



Jakarta and the Action against HIV/AIDS in the World of Work

August 2009

The Role of ILO Jakarta

The ILO Jakarta programme on HIV/AIDS in Indonesia focuses on a two-pronged strategy promoting the implementation of the ILO Code of Practice on HIV/AIDS and the World of Work and a prevention programme to tackle the spread of HIV/AIDS at the workplace. ILO Jakarta has also mainstream HIV/AIDS into its country programme operation of the Indonesia Action Plan for Decent Work 2002-2006 that is continued in the plan of action for the period of 2007 to 2010 and project interventions through ILO/USDOL HIV/AIDS Workplace Education, Indonesian Migrant Workers and Improving Access to Entrepreneurship and Business Management for People Living with HIV and AIDS (PLWHA).

The programme aims at: (1) Raising awareness about the economic and social impact of HIV/AIDS in the world of work; (2) Helping government, employers and workers address HIV/AIDS through technical cooperation, training and policy guidance on prevention, care and social protection; and (3) Fighting discrimination and stigma related to HIV status.

The ILO Jakarta is thus actively involved in various activities related to advocacy, awareness raising and capacity building of its social partners—the Ministry of Manpower and Transmigration (MoMT), the Indonesian Employer's Association (APINDO) and the Indonesia trade unions—in preventing and minimising the spread of the HIV/AIDS epidemic.

"AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace issue and a development challenge"

Juan Somavia
Director General

HIV/AIDS and the World of Work in Indonesia

According to a survey conducted by the ILO in 2001, titled "Population Mobility and HIV/AIDS in Indonesia," the country is particularly vulnerable to AIDS because of its large base of mobile workers both internationally and nationally. These workers are employed in varying economic sectors, ranging from resource-based industries, to the extensive commercial sex industry, sectors where there is a high prevalence of sexually transmitted infections and low overall condom usage.

The impact on workers

Loss of income and employee benefits

Stigma and discrimination

Pressure on families, the problem of orphans



A Tripartite Commitment on HIV/AIDS

ILO Jakarta facilitated a declaration by the Government (Coordinating Ministry of People's Welfare and MoMT), APINDO, the Indonesian Chambers of Commerce and Industry (KADIN) and the three Trade Union Confederations (KSBSI, KSPSI and KSPI) to declare a Tripartite Commitment on "Action against HIV/AIDS in the World of Work". It was signed on 25 February 2003 in Jakarta.

The commitment was declared before the declaration of the international commitment between the International Organization of Employers (IOE) and the International Confederation for Free Trade Union (ICFTU) in May 2003.

The Declaration highlighted the importance of the private sector to collaborate with workers in preventing the spread of HIV/AIDS in the workplace. This was to be done by implementing the ILO Code of

Practice on HIV/AIDS and the World of Work, as well as to prioritize workplace prevention programmes by encouraging the involvement of trade unions. At provincial and district levels, similar Tripartite Declarations were signed in Bandung, West Java, on 12 August 2003; Batam, 7 October 2003; and Surabaya, East Java, 16 December 2003.



TRIPARTITE DECLARATION COMMITMENT TO COMBAT HIV/AIDS IN THE WORLD OF WORK

We, the Government of Indonesia, Coordinating Ministry for People's Welfare and Ministry of Manpower and Transmigration, Indonesian Chambers of Commerce and Industry (KADIN), Indonesian Employer's Association (APINDO) and Workers' Organization representative (KSBSI, KSPSI and KSPI) hereby:

- 1. Recognize that the transmission of HIV/AIDS in Indonesia will potentially threaten business profitability and productivity, occupational health and safety;
- 2. Express our deep concern that the threat of HIV/AIDS impacts on sustainable natural development;
- 3. Urge all parties to collaborate with other efforts among the society especially in the private sector to prevent the spread of HIV/AIDS;
- 4. Urge all parties at workplace to work together under a tripartite framework with emphasis on the following:
 - a. To use the principles of the ILO Code of Practice on HIV/AIDS and the World of Work as a basis for implementing workplace programs on prevention, care and support;
 - b. To give priority to preventive workplace activities on HIV/AIDS including encouraging business and unions to support these programmes;
 - c. To encourage and support an effort to deal with stigma and discrimination against workers with HIV/AIDS.

Jakarta, 25 February 2003

Signed by:

 H. Josef Kalla <small>Coordinating Minister for People's Welfare</small>	 Joko Murwa Wisa <small>Head of Tripartite Programme</small>
 Dr. Albertus Baktis <small>Chairman of Indonesian Chamber of Commerce and Industry</small>	 H. Suparwananto, MBA <small>Chairman of Indonesian Employer Association (APINDO)</small>
 Masdar Prahajanti <small>Chairman of KSBSI</small>	 Agus Saadika, SH <small>Chairman of KSPSI</small>
 Rusdian Akbari <small>Chairman of KSPI</small>	

WEST JAVA TRIPARTITE FORUM DECLARATION COMMITMENT TO COMBAT HIV/AIDS IN THE WORLD OF WORK

We, Provincial Government of West Java, West Java Provincial Manpower and Transmigration Office and Health Office, West Java Provincial Chamber of Commerce and Industry (KADINDA) and Indonesian Employer's Association (APINDO) and West Java Province Workers' Organizations representatives (KSBSI, KSPSI and KSPI) hereby:

- 1. Express our deep concern that the threat of HIV/AIDS impacts on productivity and human resources development in West Java Province;
- 2. Support and agree to follow up the National Tripartite Declaration Commitment to combat HIV/AIDS in the World of Work which was declared in Jakarta, 25 February 2003;
- 3. Urge all parties to closely collaborate with efforts in society, especially in the Private Sector including business, employees and trade unions, to prevent the spread of HIV/AIDS. This includes HIV/AIDS Workplace Prevention and awareness raising programs, Training of Trainers on HIV/AIDS, disseminating information, education and communication materials on HIV/AIDS and policy development on HIV/AIDS in the World of Work;
- 4. Urge all parties at the workplace to work together to use the principles of the ILO Code of Practice on HIV/AIDS and the World of Work as a basis for implementing workplace programmes on prevention, care and support and to eliminate stigma and discrimination against workers with HIV/AIDS.

Bandung, 12 August 2003

 Danny Setiawan <small>West Java Province Governor</small>	 Dr. H. Sukanto Harsono <small>West Java Provincial Manpower and Transmigration Office</small>	 Dr. Hono Djahjono, SHM <small>West Java Provincial Health Office</small>
 Dr. H. Djajri Priatna Perwita, MBA <small>Chairman of West Java Indonesian Chamber for Trade and Industry</small>	 H. Kaswandi <small>Chairman of Indonesian Employer Association (APINDO) West Java Province</small>	
 Bahariyah Saadillah <small>Chairman of KSBSI West Java Province</small>	 Bambang Widayana <small>Chairman of KSPSI West Java Province</small>	 Huseinul Huseinul Aini <small>Chairman of KSPI West Java Province</small>



National Strategy on AIDS

The ILO Jakarta has played an active role in helping Indonesia minimise the impact of AIDS through advocacy in order to address and mitigate the impact of HIV/AIDS on the world of work. The epidemic is not merely a health problem, but has become a workplace problem. Given this scenario, the ILO Jakarta has actively participated in the formulation of the *National AIDS Strategy*. The strategy has incorporated work-related HIV/AIDS problems as one of the multi-sectoral approaches in tackling HIV/AIDS in Indonesia.

The Indonesian translation of the Code was also launched on 25 February 2003. The Code provides guidelines for developing responses to HIV/AIDS at enterprise, community and national levels.



International Labour Organization

The 10 Key Principles

Recognition of HIV/AIDS as a workplace issue:
 HIV/AIDS is a workplace issue. It should be treated like any other serious illness/injury in the workplace. The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic.

Nondiscrimination:
 There should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

Gender equality:
 The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men, for biological, sociocultural and economic reasons.

Healthy work environment:
 The work environment should be healthy and safe, as far as is practicable, for all concerned parties. A healthy work environment facilitates... adaptation of work to the capabilities of workers, in light of their physical and mental health.

Social dialogue:
 The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate.

No screening for purposes of exclusion from employment or work processes:
 HIV/AIDS screening should not be required of job applicants or persons in employment.

Confidentiality:
 There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers.

Continuation of employment relationship:
 HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit is available, appropriate work.

Prevention:
 HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies.

Care and support:
 Solidarity, care and support should guide the response to HIV/AIDS in the world of work.

The ILO Code of practice on HIV/AIDS and the world of work is a set of internationally agreed principles which provides a framework within which governments, employers and workers should work together to prevent or reduce the adverse effects of HIV/AIDS on the world of work. It is intended to provide a common basis for dialogue and cooperation between governments, employers and workers.

ILO Code of Practice on HIV/AIDS and the world of work

BATAM TRIPARTITE DECLARATION COMMITMENT TO COMBAT HIV/AIDS IN THE WORLD OF WORK

We, Mayor of Batam, Manpower and Transmigration Office and Health Office in Batam, Batam Chamber of Commerce and Industry (KADINDA) and Indonesian Employers' Association (APINDO) and Batam Workers' Organizations representatives (KSBIS, KSPB and KSPSI) hereby:

- Express our deep concern that the threat of HIV/AIDS impacts on productivity and human resources development in Batam District;
- Support and agree to follow up the National Tripartite Declaration Commitment to combat HIV/AIDS in the World of Work which was declared in Jakarta, 25 February 2003;
- Urge all parties to closely collaborate with efforts in society, especially in the Private Sector including business, employers and trade unions, to prevent the spread of HIV/AIDS. This includes HIV/AIDS Workplace Prevention and awareness raising programs, Training of Trainers on HIV/AIDS, disseminating information, education and communication materials on HIV/AIDS and policy development on HIV/AIDS in the World of Work;
- Urge all parties at the workplace to work together to use the principles of the ILO of Practice on HIV/AIDS and the World of Work as a basis for implementing workplace programmes on prevention, care and support and to eliminate stigma and discrimination against workers with HIV/AIDS.

Batam, 7 October 2003

Must Kadir
Mayor of Batam

Arifin Masri
Batam Manpower and Transmigration Office

Tuanari Djeries
Batam Provincial Health Office

Yusuar Dahlan
Chairman of Indonesia Chamber for Trade and Industry-Batam

Abidin Rivalman
Chairman of Indonesian Employers Association (APINDO)-Batam

Bahabek Kusuma
Chairman of KSBIS-Batam

Suriadi
Chairman of KSPB-Batam

Johanes Edwin Hariono
Chairman of KSPSI-Batam

Workplace Prevention Programmes



As a follow-up to the Tripartite Declaration, the ILO Jakarta, in collaboration with Aksi Stop AIDS-USAID (ASA-USAID), held a series of high-level forums and training-of-trainers (ToT) for HIV/AIDS prevention in the world of work in Jakarta from 8-9 June 2003, Bandung from 13-15 August 2003, Batam from 8-9 October, and in Surabaya from 17-18 December. These provinces were specifically targeted due to their high prevalence of HIV/AIDS.

During each of the training, pre- and post-training tests were conducted covering issues related to HIV/AIDS and its effect on workers and business. At the end of the training, the result of the tests indicated basic understanding about HIV/AIDS and the right of HIV positive people.

Pre and Post Training Tests

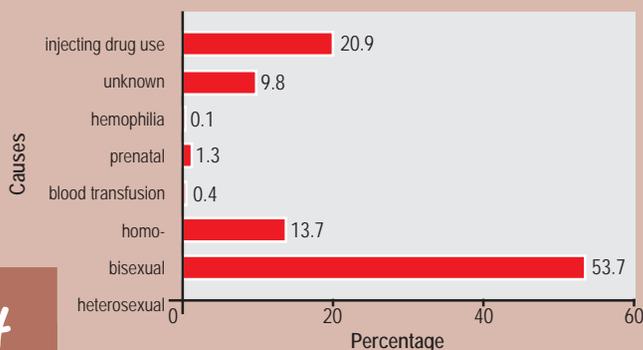
Pre and post training tests were conducted covering issues related to HIV/AIDS and its effect on workers and business. At the end of the training the result of tests indicated basic understanding about HIV/AIDS and the right of HIV+ people increased from 63.16% to 92.11%.

Statements	Right Answers	Pre-Test	Post-Test
1 People who have HIV cannot work	F	18	19
2 Coughing and sneezing do not spread AIDS	T	18	18
3 Working with people are living with HIV is dangerous	F	19	19
4 People who have AIDS cannot resist infection	T	14	14
5 AIDS is caused by a virus called HIV	T	18	19
6 A person with HIV has it for life	T	14	18
7 Mosquito bites can spread AIDS	F	15	18
8 HIV positive means that the person will get AIDS	T	14	16
9 HIV can spread through needles syringes	T	19	19
10 Pregnant mothers with HIV can pass the infection to the baby	F	2	17
11 AIDS is spread through sex with an infected person	T	19	19
12 People with HIV can lead a healthy life for many years	T	14	19
13 People with HIV always look sick and unwell	F	5	18
14 HIV enters the body and in due course weakens and destroys the defence system	T	19	19
15 Recently a cure for AIDS has been discovered	F	4	17
16 Before blood is given to patients it must be tested for HIV	T	0	19
17 AIDS does not concern children	F	2	16
18 HIV can spread through urine or faeces	F	3	18
19 We should never share the food of a person with HIV	F	4	18
20 It is important to help and support people with HIV	F	0	17

(n=19 participants)



Mode of HIV Transmission



In 2001, the Ministry of Health in Indonesia documented the mode of transmission of HIV infection are as through heterosexual (53.7%), injecting drug use (20.9%), homo-bisexual (13.7%), prenatal (1.3%), blood transfusion (0.4%) and hemophilia (0.1%). The trend of the spread of HIV/AIDS among injecting drug users (IDU) has increased from 2.5% in 1996 to 20% in 2001, while the statistics on HIV infection among injecting drug users in Jakarta has increased from 15.4% to 47.8%.



Mobilization of the Private Sector

It is clear that the private sector has an important role to play in mitigating the spread of the HIV/AIDS epidemic. The ILO Jakarta actively involved itself in mobilizing the private sector by conducting various high-level meetings at national and regional levels in 2003. Working together with UNAIDS and the National Business Alliance on HIV/AIDS, ILO Jakarta participated in the formulation of the "Partnership Menu", which provides companies with opportunities to help in various options of prevention activities. The Menu also provided options for private companies to contribute, not only in the form of funds, but also with in kind.

In addition, the ILO Jakarta actively participated in the establishment, and even has become a

member, of an Ad-Hoc Team under the Coordinating Ministry of People's Welfare. The main task of the Team is to formulate a more effective National AIDS Strategy in relation to the action on HIV/AIDS in the World of Work.

Occupational Safety and Health (OSH)



ILO Jakarta has introduced HIV/AIDS as part of its OSH-related issues during the "National Convention on OSH" on 15 January 2003 in Jakarta. As a follow-up action, the ILO was involved in the formulation of the Manpower Ministerial Decree on Prevention and Control of HIV/AIDS in the World Work through OSH scheme.

Indonesia "World of Work" Forum: HIV/AIDS is Everybody's Problem

Convened in Jakarta on 6 May 2004, ILO Jakarta, in collaboration with ASA-USAID, held a World of Work Forum titled "HIV/AIDS is Everybody's Business". In the Forum, the Decree No. 68 on Prevention and Control on HIV/AIDS at the Workplace was promulgated.

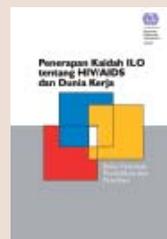
The Decree, drawn upon the *ILO Code of Practice on HIV/AIDS and the World of Work*, bans employers from any form of discrimination and screening in the recruitment process and in job promotions. The Decree also obliges employers to formulate a policy and establish a prevention programme at the workplace.

The Forum was attended by 300 participants from the business community, trade unions, govern-

ment bodies and NGOs. At the Forum, opened by the Minister for Manpower and Transmigration, Jacob Nuwa Wea, the Indonesian version of the ILO and ASA-USAID Training and Prevention Manuals on HIV/AIDS in the World of Work was also launched.



Alan Boulton, Director of ILO Jakarta (left), Tjepie F. Aloewie, Secretary General of MoMT (right) and Sojjan Wanandi, Chairman of APINDO (middle).





The Decree of Minister of Manpower and Transmigration on **HIV/AIDS** Prevention and Control in the Workplace

Drawing on the *ILO Code of Practice on HIV/AIDS and the World of Work* and existing government regulations, the Decree comprises seven articles. It bans employers from discriminating against workers with HIV/AIDS and obliges employers to take steps to prevent and control the spread of HIV/AIDS in the workplace through the Occupational Safety Health (OSH) schemes at the workplace.



The Decree requires companies to implement workplace prevention programs and states that “workers with HIV/AIDS have the right to occupational health service and employment opportunities equal to that which other workers/labourers are entitled to”. It also provides that “employers or officials are prohibited to perform an HIV tests as part of recruitment requirements or working status of workers/labourers or as a compulsory regular medical check up”.

HIV tests can only be performed on the basis of a written agreement from workers/labourers concerned, with a condition that the results will not be used as part of the recruitment requirements or working status. In regard to confidentiality, it also states that any information obtained from counselling activities, HIV tests, medical treatment, medical care and other related activities must be kept confidential just like any medical records.

Follow-up Workshop on Decree on Prevention and Control of **HIV/AIDS** at Workplace



As part of the follow-up activities in relation to the Decree, ILO Jakarta and ASA-USAID held a tripartite workshop in Puncak from 20-21 July 2004. The workshop was attended by representatives from enterprises, trade unions and government bodies. Among the invitees were Peter Rademaker, Deputy Director of ILO Jakarta, and Dr. Benjamin Olalekan Alli, Coordinator, Technical Cooperation and Advisory Services and Deputy Director, ILO Global Program on HIV/AIDS and World of Work. The workshop yielded a draft Implementing Regulation of the Ministerial Decree No. 68, and a draft amendment of Ministerial Regulation No. 05/MEN/1993 on Procedures of Workers’ Insurance (Jamsostek), which does not currently cover health care benefits for workers with HIV/AIDS.

Corporate Response on the Impact of **HIV/AIDS** in the Workplace

ILO Jakarta, in collaboration with APINDO, conducted an interactive discussion titled “*Corporate Response on the Impact of HIV/AIDS in the Workplace*”,

on 29 July 2004. The interactive discussion examined the impact of HIV/AIDS in the workplace and business environment.



Yanti, HIV/AIDS counselor living with HIV, gave her testimony about forms of discrimination she has to face.



Baseline Survey on the Implementation the ILO Code of Practice on HIV/AIDS and the World of Work



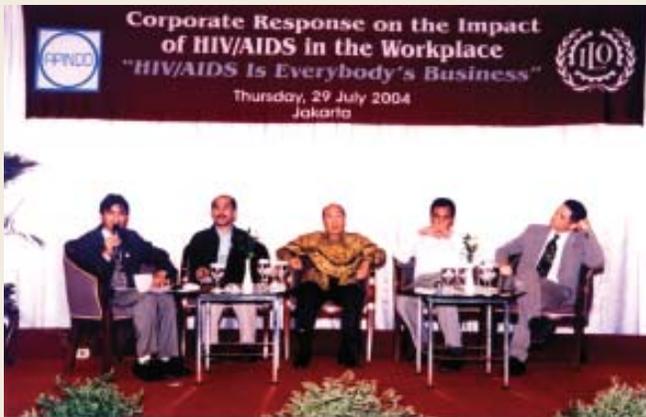
ILO Jakarta conducted a baseline survey on the implementation of the ILO Code of Practice on HIV/AIDS and the World of Work from April to June 2004. The survey covered around 191 companies in

four provinces, namely Jakarta, East Java, Riau Islands, and Papua. These provinces were specifically targeted due to the high prevalence of HIV/AIDS. Findings showed that the majority of company managers considered HIV/AIDS as a threat to the productivity of the enterprise. However, in terms of company policy on HIV/AIDS, only 20 companies already have a written company policy. The majority of company required applicants to be free from HIV/AIDS infection. They also required workers to be free from HIV/AIDS for job promotions and rotations.



It provided more information and better understanding among employers about the impact of HIV/AIDS to the business community. The panellists in the discussion included Faisal Basri (Economist from University of Indonesia), Sofjan

Wanandi (Chairman of APINDO), Hari Nugroho (Researcher from University of Indonesia) and Richard Howard (Private Sector Specialist from ASA-USAID).



From left to right: Tauvik Muhamad (National Programme Coordinator on HIV/AIDS of ILO Jakarta), Faisal Basri (Economist from University of Indonesia), Sofjan Wanandi (Chairman of APINDO), Hari Nugroho (Researcher from University of Indonesia) and Richard Howard (Private Sector Specialist from ASA-USAID)

In the discussion, Sofjan Wanandi, on behalf of the Indonesian business community, committed to formulate actions against HIV/AIDS at the workplace. He stated that his organization was also committed to launch a pilot project consisting of several companies to develop workplace prevention programmes in four provinces (Balikpapan, Surabaya, Riau Islands and DKI Jakarta), as modelled programmes that could be replicated at enterprise level nationwide. The discussion was aired live by the radio station SmartFM and its network stations in Jakarta, Semarang, Palembang, Balikpapan, Banjarmasin, Makassar and Manado.



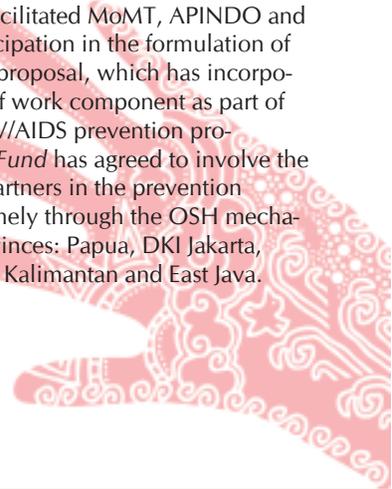
“Zanzibar” Trade Union Network on HIV/AIDS



Following on from the Manpower Ministerial Decree No. 68, the ILO Jakarta facilitated a meeting with trade union leaders at Zanzibar Café, Jakarta. The meeting highlighted the urgency for trade union participation in HIV/AIDS prevention programmes, particularly in the implementation of the Decree, in order to fight discrimination against HIV/AIDS victims in the workplace. Trade unionists agreed to establish the “Zanzibar” Trade Union Network and to incorporate HIV/AIDS-related issues into their training programmes, such as Collective Labour Agreements and OSH.

HIV/AIDS at Workplace Component for Global Fund

ILO Jakarta has facilitated MoMT, APINDO and trade union participation in the formulation of the *Global Fund* proposal, which has incorporated the world of work component as part of the Indonesia HIV/AIDS prevention programme. *Global Fund* has agreed to involve the tripartite social partners in the prevention programmes, namely through the OSH mechanism, in five provinces: Papua, DKI Jakarta, Riau Islands, East Kalimantan and East Java.



HIV/AIDS Workplace Education 2005-2008



Project Rationale and Description

The workplace is one of the most important and effective points for tackling the epidemic, because it is where working people come together. It is also an efficient and cost-effective

focal point for intervention to limit the spread of infection and mitigate its impacts.

The HIV/AIDS Workplace Programme includes:

- ❖ Prevention, especially through awareness-raising and behaviour change interventions (BCI);
- ❖ A written workplace policy with a pledge on non-discrimination; and
- ❖ Elements of care and support.

The targeted beneficiaries are workers and workplaces in some of the provinces that have shown the highest rates of infection to date.

Project Objectives

The main objective of the HIV/AIDS Workplace Education programme is to contribute to:

- ❖ The reduction of employment-related discrimination against people living with or Affected by HIV/AIDS;
- ❖ The reduction of HIV/AIDS risk behaviours among targeted workers.

Project Strategies

To achieve these objectives, the ILO HIV/AIDS Workplace Education Project is assisting the Ministry of Manpower, the Indonesian Employers’ Association (Apindo), trade unions, pilot enterprises and PLWHA networks to:

- ❖ Improve policies and standards on HIV/AIDS in the workplace;
- ❖ Implement behaviour change communication (BCC) in the workplace;
- ❖ Monitor and evaluate progress;
- ❖ Coordinate.



Achievements to date

To achieve the above objectives ILO HIV/AIDS Workplace Education is assisting Ministry of Manpower, Indonesian Employers' Association (APINDO), trade unions, pilot enterprises and PLWHA networks to:

- ❖ Operational guidelines issued for the implementation of Ministerial Decree 68/2004 on HIV Prevention in the Workplace.
- ❖ Workplace interventions placed as a priority within the National AIDS Strategy 2007 – 2010.
- ❖ Advocacy tools developed and implemented by Apindo to mobilize commitments from enterprises through cost-benefit analysis for the implementation of HIV workplace programmes.
- ❖ Tools developed and implemented by Apindo to implement HIV workplace programme through human resource and occupational safety and health systems.
- ❖ 103 Apindo member companies in six provinces implementing HIV workplace education for 55,804 workers.
- ❖ Tools developed by three trade union confederations on social dialogue for HIV workplace programmes.
- ❖ 41 trade union trainers providing HIV prevention education to 4,050 members.
- ❖ 20 PLWHA trained as facilitators for dialogues on eliminating stigma and discrimination in the workplace.
- ❖ Apindo participating as a member of the Indonesia Country Coordinating Mechanism (CCM) for the Global Fund for AIDS, TB and Malaria.
- ❖ Working groups on HIV/AIDS in the workplace established in five provincial and eight district AIDS Commissions; each working group has tripartite membership.
- ❖ Performance Monitoring Plan (PMP) indicators adapted as the national indicators for HIV/AIDS workplace education.
- ❖ Research done on knowledge, attitudes and practices (KAP) of workers in Batam and East Java, and on the progress of the implementation of the Ministerial Decree 68/2004.

- ❖ 20 HIV/AIDS counselors in company have trained.
- ❖ Trainers Apindo have advocated to 550 companies in Batam and East Java. There was 38 companies in East Java and 2 industrial district in Batam (Batam Investment Cakrawala and Kabil Industrial Estate) which committed to implement HIV/AIDS program at workplace.
- ❖ 12 counselors on HIV/AIDS have trained. They become a first layer to workers in regarding counselling session and information access to referral system to the local health facilities.
- ❖ Policy development on HIV/AIDS created in company level, which a guidance phase to set up a collective bargaining agreement between Union and Management.
- ❖ Workers have accessed health service in local town.
- ❖ Developed media campaigns such as: posters, brochures, mug, towel, banners stands banner, stickers, t-shirt, executive brief module, trade union module, HR, flipchart, guidance to insert HIV/AIDS education program.



HIV/AIDS and Indonesian Migrant Workers



Project Rationale

Between 2001 and 2006, 2.5 million Indonesians went abroad in search of a better economic future. Every year, twice as many Indonesians choose to go overseas without documentation.

While migration and mobility are not in themselves risk factors for the transmission of HIV, what may be called “unsafe migration” creates conditions of vulnerability. The effects of low levels of formal education, exclusion, loneliness, exploitation and other hardships confront many migrant workers and may increase their vulnerability to HIV. Taken together, these factors increase the risk of sexually transmitted infection (STI) and HIV transmission, especially for women and girls.

Project Strategies

To achieve the objectives above, the ILO HIV/AIDS and Indonesia Migrant workers Project is assisting the National Agency for Placement and Protection of Indonesian Overseas Workers (BNP2TKI), the Ministry of Health, the National AIDS Commission, recruitment agencies, migrant workers, the Association of Medical Clinics for Indonesian Overseas Migrant Workers (Hiptek) and NGOs to:

- ❖ Improve policies on HIV pre-departure orientation and HIV testing for migrants.
- ❖ Improve HIV prevention information and education for migrant workers during the pre-departure stage.
- ❖ Coordinate efforts on HIV prevention for migrant workers at the national and provincial level.
- ❖ Monitor and evaluate interventions and progress.

Achievements to date

- ❖ Joint Guidelines issued by the Ministry of Health and BNP2TKI on migrant-friendly HIV testing procedures.
- ❖ HIV and Safe Migration training materials developed for pre-departure instructors, recruitment agency instructors and dormitory heads and NGO field staff.
- ❖ Participatory tools on HIV vulnerabilities in the migration process developed and utilised. These tools are: a simulation game entitled “My Journey with the Magic Key” and a movie, “Safe Migration Saves Lives - Reaching Dreams”.
- ❖ 51 pre-departure session instructors from 16 BP3TKI trained on HIV and Safe Migration have been conducting HIV pre-departure sessions for approximately 7,650 migrant workers each month since February 2007.
- ❖ 99 instructors and 65 dormitory heads from 80 recruitment agencies have been

Project Objectives

The main objectives under this Project are to contribute to:

- ❖ The prevention of HIV/AIDS; and
- ❖ The reduction of its adverse consequences on social, labour and economic development by addressing HIV/AIDS prevention among migrant workers.



Improving Access to Entrepreneurship and Business Management for People Living with HIV/AIDS (PLWHA)



Project Rationale

People living with HIV/AIDS (PLWHA) are among the most vulnerable groups in Indonesian society. Social stigmatization due to lack of understanding regarding the risks of transmission from infected persons causes

many PLWHA to lose their jobs or be unable to find work to support themselves and their families. Many PLWHA cope by finding work in the informal sector, often by starting a micro or small business. Supporting the start-up of such enterprises by PLWHA and their families is therefore a valuable strategy to ease the burden faced by people infected with HIV and their household members.

Project Objectives

The two immediate objectives of this project are:

- ❖ To improve the livelihoods of PLWHA and their families by improving access to entrepreneurship and business start-up training; and
- ❖ To improve the entrepreneurship and business management capabilities of PLWHA by enabling them to identify business opportunities and start a business.

providing HIV education to approximately 12,000 migrant workers each month since March 2007 through classroom interaction and using the participatory tools.

- ❖ 281 NGO facilitators trained on HIV and Safe Migration.
- ❖ Working Group on Mobile and Migrant Populations (with tripartite membership) established in the National AIDS Commission.

Project Strategy

The stated objectives will be achieved by providing Start Your Business (SYB) training to NGOs and Community-Based Organizations (CBOs) which are committed to and have a solid track record on providing counselling to PLWHA.

Achievements to date

- ❖ 31 trainers from 16 partner organizations in 11 provinces received SYB training.
- ❖ 47 SYB training of entrepreneurs (ToE) sessions were conducted for PLWHA and their families.
- ❖ 589 women and 204 men took part in business start-up training.
- ❖ 80% of the 115 ToE participants interviewed for the impact assessment stated that SYB training helped them to start and manage their business.
- ❖ 71% of people trained rated the quality of the training as good or excellent, and 85% said that the training was relevant to their needs.





Communications Strategy

In order to raise public awareness and to promote workplace HIV/AIDS prevention programmes, ILO Jakarta has published posters, brochures, manuals and articles for dissemination by its social partners and civil society at large.

1. The Indonesian version of the ILO Code of Practice on HIV/AIDS and the World of Work
2. The Ministerial Decree of Manpower and Transmigration on HIV/AIDS Prevention and Control in the Workplace.
3. The Indonesian version of the Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual.
4. Information leaflet on Action against AIDS in the World of Work.
5. Poster on drugs at Workplace: "Free your workplace from drugs".
6. Poster of the ILO Code of Practice on HIV/AIDS and the World of Work.
7. Poster on HIV/AIDS is Everybody's Business.
8. HIV/AIDS and Migrant Workers Bulletin
9. Flipchart "Menanggulangi HIV/AIDS di Dunia Kerja"
10. Fact or Myth Card on HIV/AIDS.
11. HIV/AIDS Training Manual
12. Poster on Labour and Management Cooperation "Protect Workers from HIV/AIDS"
13. Various Promotional Items



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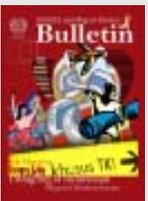
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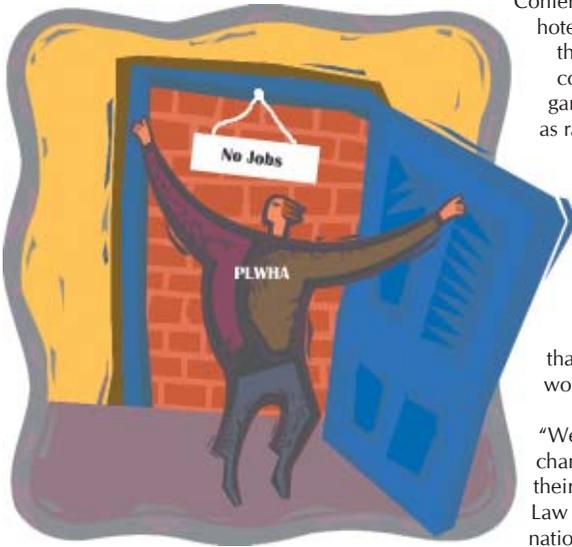


Published articles on **HIV/AIDS**

This article below was written by Tauvik Muhamad, National Programme Coordinator on HIV/AIDS, ILO Jakarta.

Removing **HIV/AIDS** Discrimination in Indonesian Labor Regulations*

The Thai newspaper, *The Nation*, reported that while Bangkok prepares to host 20,000 delegates to the first-ever international AIDS conference to be held in Southeast Asia (from July 11 through July 16, 2004), a four-star hotel is separating guests who are living with HIV/AIDS (LWHA) from the rest of its clientele.



Conference participants who are LWHA to be billeted at the hotel have been asked to stay in separate rooms and take their meals apart from other guests. Ironically, the conference the participants are to attend is trying to garner political commitment among world leaders, as well as ratchet up the response of business to the challenge of stigmatization and discrimination in the fight against HIV/AIDS.

Several countries have adopted the rights of workers LWHA (WLWHA) in their law, but the reality is still different. South Africa, for instance, legislatively protects the rights of WLWHA but discrimination and denial still prevail in the workplace in a country that has one of the highest HIV/AIDS infection rates in the world.

"We have the best legal framework around but this has not changed mind-sets. People still get dismissed because of their HIV status," said Jennifer Joni, an attorney for the AIDS Law Project in Johannesburg. "I handle HIV/AIDS discrimination cases almost every day."

Victim stigmatization and discrimination is prevalent

everywhere in the world. In Indonesia, Yanti, now an HIV/AIDS counselor living with HIV, was asked by her employer to resign as rumors of her HIV status spread soon after the AIDS-related death of her husband. Her coworkers sent a petition to the company, urging them to dismiss her, as they feared infection through sharing their computers, eating or working with her in the same room.

Some migrant workers lose their jobs when they undergo preemployment medical screening, a mandatory procedure. Victim stigmatization and discrimination stems from misunderstanding about how HIV/AIDS is transmitted. Few people are aware that HIV cannot be transmitted by casual contact, only via blood or other, specific body fluids (semen, pre-ejaculate, vaginal fluids, breast milk).

Myths on HIV transmission have contributed to the continuing spread of the epidemic, resulting in an increase in the number of people living with HIV/AIDS (PLWHA). These same people are increasingly losing jobs and finding it more and more difficult to secure new employment. Every day, approximately 14,000 people globally are infected with HIV, 85 percent of whom are at their most productive age. A survey conducted by the Thai Business Coalition on AIDS found that 45 percent of PLWHA surveyed were either unemployed or without a regular source of income, and 95 percent of the same respondents reported loss of income due to the disease.

In Indonesia, discrimination against PLWHA is yet to be reported. This is indicative of the heightened awareness that is occurring in Indonesia. In May 2004, the Indonesian government enacted Ministry of Manpower Decree No. 68 on HIV/AIDS prevention and control in the workplace. The decree, drawing on



the ILO Code of Practice on HIV/AIDS and the World of Work, bans employers from discriminating against workers with the virus, and it obliges employers to take steps to prevent and control the spread of HIV/AIDS in the workplace through occupational safety and health schemes.

The decree refers to the Indonesian Labor Law, which clearly stipulates a policy of nondiscrimination. But the challenge ahead lies in making the decree operable, so that it complements other regulations and is adopted by the regions, thus assisting in eliminating victim stigmatization and discrimination in the workplace.

The government must, therefore, produce further implementing regulations and review Ministry of Manpower Regulation PER-05/MEN/1993 on employee social security, which currently excludes PLWHA from workplace medical benefit schemes. In the light of the government's decentralization plans, provinces and districts are also obliged to adopt similar decrees on occupational health service and employment opportunities. In addition to these developments in legislation, there is a need to scale up interventions in practice, through strategic awareness-raising and capacity-building, as part of an outreach prevention program in the workplace, for greater impact in the wider community.

It is important that workplaces combat the fear and discrimination that still surrounds HIV/AIDS, by opposing mandatory HIV testing for job applicants and employees, and the continuing employment of HIV-positive workers, ensuring their involvement in workplace responses to HIV/AIDS. Because, for PLWHA, as for many people, getting and maintaining decent employment is one of life's crucial issues.

In the ILO New Delhi Newsletter, Naveen Kumar, an Indian AIDS activist LWHA, had this to say on HIV/AIDS discrimination in the workplace: "If you take away our jobs, you will kill us faster than the HIV virus will. We can work. We pose no risk to our coworkers. Work is more than medicine to us. It keeps us going and enables us to bring home food and medicine."

** The article was published in the Jakarta Post on 13 July 2004*



This article below was written by Gita F. Lingga, Communication Officer, ILO Jakarta



HIV/AIDS and Migration: Fixing the Broken Chain *

There's no longer any question that HIV/AIDS is a big problem in Indonesia. A 2006 UNAIDS report gives an estimate of 210,000 people in the country living with HIV/AIDS, although the number of recorded cases is still only 11,000. Many are unwilling to find out their HIV status, given that stigma and discrimination are still rife. What people don't realize is that just one infected person can spread the deadly virus to 100 others.

With the majority of those living with HIV being in the most productive age group, the epidemic has also made inroads into the world of work, including the migrant worker sector. Migrants are categorized as a high-risk group owing to a number of factors, such as high mobility, living in new environment and being away from partners and families.

Migration is a choice that involves significant risks, particularly because migration flows are dominated by low-skilled workers who do what is often referred to as 3D work: dirty, dangerous and difficult. These are the jobs that are shunned by the citizens of the destination countries.

Female migrant workers are even more vulnerable. They make up 75 percent of the total number of workers, the majority working as domestic helpers or in entertainment centres. Just a few of them work as nurses and teachers.



The risks are exacerbated by the difficulties potential and existing migrant workers face in accessing information, including information about HIV/AIDS. This is because they generally hail from rural areas where information networks are minimal. Even if they do manage to get information, it is often buried under a mass of myth and misconception—for example, that HIV is transmitted through mosquito bites, by sharing eating utensils or even by shaking hands. Language difficulties pose further obstacles. And most know next to nothing about their destination country.

This helps to explain why, in 2005 alone, the Association of Medical Clinics for Indonesian Overseas Migrant Workers (Hiptek) recorded 161 potential migrant workers who tested positive for HIV, out of 13,000 who underwent the test. There is concern that this number will increase.

The path is (still) littered with obstacles

Unfortunately, there is a widespread belief that it is migrant workers who carry and transmit the virus. Not surprisingly, therefore, most of the employing nations enforce mandatory testing for HIV and other communicable diseases to ensure that their countries remain free of HIV.

This has forced the issue of mandatory testing under the spotlight. The test has become a benchmark of whether a potential migrant worker is fit to work overseas. Worse still, the workers' recruitment agencies or medical centres rarely, if ever, inform potential migrant workers that the series of tests they will have to undergo includes an HIV test.

According to Voluntary Counselling and Testing (VCT) principles, HIV testing should be voluntary, confidential and accompanied by counselling sessions. Ideally, the test should be conducted in a one-on-one situation. In this way, the potential migrant worker should be able to exercise their right not to take the test.

However, through a combination of powerlessness and ignorance, they lack the confidence to ask questions about what tests they have to take, what the results are or where to get treatment if they prove to be infected with HIV.

Problems arise when potential migrant workers test positive for HIV and are declared unfit to work. They are never told what diseases they are suffering from. The situation is worsened by the fact that there are, as yet, no standards for migrant-friendly testing. Test results are frequently announced or circulated without regard for confidentiality.

The sad thing is that the potential migrant workers who are considered unfit to work because of their HIV status are dismissed without any explanation. Of the 161 potential migrant workers who tested positive for HIV in 2005, for example, so far not one of them knows their true health status. This goes against the principle that everyone infected with HIV has the right to treatment, protection and support.

Worse still, many of those who do not pass the medical screening are nevertheless determined to seek their fortune overseas at any cost, even without legal documents. The fact is that for undocumented workers, the risks multiply, because they are not protected by the law. The number of undocumented workers is estimated at twice that of documented workers.





Integrated solutions: fixing the broken chain

If this situation is allowed to continue, the worst-case scenario is that the rate at which people are being infected with HIV in Indonesia will escalate. The fear is that it could even catch up with the number of HIV cases in Africa, given that infection rates in Indonesia have risen rapidly for years with no sign of a decline; in fact there was an explosion in the number of HIV cases between 2004 and 2006.

The only alternative, therefore, is to open up broader access to information and health care, not only in the country of origin—during health screening, for example—but in the destination country too. This is why the ILO is pushing for migrant-friendly testing that complies with the guiding principles of VCT. This measure would ensure that HIV does not affect a person's employment status and is not a determining factor in their employment. All migrant workers, including those with HIV, have the same right and ability to work.

Building the awareness and capacity of the key players in the migrant context is a must: the trainers at the training centres, instructors and dormitory heads at the workers' recruitment agencies as well as the NGO activists working in this field. These people have a huge influence on potential migrant workers.

They need to be thoroughly trained to understand the concept of safe migration. Myths and misperceptions about HIV/AIDS should be eliminated. These four groups should represent the starting point for migrant worker education and empowerment: they are the ones who should be giving accurate information to ensure that would-be migrants undergo the proper testing procedures, guaranteeing confidentiality and counselling, the vital link in the chain that is so often missing.

All this calls for continuous training on migration and HIV. To date, the ILO and the Manpower and Transmigration Ministry have organized trainings for 400 trainers, instructors, dormitory heads and counsellors. Empowering and strengthening the involvement of village authorities, administrative offices and other state agencies at village level, especially in migrant worker sending areas, must not be forgotten, either. These actors have to properly understand the issues and the stages of migration that is safe, protected and free of HIV. They are the first gateway for information for potential migrant workers determined to pursue their ambitions by working overseas. It is important, therefore, to put a stop to practices such as document forgery, falsification of age and brokering that ultimately can only harm potential workers.

The Manpower and Transmigration Ministry allocates 30 minutes to HIV/AIDS in the final pre-departure training. But this session alone is inadequate; moreover, the final pre-departure training is delivered en masse, right at the end of the migrants' training. At the very least, the time allocated for HIV education should be increased; better yet, it should be made an integral part of the education and training curriculum for potential migrant workers.

A further challenge is to improve the quality of the private workers' recruitment agencies, especially the ones who deploy potential migrant workers to countries in the Middle East. The training for workers destined for those countries is not as intensive as that required for countries in the Asia Pacific region. Hong Kong and Taiwan, for example, require potential migrant workers to undergo 4,000 hours of training and guidance within two months.

Dormitory heads also play an important role. They are probably the people closest to the potential migrant workers in the period prior to departure. During their months at the holding centres, it is usually the dormitory heads with whom the would-be migrants interact and share their feelings.

It is important, as well, to improve the testing process and apply the migrant-friendly procedures now being deliberated by the Health Ministry and the Manpower Ministry. Under these procedures, HIV testing must be voluntary, confidential and linked to counselling.

Medical centres, too, have to take a more active role. The new procedures will require them to educate groups about the tests they will undergo, and provide counselling and referrals for workers who test positive for HIV. Last but not least, attention should be paid to the destination countries. It is important to establish access to health support there and encourage migrant workers to share information, which will hopefully reach the undocumented workers too. Regardless of their legal status, they still have the right to treatment and support.

The key to achieving all this is the commitment of all parties to upholding the migrant workers' right to information. Only with broad access to information will migrant workers have their often-overlooked rights restored. For these foreign exchange heroes, it's like fixing the chain of respect that has been broken for too long.