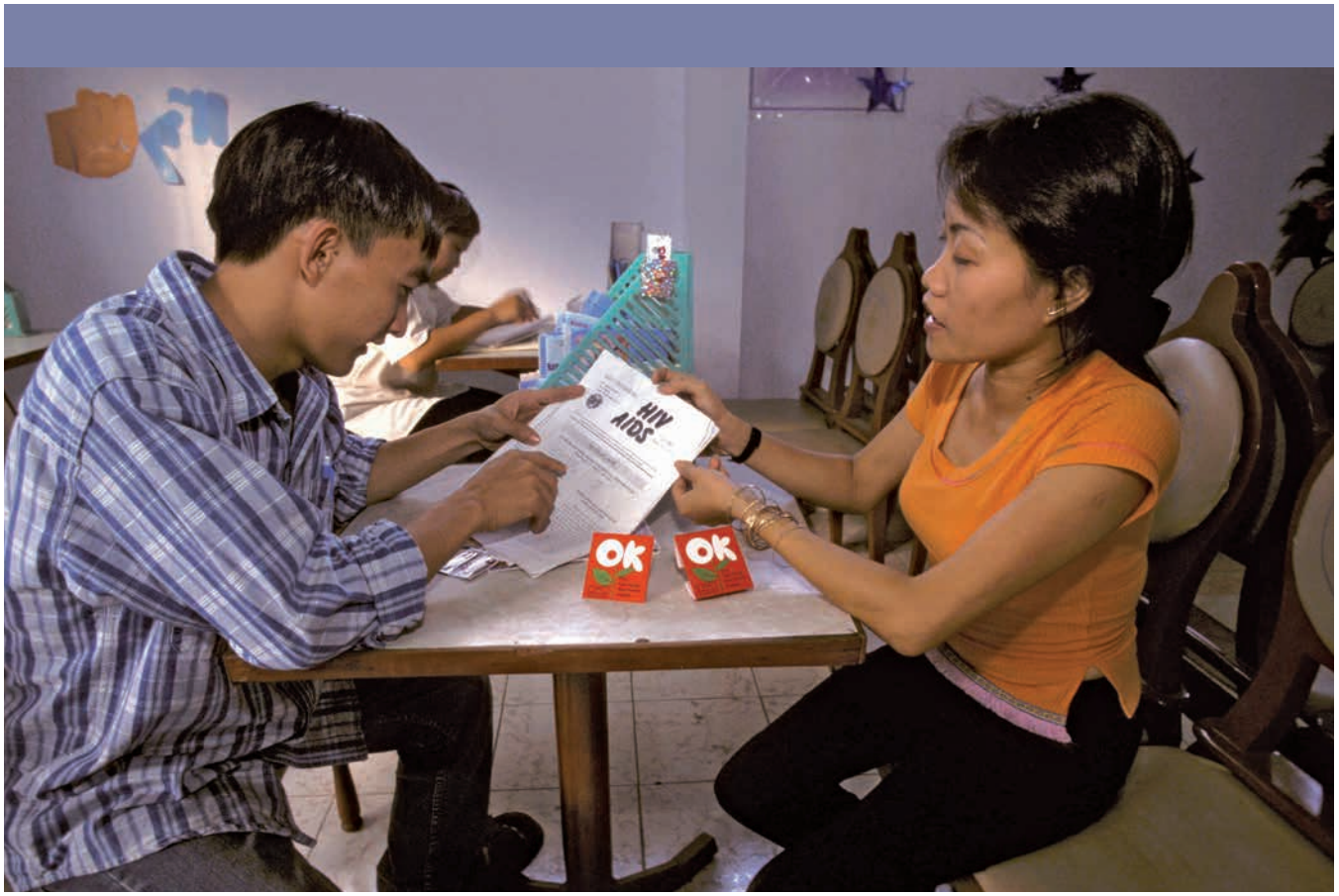
International
Labour
Office
Geneva

Extension of Social Protection



Awareness raising on HIV/AIDs, Vietnam.

8.2 HIV/AIDS AND THE INFORMAL ECONOMY: OVERCOMING DISCRIMINATION AND EXCLUSION

■ This brief examines the complex linkages between informality, poverty, exclusion and HIV/AIDs. The pandemic is a significant set-back to the transition out of informality. The long term consequences for individuals - particularly women - enterprises, communities and economies can be catastrophic. Emerging responses have seen interventions targeted to the informal economy including specifically tailored training tools, microfinance and social protection measures, awareness raising and income generation supports. National policies have also been developed at the macro level.

KEY CHALLENGES

- HIV/AIDs and informality
- Gendered impacts on informality
- Economic impacts of the pandemic
- Discrimination and the growth of informality
- A workplace issue
- Prevention and mitigation strategies in the informal economy
- The need for multi-pronged approaches

■ HIV/AIDs and informality. HIV/AIDS is a global concern with significant cost for all levels of society and sectors of the economy and a direct impact on workers and enterprises. The spread and the impact of the disease is particularly serious in developing countries, mostly in sub-Saharan Africa, accounting for 67% of HIV infection worldwide, 68% of new HIV infections among adults and 91% of new HIV infections among children[1]. In this region, poverty and informality are also the highest. Workers in informal occupations are usually highly exposed and vulnerable to HIV/AIDS because they operate in social and economic contexts characterized by lack of steady income, poor working conditions, low education levels, lack of social protection and limited access to health facilities, as well as to information and prevention strategies. Illness places enormous strains on poor households as well as on informal business, threatening livelihoods and productivity, reducing business profits and individual income generating capacity, limiting the informal transfer of skills and experience and undermining the present and future generations' opportunities to prepare for productive employment. It stigmatizes and marginalizes individuals socially and economically and deepens poverty across generations.

● Many in the informal economy are highly exposed to HIV/AIDS for a variety of reasons

■ Gendered impacts on informality. Informal employment is generally a larger source of employment for women than for men in the developing world[2]. And they are more likely to be clustered in the more marginalized and survivalist segments of the informal economy. Given their double burden as primary caregivers and income earners, and their subordinate roles in many societies, women – particularly young women- tend to suffer the heaviest long-term consequences in terms of missed opportunities for education, skills development and employability. When a family member is affected by HIV, women and girls tend to be the first to drop out from school to work both within and outside the household to support themselves, sick relatives and siblings or to give up formal full time employment to dedicate time to care for AIDS patients or orphans[3]. Flexible, unregulated, precarious and poorly remunerated activities might then be the only income generating option left to them, with serious negative consequences on their capacities to socially and economically contribute to development.

● The costs of care are transferred to the private domain of female dominated unpaid and voluntary work. As a result women tend to suffer the heaviest long-term consequences in terms of missed opportunities for education, skills development and employability

1 See AIDS Epidemic Update, UNAIDS/WHO, 2009. The increase in HIV infected people is on the other hand particular important in East Asia where the number of people living with HIV nearly doubled since 2001 , and in Eastern Europe and Central Asia, where the total number in 2007 is estimated to have grown to over 250 per cent the level in 2001. See: HIV/AIDS and the world of work, Report IV(1), International Labour Conference, 98th Session, 2009, ILO Geneva 2008.

2 See Resources section to access: ILO 2002 Women and Men in the informal economy: A statistical picture

3 Twice as many affected households took a girl out of school as a boy, according to a survey in three South African provinces: "Women, HIV/AIDS and the world of work" ILO AIDS leaflet.

● Informality, poverty, exclusion and HIV/AIDS are mutually reinforcing phenomena

Informality also exposes them to HIV risky behaviours. HIV/AIDS, poverty and informality are phenomena that affect women and men differently. Globally, women not only assume most of the burden of unpaid care and voluntary community work, but they also tend to be more exposed to HIV/AIDS infection then men[4], due to their sexual and economic subordination in their personal and professional life, which prevents them from negotiating safe sex or to refuse unsafe sex. Women's economic empowerment and voice are essential priorities for actions with important impacts in terms of exposure and vulnerability to HIV/AIDS. Their disproportionate burden of unpaid care work has been intensified by the pandemic, especially in times of economic crisis and scarce public and private social protection support for care activities. Unless unpaid care work's economic value and cost are fully recognised and taken into account by national development strategies, policies and budgets, HIV/AIDS will increasingly impose sometimes untenable burdens on the shrinking capacities of traditional family networks and in particular on women and girls. It is equally important to also recognise the specific challenges the pandemic imposes on men both in terms of stigma linked to infection and to the non-traditional caring roles they might have to assume due to the disease's impact on family structures, and for which they are often ill prepared.

Informality, poverty, exclusion and HIV/AIDS are mutually reinforcing phenomena, generating a vicious circle of intergenerational inequality and deprivation. Their long-term economic and social impact on individuals, enterprises, communities and societies are potentially disastrous. Understanding their relationship and addressing their causes and consequences, especially but not exclusively on women and girls, is not only a matter of social justice and basic human rights, but an indispensable step to foster economic growth and productivity.

● The epidemic is known to reduce savings and investment rates, slow employment growth and reduce per capita income. For individuals and informal enterprises, absenteeism, illness and death of workers is often catastrophic

■ **Economic impacts of the pandemic.** From a macro economic perspective, the epidemic is known to reduce savings and investment rates, slow employment growth and reduce per capita income. From the perspective of informal enterprises - which absorb a large part of informal economy workers- absenteeism, illness and death of workers is potentially catastrophic. The disease in fact not only reduces the number of people who are able to work, in particular young people, but it affects the quality of the work as it deprives economic activities of precious skills and know-how. From the perspective of individual informal economy workers and their families, who are usually excluded from the protection of statutory social security schemes and social assistance service, HIV/AIDS generally leads to deprivation and loss of social and economic security.

● Discriminatory practices toward infected workers can contribute to the growth of informality

■ **Discrimination and the growth of informality.** Widespread stigmatisation and discriminatory practices toward infected workers push many into the informal economy. Infected workers, as well as relatives in charge of their care (mostly women and girls), may be pushed outside the formal sector into informal, precarious, unprotected and poorly remunerated employment, where their physical and physiological health is often at greater risk. This is also increasingly apparent for children who are orphaned or left to care for HIV-positive parents.

4 In a number of countries in Africa and the Caribbean, infection rates among young women (under 24 years) are two to six times higher than among young men. Ibid.

■ **A workplace issue.** The ILO's approach to HIV/AIDS recognises the disease as a workplace issue – whether or not in a formal or informal work site – and takes the world of work as an entry point for action. The rational for this approach lies in the fact that 90 per cent of people with HIV/AIDS are part of the productive population – adults of working age – and on the recognition of the workplace as a crucial delivery point for prevention, care and treatment. It also recognise that many workers become affected as a result of their occupational activities and that many more suffer from discrimination and stigmatisation at the workplace, because they are infected. The HIV/AIDS crisis has also further highlighted the central role ILO's constituents contribute to national efforts as social actors in combating the epidemic. As highlighted in a recent report, "HIV/AIDS is an obstacle to reducing poverty, to achieving sustainable development and to implementing the Decent Work Agenda. HIV/AIDS requires a response at all levels of society and by all sectors of the economy [5]". To such a statement could also be added that HIV/AIDS significantly impedes the transition to formality.

● 90 per cent of people with HIV/AIDS are part of the productive population

In June 2010, a new international standard was adopted on HIV/AIDS in the world of work. The new Recommendation provides the ILO and its constituents with an opportunity for discussion in each country on the appropriate responses to the HIV epidemic and to review action already undertaken (see box). Compliance with the recommendation will be monitored under the existing ILO monitoring and follow up mechanisms. The recommendation is also a valuable instrument to give detailed guidance and collect good practices.

Prior to the adoption of the Recommendation, the ILO developed a Code of Practice as a framework for action on HIV/AIDS and the world of work. The Code of practice contains 10 key principles for policy development, whose implications for the informal economy are summarised in the box below

Key principles of the ILO Code of Practice on HIV/AIDS and their relevance for the informal economy

- Recognition of HIV/AIDS as a workplace issue. This implies that all workplaces, including informal sites, are to be recognized by governments, which often is not the case in the informal economy.
- Gender equality is an overriding concern in the code of practice. However, women in the informal economy are much more vulnerable than men, and more vulnerable than women employed in the formal economy.
- Healthy work environment. The informal environment is often far from healthy and hygienic, particularly for children who come to the workplace with their mothers.
- Social dialogue is contingent on an organized labour force. The informal economy is not adequately organized and is without a voice.
- Screening does not appear to be an issue for workers in the informal economy. There is, however, considerable stigmatization, which needs to be addressed.
- Confidentiality is not applicable in the informal economy. Stigmatization and gossip are common in small enterprises.
- Continuation of the employment relationship. Since the relationship is by definition informal, there is no contract to be terminated, nor are there any social security benefits to protect workers who fall ill.

ILO Recommendation concerning HIV/AIDs and the World of Work, 2010 (No.200)

At the 99th session of the International Labour Conference a new instrument on HIV/AIDs was adopted. The standard is the first internationally sanctioned legal instrument aimed at strengthening the contribution of the world of work to universal access to HIV prevention, treatment, care and support and contains provisions on potentially life-saving prevention programmes and anti-discrimination measures at national and workplace levels. It also emphasizes the importance of employment and income-generating activities for workers and people living with HIV, particularly in terms of continuing treatment.

See http://www.ilo.org/aids/lang--en/docName--WCMS_142706/index.htm

5 See Resources section to access: HIV/AIDS and the world of work, International Labour Conference, 98th Session, 2009, Report IV(1)

- Prevention. Education programmes and mainstream condom distribution for the informal sectors are minimal.
- Care and support arrangements are not integral to informal systems.

Source: HIV/AIDS and the world of work, International Labour Conference, 98th Session, 2009, Report IV(1) http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_112365.pdf

● Prevention strategies need to be integrated into existing programmes (training, business development programmes or literacy programmes. Mitigation efforts include enhanced access to social protection such as micro-insurance, as well as income generating activities

■ **Prevention and mitigation strategies in the informal economy.** Interventions in the informal economy should be therefore adapted to the specific and different needs and circumstances of this sector. The informal economy accounts for a very large proportion of all new jobs created. This means that preventive and care interventions focusing on formal workplaces are likely to have a modest impact. Reaching informal economy workers through their workplaces and their work activities is paramount to limit the spread and effects of the disease. As Governments, employers and workers have come to realise the high cost of inaction and the benefits of preventive and treatment and care measure, they progressively join efforts to design and implement initiatives directly or indirectly focusing on HIV/AIDS and the informal economy.

The issue of addressing HIV/AIDS in the informal economy encompasses the following points:

- What mechanisms can be put in place to ensure that informal workers access information and awareness on HIV/AIDS?
- How can informal workers develop or have access to coping strategies to manage the risks linked to HIV/AIDS, including access to health care and income to cover related costs?

The first point is linked to prevention strategies and the most viable way to sustain them within the informal economy is to integrate prevention into existing programmes (training, business development programmes or literacy programmes). This has been the line followed by ILO in programmes targeting the informal workers, such as in South Africa[6]

The second point relates to impact mitigation. This includes working towards social protection schemes (including micro-insurance) that target vulnerable groups to enable them to access funds to cover health care and ARVs (anti-retrovirals); (and it also includes IGAs and improving business opportunities to ensure a sustainable income for People Living with HIV (PLHIV) to cover such expenses. Some interventions along these lines have been piloted in Mozambique and Tanzania.

● Reaching informal economy workers and entrepreneurs through their workplaces and their work activities is paramount to limit the spread and effects of the disease

■ **The need for multipronged approaches.** Integrated programmes covering both HIV/AIDS prevention and impact mitigation strategies for the informal workers are being implemented in Mozambique, Ethiopia, Tanzania, Benin and Cameroon[7].

When addressing HIV/AIDS within the informal economy and designing instruments for prevention and impact mitigation, there is the need to consider the specificity of AIDS and the informal context: many non-formal financial institution's mechanisms are time-bound and not sustainable in the long

6 SIDA funded programme on HIV/AIDS prevention in the informal economy, pilot – 2002-2003

7 SIDA funded programme on HIV/AIDS prevention and impact mitigation in Sub-Saharan Africa, component on "Mobilizing cooperatives and informal sector in the response to HIV/AIDS" 2006-2009

run, while the need for ARV is life-long; informal workers may not have the same priorities and hence the same life planning as workers in the formal sector.

Existing policies and programmes range from the adoption of specific legislation or national plans of action, the establishment of micro insurance and community based health schemes, to the implementation of innovative education and information activities targeting specific and vulnerable groups, including the use of peer educators, the media and community based work, just to mention some. The following section describes effective policy innovations and examples of interventions that have been designed and implemented in selected countries.

Discussion group on women's health, Tanzania.

Many children whose parents died of HIV/AIDS visit this primary school of the Kiwohede, Tanzania.

EMERGING APPROACHES AND GOOD PRACTICES

- **Reducing the exposure of informal economy workers to infection: the role of education and information**
- **Extending the availability and accessibility of quality health care facilities and services to informal economy workers**
- **Reducing the vulnerability of informal economy workers to the socio-economic consequences of the disease**

As noted above there are many interrelated factors determining the specific challenges HIV/AIDS poses to informal economy workers. There are therefore many kinds of policies and programmes that potentially impact these factors. Different types of policy interventions and programmes have been grouped around the following broad objectives:

In a number of countries training of "peer educators" has proven to be a very effective strategy to disseminate information and reach informal economy actors, including migrant populations

Reducing the exposure of informal economy workers to infection: the role of education and information. Given their prevalence in particularly hazardous sectors and occupations, including commercial sex work, transient trade work or home based work where occupational health and security standards are rarely applied, informal economy workers are at particular risk of infection. Their living and working conditions are therefore conducive for the spread of the disease. Furthermore, most informal economy workers do not have enough information to accurately assess their own vulnerability. Where information exists, this is often not adapted to the level of education of the possible target beneficiaries. Understanding and assessing the level of risk and possible impact of the disease on specific sectors within the informal economy is the first step to implement effective and tailor-made prevention and care actions. An ILO project implemented in Tanzania, South Africa, Uganda and Ghana has developed and tested methodologies to assess the risk faced by workers and the impact of AIDS and to mobilize communities for prevention and impact mitigation.[8] Education and information initiatives are essential to limit the spread of the disease. Training of "peer educators" has proven to be a very effective strategy to disseminate information and reach informal workers. Some categories of workers are particularly difficult to reach yet seriously at risk: this is the case, for example, of migrant population, whose risk taking behaviour is usually related to their lack of awareness about the disease and to the physical, psychological, cultural and linguistic isolation they might find themselves in. Peer educators have been used with success in an increasing number of technical cooperation projects implemented by the ILO.[9]

In Ghana, for example, pilot peer education initiatives have proven successful in reaching garage-owners and hairdressers in rural and urban settings. Educators were selected and trained to work with peers on the basis of communication skills and attitude and in consultation with the leadership of the groups involved. Education and prevention measures need to take into account the different needs of men and women, boys and girls, and the different way they

8 For further information see Resources section to access: HIV/AIDS+work. Technical Cooperation. A means to implement the ILO Code of Practice on HIV/AIDS and the world of work

9 See for example the TC project: "HIV/AIDS prevention and impact mitigation ins Sub-Saharan Africa" covering transport, cooperatives and informal economy (2006-09).

are affected and infected by the disease. Involvement of NGOs, community-based organisations, including women associations and association of HIV/AIDS infected persons, among others, is crucial in this case as it helps ensure the 'right' peer educators are selected and the message is transmitted at community level in an understandable and convincing format. As time is a serious constraint for informal economy workers, particularly for workers with care responsibilities, training activities need to be planned to take into due consideration ways to compensate the time of beneficiaries and peer educators alike. An important lesson learned from the Ghana project described above is that including business skills in training programmes and linking projects to micro-finance schemes, can help attract interest and address wider issues such as employment creation, especially for youth.

In India, trade unions have been reaching out informal economy workers in a number of states, with training, advocacy and information dissemination

As part of the programme 'Prevention of HIV/AIDS in the world of work: a tripartite response', the ILO collaborates with the National AIDS Control Organization, people living with HIV (PLHIV), public and private sector enterprises and workers' and employers' organisations in India to carry out research and develop advocacy, communication and training materials targeting both formal and informal economy workers and their families. Unions like Hind Mazdoor Sabha (HMS), Council of Indian Trade Unions (CITU) and Indian National Trade Unions Congress (INTUC) have also taken up HIV/AIDS projects among informal economy workers in Jharkhand, West Bengal and Andhra Pradesh respectively.

Procurement, distribution and information on proper use of condoms at informal worksites, such as near the markets, along main roadways, near construction sites, etc, is also an important means of reaching those who are excluded from formal workplace initiatives. In order for these initiatives to be sustainable and have a multiplier effect, multi partnerships are essential. While local stakeholder play a fundamental role to reach the workers and their families at community level, national and regional strategies and planning is essential to set the conducive environment for the intervention to have greater impact. For example, collaboration mechanisms have been established with sub-regional bodies, such as SADC, the Southern Africa Transport and Communication Commission, the Federation of East and Southern African Road Transport Association and the Cross Border Road Transport Agency, to address the issue of HIV/AIDS risk in the transport sector.[10]

Information and prevention initiatives in formal worksites can be designed and implemented in a way to also reach informal workers and the larger community, for example through networks of contractors. A variety of informal economy workers are in fact linked to formal enterprises along production-consumption chains. Sub-contractors, suppliers, clients, consumers, service providers, as well as a number of other workers located in the proximity of large formal worksites (markets, amusement places, etc.) can be reached by disseminating the right information through the formal worksite. For example, Geita Gold Mine Ltd. (GGML), in Tanzania GGML has had a workplace prevention programme that includes peer education for its own personnel and as part of a community outreach initiative. Volunteer educators reach sex workers and cover life-skills training and advocacy, linking education to a package of services including care for TB and malaria, in partnership with local government. The company has trained managers and involved a local steering committee to ensure commitment[11] There is also strong potential to use structures and community groups created to implement public works

10 For further details see Resources section to access: HIV/AIDS+work. Technical Cooperation.Op.cit
11 For further details see Resources section to access: Workplace action on HIV/AIDS: identifying and sharing best practice. Op.cit

programmes, as a means to channel support services to workers and communities. This may be one way of reaching remote or otherwise inaccessible areas.

Information and education initiatives, should also aim at the promotion of attitudinal and behavioural changes both in terms of risk taking and in terms of discrimination and stigmatisation of infected individuals. Education and information activities need to take into account the combination of biological, social and cultural factors underlying gender difference in exposure and impact of HIV/AIDS. This implies that "improving the health of females and men requires awareness not only of the biological aspects of diagnosis and treatment, but also of the social factors that promote or reduce good health"[12].

● Information and prevention initiatives in formal worksites can be designed and implemented in a way to also reach informal workers and the larger community, for example through networks of contractors

The ILO has been conducting training courses for specific target beneficiaries linked to labour law and regulations in the workplace. These include labour inspectors from Mozambique, Zambia and Malawi and judges from 15 countries (Benin, Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ethiopia, Lesotho, Malawi, Mauritius, Mozambique, Nigeria, South Africa, the United Republic of Tanzania, Togo, Zambia and Zimbabwe). These interventions are intended to improve compliance with labour and occupational safety and healt (OSH), law and regulations in the workplace, enhancing a non-discriminatory and safe work environment.

■ **Extending the availability and accessibility of quality health care facilities and services to informal economy workers.** In the context of HIV/AIDS epidemic, health care and social protection involve a set of vital elements, including preventive measures; ARV treatment in cases of need (and treatment for opportunistic infections including TB), provision of health care services and access to family health cover and other kinds of support. In most developing countries public resources allocate to health care delivery services are meagre and progressively shrinking, and most of the above elements do not reach the informal economy. Institutional mechanisms to locate this "invisible sector" and provide the appropriate levels of support are largely absent.

Some micro insurance initiatives have set up a specific fund for AIDS cases

A defining characteristic of the informal economy is its lack of regulation and social protection - workers and entrepreneurs are generally excluded for a variety of reasons from statutory social protection and contributory health care schemes (see also brief on Social Security). Coverage of statutory schemes is lowest in countries where HIV spread is particularly severe and poverty levels the highest. According to the ILO, only 10% of workers in sub-Saharan Africa and Southern Asia are covered by such schemes. Where other forms of coverage, such as micro health insurance or decentralised social protection initiatives exist, HIV/AIDS crisis represents a great challenge for their sustainability. To overcome these challenges some micro insurance initiatives have sometimes set up a specific fund for AIDS cases, imposing conditions for individual members, for example establishing a limit on the amount of benefits, setting a flat rate for each illness or covering only specific care such as hospital fees or medicines. Partnership, including government and private subsidization of these schemes is also a potentially effective measure to address the sustainability challenges of micro insurance and mutual health organisations dealing with HIV/AIDS.

12 For further details see Resources section to access: Engendering Development. Through Gender Equality in Rights, Resources and Voice

In Cameroon for example linkages between Cooperatives and service providers, CBOs and other health facilities (VCT, PMTCT, STI and AIDS treatment) has facilitated access to care by cooperative members and informal workers). Income generation activities and support to micro enterprises has also been targeted to vulnerable groups women, young men and girls.

Home based programmes are also an innovative response adopted in many countries to address the increasing demand of care delivery services and the scarcity of public health providers. Nongovernmental organisations, such as community based and faith-based organisations have initiated these programmes to complement available public health care service. Apart from meeting an increasingly recognised social need, these initiatives have become an attractive source of employment for many informal economy workers especially in countries where the supply of health workers is weak. The Zimbabwe Red Cross Home Based Care (HBC) programme has been in operation since 1992 and offers a well-developed illustration of the potential for the objectives of public works employment and service provision to be addressed jointly[13].

Home based care programmes can meet social needs while also generating employment in countries where the supply of health workers is weak

Heath workers have an increasingly important role to play both in prevention and care. The Guatemalan health workers' union ANTRASPG/SNTSG conducts prevention education activities with unionized and non-unionized workers from various sectors, including health care and agriculture, and in the informal economy.

Finally, availability and accessibility of ARV drugs can be particularly challenging to informal economy workers, not only in terms of the financial resources the treatment implies. As pointed out by the 2008 ILO report on HIV/AIDs and the World of Work, "some patients struggle to continue taking these drugs because they are not financially able to get to the health facilities where the drugs are provided, or because of particularly difficult working conditions (such as long and irregular hours, or long travel between home and workplace) which prevent strict adherence to a course of treatment. They may also find it difficult to continue with the regime as a result of persistent stigmatization. These are important reasons for community and workplace-based strategies to be closely coordinated and integrated, and to involve ministries of labour and the social partners in crafting plans for addressing HIV/AIDS in the country"[14].

■ **Reducing the vulnerability of informal economy workers to the socio-economic consequences of the disease.** Informal economy workers have high levels of vulnerability to risks and shocks. Their economic activities are generally characterized survivalist activities with low productivity and low profitability. HIV/AIDS therefore inflicts major costs to individuals and households with long term consequences on their economic and human security. Poor families lack economic and social resources to face the additional costs related care and treatment and to the loss of income caused by absence from work. They also normally have limited access to goods, services or infrastructures that would help them save time to dedicate to productive work (e.g household labour saving utensils, health services or home based treatments, transportation and water and sanitation infrastructures, etc). Having to care for a sick family member may represent a considerable amount of additional household work, including fetching water, cleaning

● A range of policies and programmes can be put in place to alleviate the economic and social impacts of the epidemic including: cash transfers, in kind transfers, provision of physical assets, community gardens, micro credit and public works

13 For further details see Resources section to access: Anna McCord, Public Works in the Context of HIV/AIDS

14 For further details see Resources section to access: HIV/AIDS and the world of work, International Labour Conference

and washing. Coping strategies to overcome these challenges include using child labour, selling productive tools and assets or contracting debts, among others.

A range of policies and programmes can be put in place to alleviate the economic and social impact of HIV/AIDS on poor families. These include cash transfers, in kind transfers, provision of physical assets related to livelihoods, such as individual or community gardens or school gardens, micro-credit, and public work programs, among others. Cash transfers schemes are receiving increasing recognition as an important part of a comprehensive AIDS response, especially targeting the poorest and most vulnerable sectors of the society. The criteria for eligibility to cash transfer can vary, but they generally aim at targeting the most vulnerable population, from infected individuals to extremely poor families and communities[15]. Availability of cash to purchase food is essential, as evidence shows the slowing effects of good nutrition on the progression of AIDS, as well as on the effectiveness of antiretroviral therapy. With the support of GTZ, the Ministry of Community Development and Social Services (MCDSS) of Zambia has set up a social cash transfer scheme to support poor household facing the heavy impact of HIV/AIDS. The evaluation of the scheme has highlighted positive results for households and communities by improving nutrition and health, increasing access to education and to livelihood opportunities, boosting individual self confidence, and decreasing pressure on the community.[16] More than a dozen countries in southern and East Africa currently have cash transfers programs.[17]

Cameroon: HIV-positive women gain economic independence

A number of HIV-positive women in North West Cameroon are helping themselves by generating income through cooperatives, with the assistance of the ILO and SIDA (Swedish International Development Cooperation Agency).

The project, which aims to make the women more financially independent and generally enhance the quality of their lives, has so far helped more than 100 HIV-positive women, to operate in a broad range of areas such as commerce, tailoring, designing, and rearing pigs and poultry, secretarial support and communication services.

A revolving micro-credit fund's scheme was set up last year in three micro-finance institutions (MFIs): Bamenda Women Savings and Credit Cooperative, Kumbo Business Women Savings and Credit Cooperative and Wum Business Women and Savings Cooperative.

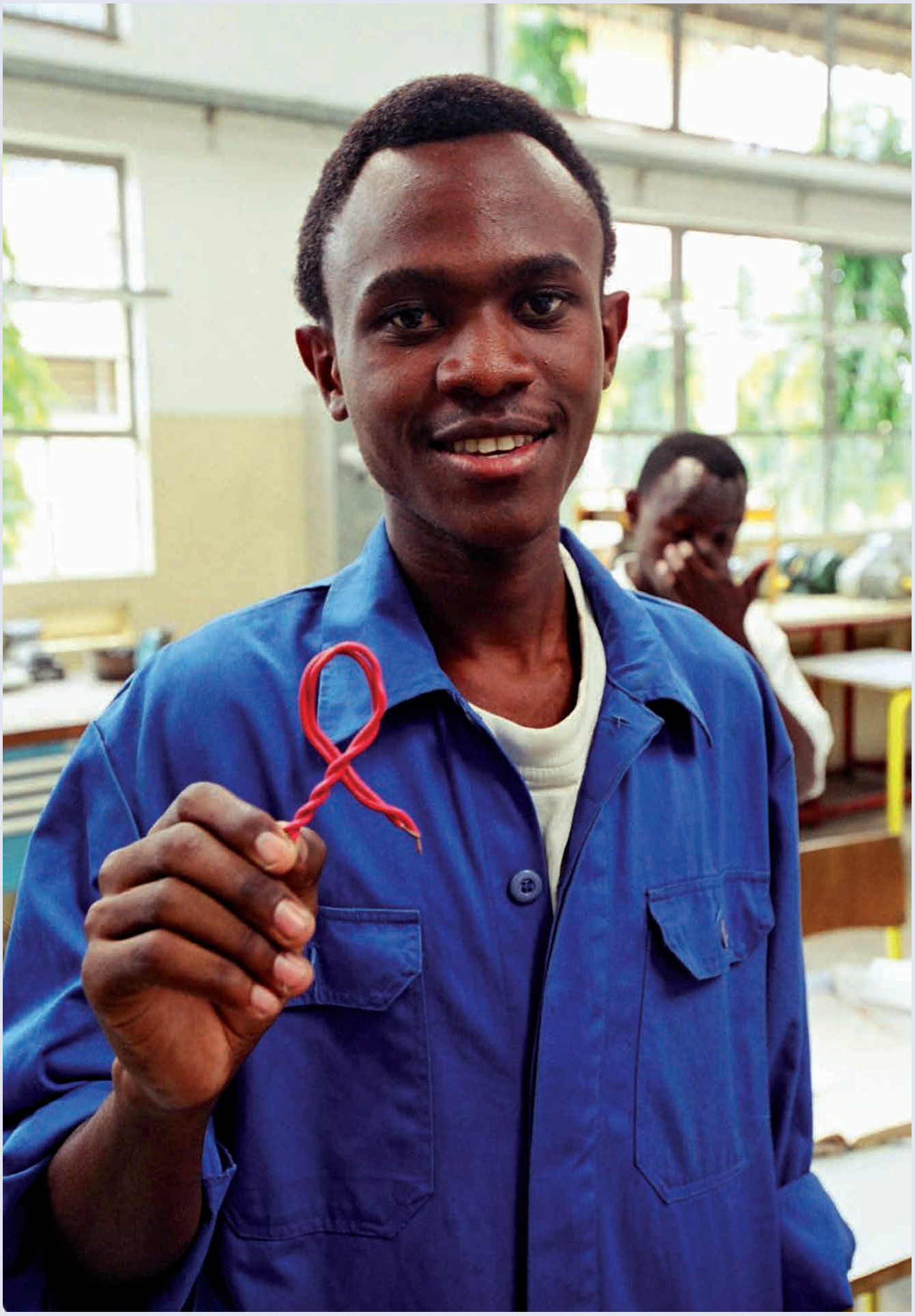
Assistance also included training the Managers and Psycho Social and Economic Counsellors from the targeted micro-finance institutions to support beneficiaries. The training package included: business development, management procedure of the scheme, AIDS support, counselling and stigma reduction. Capacity building workshops were held for HIV infected women from the targeted communities, diagnosis of the micro-projects (feasibility, viability, profitability and durability), management of the business, bookkeeping, re-imbursement and savings plans. Following the assessment of 192 micro-projects submitted after the training, 68 received seed funding and all of the beneficiaries are now running their own businesses.

15 For a analysis of the possible criteria for cash transfer targeting and conditionality, see Resources section to access: Michelle Adato and Lucy Bassett, What is the Potential of Cash Transfers to Strengthen Families affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates

16 For further details see Resources section to access: GTZ 2008, Experiences with social cash transfers as a tool to mitigate the impact of AIDS in rural families in Zambia

17 Michelle Adato and Lucy Bassett, op. Cit.

Micro credit initiatives can also play an important role. Micro finance intervention, especially when combined with vocational and life skills training activities, including reproductive health and gender equality issues, can be a determinant in reducing the level of exposure to infection. These activities have proven particularly relevant to women, as they not only reduce their economic vulnerability to additional expenses, but, as a result of their economic empowerment and increased awareness on HIV/AIDS women tend to be in a better position to negotiate and refuse unsafe sexual relationships.



Electrical engineering student makes a symbolic red ribbon out of wire representing his fight against AIDS, Tanzania.

RESOURCES

This section provides a list of resources which can enable the reader to delve deeper into the issue. Details of the good practices cited above can be accessed here. The section comprises international instruments, International Labour Conference conclusions, relevant publications and training tools. A bibliography of references in the text is further below. There may be some overlap between the two.

ILO instruments and Conference Conclusions

Recommendation concerning HIV and AIDS and the World of Work, 2010 (No.200)
ILO Code of Practice on HIV/AIDs and the world of Work, 2005
http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/normativeinstrument/kd00015.pdf

ILO convention relevant to HIV//AIDS include:

Discrimination (Employment and Occupation) Convention, 1958 (No. 111).
Occupational Safety and Health Convention 1981 (No. 155).
Occupational Health Services Convention 1985 (No. 161).
Termination of Employment Convention, 1982 (No. 158).
Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159).
Social Security (Minimum Standards) Convention, 1952 (No. 102).
Labour Inspection Convention, 1947 (No. 81),
Labour Inspection (Agriculture) Convention, 1969 (No. 129).
Maritime Labour Convention, 2006.
Work in Fishing Convention, 2007 (No. 188).
ILO 2008 Conclusions concerning HIV /AIDs and the World of Work ILC, 99th session, 2008

Relevant Publications

Adato, M. and Lucy Bassett 2008 "What is the Potential of Cash Transfers to Strengthen Families affected by HIV and AIDS? A Review of the Evidence on Impacts and Key Policy Debates", HIV, Livelihoods, Food and Nutrition Security: Findings from RENEWAL Research (2007-2008), Brief 10, International Food Policy Research Institute (IFPRI) and Joint Learning Initiative on Children and HIV/AIDS (JLICA)
http://www.ifpri.org/sites/default/files/publications/rr177.pdf

GTZ 2008, "Experiences with social cash transfers as a tool to mitigate the impact of AIDS in rural families in Zambia", GTZ
http://www.pegnet.ifw-kiel.de/activities/silva_poster.pdf

ILO 2002 Women and Men in the informal economy: A statistical picture
http://www.ilo.org/dyn/infoecon/docs/441/F596332090/women%20and%20men%20stat%20picture.pdf

ILO 2004 HIV/AIDS+work. Technical Cooperation. A means to implement the ILO Code of Practice on HIV/AIDS and the world of work, ILO/AIDS, Technical Cooperation report, 2004
http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/publication/wcms_116284.pdf

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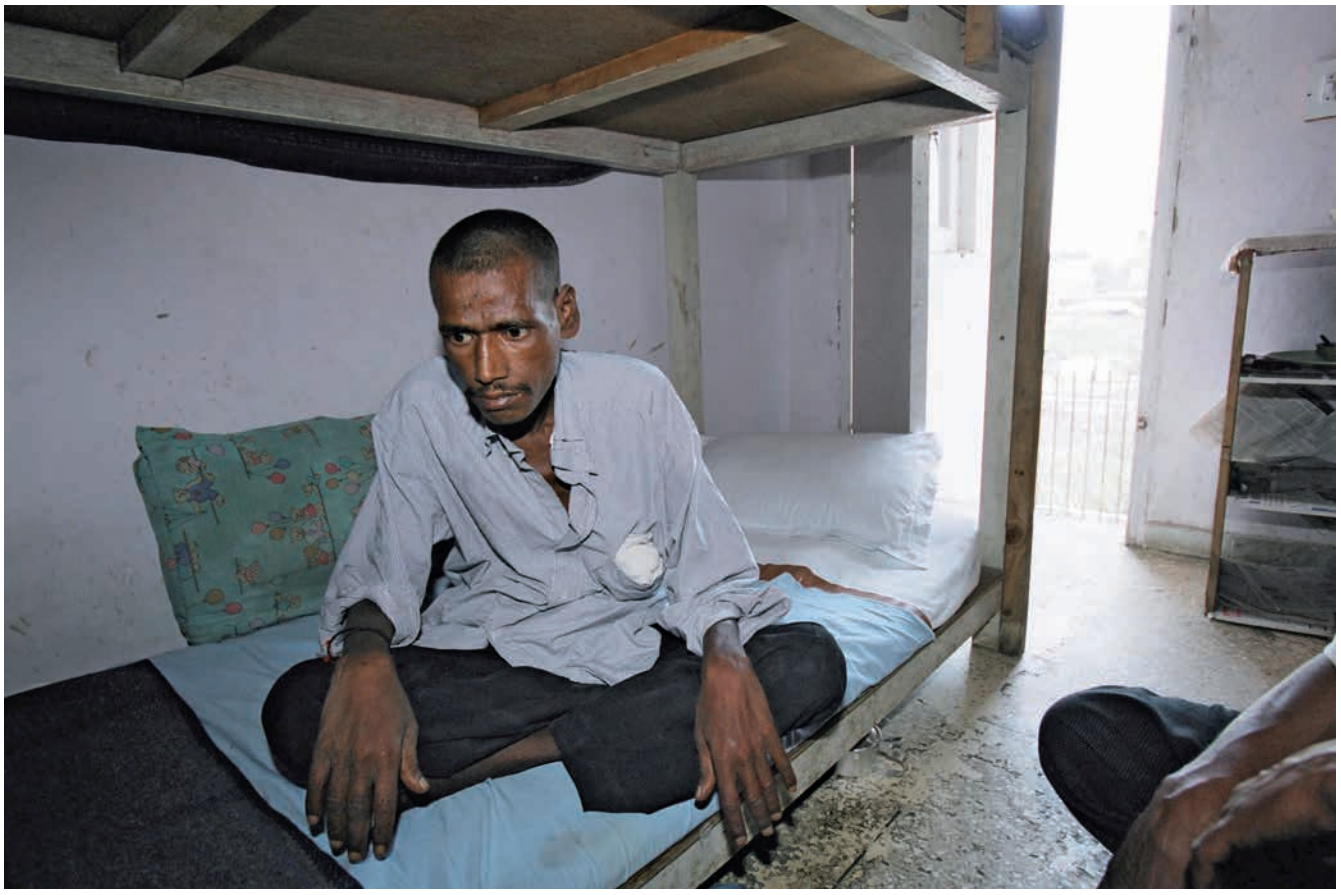

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