flies, or other insects, either.
- ✘ You won't get HIV from sweat or tears.

WHO IS REALLY AT RISK FOR HIV INFECTION?

- ✘ Have you shared needles or syringes to inject drugs or steroids? Or had sex with someone who has?
- ✘ Have you had sex with someone who you believe may have been infected with HIV?
- ✘ Have you had a sexually transmitted disease (STD)?
- ✘ Have you received blood transfusions or blood products?
- ✘ If you are a male, have you had sex with other males?
- ✘ Have you had sex with someone who would answer yes to any of the above questions?

If you answered yes to any of the above questions, you should discuss your need for testing with a trained counsellor. If you are a woman in any of the above categories and you plan to become pregnant, counselling and testing are even more important. If you have had sex with someone and you didn't know his or her risk behaviour, or if you have had many sexual partners in the last 10 years, then you have increased the chances that you might be HIV-infected.

What About the HIV Test?

The easiest way to tell if you have been infected with HIV is by taking an HIV antibody test. This test should be done through a testing site, doctor's office, or clinic familiar with the test. It is important that you discuss what the test may mean with a qualified health professional, both before and after the test is done. In most people who are infected with HIV, it takes up to three months

to develop enough antibodies to be detectable on a test. In some people, it could take up to six months.

Do You Need More Information About HIV or HIV Counselling and Testing?

Materials are available in the health clinic and with peer educators. Also, a national hotline is staffed with information specialists who can offer a wide variety of written materials or answer your questions about HIV infection and AIDS in a prompt, confidential manner. There are also local groups that can help you find the information you need. Contact your local health department, AIDS service organization, or other community-based organization addressing HIV and AIDS.

(Business Responds to AIDS)

**Module A7
Session 1 Handout**

Personal Risk Assessment

Have you shared needles or syringes to inject drugs or steroids? Yes or No

If you are a male, have you had sex with other males? Yes or No

Have you had sex with someone who you believe may have been infected with HIV? Yes or No

Have you had a sexually transmitted disease (STD)? Yes or No

Have you received blood transfusions or blood products? Yes or No

Have you had sex with someone who would answer yes to any of the above questions? Yes or No

Yes to any of these questions means you are at risk and should seek counselling.

Module A8
Session 2 Presentation

Session 2:

Correct and consistent use of condoms, negotiation and communication skills and gender issues

Power Point Presentation to follow

Module A9
Session 2 presentation information

HIV/AIDS Gender issues

HIV/AIDS affects women and men differently in terms of vulnerability and impact. There are biological factors that make women more vulnerable to infection than men, and structural inequalities in the status of women that make it harder for them to take measures to prevent infection, and also intensify the impact of AIDS on them.

- Many women experience sexual and economic subordination in their marriages or relationships, and are therefore unable to negotiate safe sex or refuse unsafe sex.
- The power imbalance in the workplace exposes women to the threat of sexual harassment.
- Poverty is a noted contributing factor to AIDS vulnerability and women make up the majority of the world's poor; in poverty crises, it is more likely to be a girl child who is taken out of school or sold into forced labour or sex work.
- Women's access to prevention messages is hampered by illiteracy, a state affecting more women than men worldwide – twice as many in some countries.
- Women make up a substantial proportion of migrants within countries and, together with children, they represent over three quarters of refugees; both of these states are associated with higher than average risks of HIV infection. In conflict situations there is an increasing incidence of the systematic rape of women by warring factions.
- The burden of caring for HIV-infected family and community members falls more often on women and girls, thus increasing workloads and diminishing income-generating and schooling possibilities.
- Sexist property, inheritance, custody and support laws mean that women living with HIV/AIDS, who have lost partners or who have been abandoned because they are HIV positive, are deprived of financial security and economic opportunities; this may, in turn, force them into "survival sex"; the girl child is especially vulnerable to commercial sexual exploitation.
- Studies show the heightened vulnerability of women, compared to men, to the social stigma and ostracism associated with AIDS, particularly in rural settings, thus leaving them shunned and marginalized; this again increases the pressure on them to survive through sex.
- The work that women carry out – paid or unrecognized – is more easily disrupted by AIDS: for example, women dominate the informal sector where jobs are covered neither by social security nor by any occupational health benefits.
- Fewer women than men are covered by occupation-related health benefits.
- Men are often victims of stereotypes and norms about masculine behaviour that may lead to unsafe sex and/or nonconsensual sex.

- Men are over-represented in a number of categories of vulnerable workers, and may also find themselves through their employment in situations that expose them to unsafe sex between men.
- Given the prevailing power relations between men and women, men have an important role to play in adopting and encouraging responsible attitudes to HIV/AIDS prevention and coping mechanisms.

Module A10
Session 3 Presentation

Session 3:

**Sexually Transmitted Infections (STI) and
Voluntary Counselling and Testing (VCT)**

Power Point Presentation to follow

Module A11
Session 3 Information

Countries with Voluntary Counselling and Testing Centres

Angola
Botswana
Burkina Faso
India
Kenya
Kosovo
Mali
Mozambique
Namibia
Rwanda
South Africa
Togo
Uganda
Zambia
Zimbabwe

Additional centres are constantly in the process of opening.

Module A12
Session 3 Information

STI Partner Notification card

Module A13
Session 4 Presentation

Session 4:

Working and Living with HIV/AIDS
Caring for People living with HIV/AIDS

Power Point Presentation to follow

Module A14
Session 4 Information

Care and support

Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and ensure that they are not discriminated against nor stigmatised. To mitigate the impact of the HIV/AIDS epidemic in the workplace, workplaces should endeavour to provide counselling and other forms of social support to workers infected and affected by HIV/AIDS. Where health-care services exist at the workplace, appropriate treatment should be provided. Where these services are not possible, workers should be informed about the location of available outside services. Linkages such as this have the advantage of reaching beyond the workers to cover their families, in particular their children. Partnership between governments, employers, workers and their organizations and other relevant stakeholders also ensures effective delivery of services and saves costs.

- (a) HIV infection and clinical AIDS should be managed in the workplace no less favourably than any other serious illness or condition.
- (b) Workers with HIV/AIDS should be treated no less favourably than workers with other serious illnesses in terms of benefits, workers' compensation and reasonable accommodation.
- (c) As long as workers are medically fit for appropriate employment, they should enjoy normal job security and opportunities for transfer and advancement.
- (d) Employers should provide workers with HIV/AIDS with reasonable time off for counselling and treatment in conformity with minimum national requirements.
- (e) Counselling support should be made accessible at no cost to the workers and adapted to the different needs and circumstances of women and men. It may be appropriate to liaise with government, workers and their organizations and other relevant stakeholders in establishing and providing such support.
- (f) Workers' representatives should, if requested, assist a worker with HIV/AIDS to obtain professional counselling.
- (g) Counselling services should inform all workers of their rights and benefits in relation to statutory social security programmes and occupational schemes and any life-skills programmes which may help workers cope with HIV/AIDS.
- (h) In the event of occupational exposure to HIV, employers should provide workers with reasonable paid time off for counselling purposes.

(ILO)

**Module A15
Session 4 Handout**

Personal Action Plan

Use your own words and any of the provided buzz words to design and commit to your personal action plan. This plan is confidential, for your own personal use and not to be shared with anyone except with whom you would like to share it.

1. In my relationships I commit to:

***Buzz words:** fidelity, honesty, communication, treatment of women*

2. Regarding sexual activity I commit to:

***Buzz words:** partner reduction, abstinence, condom use, drug/alcohol use, respect*

3. For mine and others' health I commit to:

***Buzz words:** STI diagnosis and treatment, HIV VCT, nutrition, partner notification*

4. In the workplace I commit to:

***Buzz words:** discrimination, care, support, gossip*

5. In my community I commit to:

***Buzz words:** volunteer, educate, support, refer*

Module A16
Resources for all Sessions

**Workplace Media Resources for Education Sessions, Peer Educators,
General Distribution**

Videos

“The Silent Epidemic”

A short film, produced in Kenya, on sexually transmitted diseases. This video is used in the Zimbabwe AIDSCORP workplace programme. It covers the most common STIs, their symptoms, and their relation to HIV transmission. AIDSCAP

care sheath video
PSI Zimbabwe

“It’s My Choice”
PSI Zimbabwe

VCT Public Service Announcements
PSI

“The Changing Face of AIDS: The Global Epidemic”
From Uganda; translated into 14 languages and available for use by businesses, Levi Strauss & Co.

“It’s Not Easy”
This a dramatic tale of Sierra and her husband Suna who are stunned to learn that their infant son is infected with HIV. Suna has ignored warnings about AIDS and he and his family have thus become infected. AIDSCAP

“Ndoa ya Mwluko”
This is a tale of an old man who marries a young girl as his third wife. The girl is lured into a sexual relationship with a young man whereby she contracts an STD and in turn infects the husband and the two other wives. AIDSCAP

Brochures/Booklets

Cartoon booklet
Booklet is used by a number of companies and is for semi-literate and literate employees. David Whitehead Textiles of Zimbabwe.

Your Job and HIV: Are There Risks? Answers questions regarding HIV/AIDS in the workplace and provides facts regarding transmission. American Red Cross and CDC BRTA/LRTA.

Look Out! What to Do if You have a Strange Discharge from your Penis
A leaflet on gonorrhoea and chlamydia. English/Kiswahili. PATH

This supporting document is part of a library of case studies and supporting documents available at:
<http://www.weforum.org/globalhealth/cases>

Look Out! What to Do if you have Sores on your Genitals
A booklet on syphilis, chancroid, and genital herpes. English/Kiswahili. PATH

Living and Loving: What my partner and I need to know about STDs
Booklet about STDS that affect women. 16 pages, English/Kiswahili. PATH

The Condom: Get It! Use It! Protect Yourself!
Booklet about condoms. English/Kiswahili. PATH

Could I have HIV/AIDS?
Booklet about HIV/AIDS. English/Kiswahili. PATH

Living with AIDS
Very popular booklet on living with AIDS. PATH

Posters

Truck Drivers
Depicts the best gift that a truck driver can give his family: safety from HIV infection. AIDSCAP

“It’s Not Easy”
To emphasize asymptomatic infection, this poster shows healthy looking individuals, but one who is infected with HIV. AIDSCAP

AIDS is not witchcraft
PATH

Using condoms means you really care
PATH

Your wife and children need you
PATH

Workplace AIDS awareness poster
Global Business Council on HIV/AIDS

Other

STI Case Management Workbook (for healthworkers)
A training guide in syndromic STI case management. AIDSCAP.

Maisha na Mapenzi (Life and Love)
30-minute audio tape on protection against HIV through the lives of three couples. PATH

The following pages of HIV/AIDS messages of programs worldwide are taken from the Worldwide HIV/AIDS AIDSMark Project (PSI).

Acknowledgements

AIDS and HIV Infection Information for United Nations Employees and Their Families. UNAIDS. (Geneva, 2000)

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Private Sector AIDS Policy: Conducting a Workplace HIV/AIDS Policy Needs Assessment: A User's Guide. Family Health International, AIDSCAP Project.

Population Services International workplace resources

PSI Zimbabwe workplace program, AIDSCORP