

## **Trainer's Training Programme on HIV/AIDS for Employers' Organizations/Corporates**

12-13 November 2009, India Habitat Centre, New Delhi

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## I. Introduction

The International Labour Organisation (ILO) held the third Trainers' Training Programme on HIV/AIDS for Employers' Organisations/Corporates on the 12<sup>th</sup> and 13<sup>th</sup> of November, 2009, as a part of its three pronged strategy to strengthen the corporate response to HIV/AIDS in India:

Forty-seven participants from 11 corporates and 6 employers' organisations were invited to participate in the training programme (for further details, please refer to Appendix I) on the 12<sup>th</sup> and 13<sup>th</sup> of November, 2009. The venues were Magnolia Hall (day one of training) and Amaltas Hall (day two of training) at the India Habitat Centre (IHC), New Delhi. The backgrounds of the participants were largely: HR, CSR, health/medical services and marketing.

The main resource persons were from ILO (International Labour Organisation) (Please refer to Appendix II).

## II. Agenda/ Objective of Training

- To orient and acquaint participants to the National Policy on HIV/AIDS in the world of work, and strategy for sustainable HIV/AIDS WPIs (Work Place Interventions).
- To enhance and augment the knowledge of participants on HIV/AIDS, STI, TB, ART etc. covering aspects of prevention as well as treatment.
- To impart training and communication skills to participants to develop and execute WPIs.

The theme of the training programme was: Updating Knowledge and Enhancing Skills. For a detailed overview of the training programme, please refer to Appendix III.



### **III. Documentation**

The training took place over a period of two days, 12<sup>th</sup> and 13<sup>th</sup> November, 2009, at the IHC.

#### 1) Day One- 12<sup>th</sup> November, 2009

The training on the first day took place at Magnolia Hall at the IHC. Forty-five participants were present on this day. The main resource persons were:

- Mr. SM Afsar (Technical Specialist, ILO)
- Mr. Naveen Kumar (PLHIV)
- Ms. P. Joshila (Programme Officer, ILO)
- Ms. Divya Verma (Programme Officer, ILO)

#### a) Inauguration and welcome address

Mr. Andre Bogui (Deputy Director, ILO) gave a short welcome address to the participants and resource persons present for the training. Mr. SM Afsar, (Technical Specialist, HIV/AIDS, ILO) gave a brief overview of the programme, stating the need to mobilise more employers' organisations and the importance of PPP (Public Private Partnerships) for sustainable HIV interventions. He presented the overall theme of the training: to update knowledge and enhance skills of the participants, to help them develop practical approaches to respond to HIV/AIDS in the workplace. New additions (which were requested by the participants) to the training workshop such as TB knowledge and treatment, and enhancement of skills for work-planning were mentioned.

Dr. Charles Gilk (Country Coordinator, UNAIDS) addressed all present, highlighting the global trends of the HIV/AIDS epidemic and briefly discussed the main challenges to be faced in India:

- The continuing prevalence of structural drivers of the epidemic (despite the slowly mitigating response of interventions in the field) still disproportionately affecting high-risk groups, particularly women and migrant workers.
- "We cannot treat our way out of this epidemic".

He pointed out the need to strengthen prevention efforts in light of ART (Antiretroviral Treatment) occupying a progressively higher percentage of the funding for HIV/AIDS prevention and treatment. The budget for HIV/AIDS has already been reduced by global funding agencies, due to the impact of the global economic crisis.



Dr. Gilk concluded by asserting the need to prioritize and focus on easily workable strategies which have effective coverage, as we work towards the goal of universal prevention and treatment.

Ms. Aradhna Johri (Joint Secretary, NACO) gave the inaugural address and spoke briefly about the following points:

- The need to target the key carriers of HIV: migrant clusters with high-risk behaviours and vulnerability in certain industries such as mining, textile, sugar and transport etc.
- Recategorizations of key priority districts, taking into account the industries and migrant populations in the area.
- The need for employers' sensitisation and leadership, and widening the scope of CSR activities.
- The role of Public Private Partnerships.
- The necessity for the improvement and extension of STI and TB services, and care and support, in the context of HIV/AIDS.
- The need for standard treatment protocol to be followed for HIV/AIDS patients. This is often not done in the private sector, which leads to toxicity, resistance of first line treatment and thus use of the costlier second line treatment.

The ILO training and communication materials, consisting of: a training manual with a DVD, ILO card game and posters were distributed to the participants.

#### b) Icebreaking and Introduction

Methodology/Approach: Discussion and Participatory exercise.

A workshop environment was created beginning with all the participants introduced themselves, stating their name, background and company/organisation. They were each asked to name the key quality or strength that they felt they possessed.

A brief participatory exercise to help understand the efforts required in changes, which is important in the context of HIV/AIDS prevention and treatment, was conducted by Mr. Afsar.

### c) Reducing HIV related stigma and discrimination

Methodology/Approach: Discussion, Interface with a PLHIV and Presentation.

In order to explore personal attitudes and renew commitment to fight stigma and discrimination, certain topics open for discussion amongst the participants:

- *Isolation of HIV/AIDS victims and HIV positive persons usually being immoral:* Both positive and negative points of view were expressed, but largely an integrationist approach and professional, non-judgemental attitudes were advocated by all. Lack of basic knowledge of HIV/AIDS and some discriminatory attitudes were revealed during the discussion. Some participants had trouble understanding that HIV positive persons did not have an agenda to spread the virus, and felt their question was not addressed adequately.
- *Mandatory testing:* A video was shown to aid the discussion of this topic. While most participants were anti-mandatory testing, some strong opinions were also expressed in support of compulsory screening of employees for their HIV status.

Sharing by a PLHIV: Mr. Naveen Kumar (PLHIV) shared his experience with the participants and answered several questions asked by them. He mentioned the supportive treatment he encountered by his employer when he revealed his HIV status to him, and how it enabled him to keep his own and his wife's health under control. He also addressed some misconceptions that had been stated aloud in the discussion preceding their interaction with him. In particular, he showed the participants that he was **fit to work**, even though he was HIV positive. Most participants were positively affected by his speech and answers, especially with regard to an understanding of the stigma and discrimination faced by HIV positive persons and their families.



The song 'Tod Do Deewaren' which signifies solidarity and communicated the need for elimination of discrimination towards HIV positive persons was screened.

### d) Enhancing knowledge

Methodology/Approach: Quiz/Brainstorming, Fishbowl game (to facilitate discussion), Discussion and Presentation.

In order to enhance the knowledge of the participants about STI, HIV/AIDS and TB, as well as to gain an understanding of the present knowledge of the participants regarding these topics, a quiz was conducted by Mr. Afsar (ILO) and Ms. Divya Verma (ILO) and judged by Ms. Joshila (ILO). The participants were divided into teams on the basis of their seating arrangements and common company/organisation backgrounds. The following topics were discussed in a question/answer format with brainstorming among the relevant groups:

- The need to discuss HIV/AIDS with employees to increase awareness and open-mindedness.
- What are HIV and AIDS?
- The main transmission routes of HIV.
- Possibility of transmission of HIV through kissing, mosquitoes and barber equipment.
- ABC (A-Abstinence, B- Be mutually faithful in relationships, and C- Correct and consistent condom usage).
- Connection between STIs and HIV.
- Symptoms of STIs in men and women.
- The importance of partner treatment in the context of STIs.
- Protection from HIV infected blood by using registered blood banks.
- Prevention of mother-to-child transmission with the help of treatment and correct practices (with respect to ART reducing the probability of an HIV positive baby, breast feeding, caesarean birth).
- Explanation of a baby's (one born from an HIV positive mother) HIV status at birth and the concept of window period.

Many misconceptions amongst the participants were brought into the open. Many doubts were also dispelled as the discussions went on, with some being clarified by the ILO facilitators.

After the quiz, several questions were asked, in particular the following:

- Blood transfusion during the window period of a person who has contracted HIV and the repercussions for the recipient of the blood.
- HIV/AIDS being hyped by the media.
- ICTCs being separate for HIV positive patients and thus discriminatory.
- Tests for HIV status and counselling and treatment for HIV positive persons.

By means of a discussion, the above subjects were conferred. It was stated that HIV/AIDS should be treated as a serious, chronic disease and people should thus not discriminate against HIV victims. At the same time, HIV/AIDS is also incurable and globally rampant, thus not just media hyped.

Mr. Afsar (ILO) spoke briefly about the materials which had been distributed for the workshop, to be used by the participants (trainers) in their training programmes in their respective organisations.

A presentation about the **basics of HIV/AIDS** was shown by Mr. Afsar (ILO) covering the following topics:

- Routes of transmission of HIV.
- The social and physiological dimension of HIV/AIDS: why women are disproportionately affected by HIV/AIDS.
- Key risk groups: MSMs, IDUs, FSWs; and the bridge population in India: migrant workers and truckers.
- Progression of HIV to AIDS.
- Major and minor signs/symptoms of AIDS.
- Origin of HIV/AIDS.
- Finding out about HIV status.
- Treatment (ART).



Doubts about HIV being spread through normal social contact, mosquitoes and barber equipment were clarified. Several questions were asked regarding the safety of blood transfusions in general (taking into account the fact that HIV is not detected in blood that is donated during an HIV positive person's window period), mother-to-child transmission and how to prevent it, and tests with low window periods: PCR test.

Ms. P. Joshila (ILO) covered the basics of the link between **HIV/AIDS and TB** by means of a presentation, mainly covering the following:

- Overview of TB and HIV/AIDS.
- Types of TB (active and latent).
- Types of tests for TB.

- Treatment: DOTS (Directly Observed Treatment, Short Course).
- Duration of TB Treatment.
- TB and HIV co-infection.
- DOTS in the context of HIV/AIDS.
- Key messages and main facts.
- Public health messages.



Some questions were asked about ART with TB treatment, and the possible complications.

The technique of a fishbowl game was used to bring about a **sharing of experiences and good practices of enterprises on WPI/WPP** along the following themes:

- i) **Workplace policy, development, dissemination and implementation.**
- ii) **Behaviour change communication.**
- iii) **Intervention amongst supply chains.**
- iv) **PPP in HIV prevention.**
- v) **PPP in care and support.**

The following **good practices** by enterprises were shared:

- The first and most important policy is 'no discrimination' towards HIV positive persons.
- In order to implement an HIV/AIDS workplace policy, the first step was to sensitise management, and then move on to training/including other employees.

- Before the implementation of a WPI in the context of HIV/AIDS, a survey on HIV awareness amongst all employees was carried out, and the results were shared with the employees as well. All employees across all levels were kept in the loop in the formulation of the workplace policy.
- At least 5 peer educators are trained every year.
- The status of an HIV positive employee was to be kept confidential (unless the employee chooses to disclose it), and it was up to the employee to choose whom to disclose it to (amongst his superiors/management). In some cases, the immediate boss was the only one informed, and in others, only the corporate HR heads.
- Clear display of the HIV/AIDS workplace policy on a board within the company compound, and also via email to employees.
- HIV/AIDS training programs for all employees, labourers and truckers. In particular, there are compulsory training programmes for truckers and labourers before they enter the company plants. At first, they were shy and unresponsive, but with time and with the help of audio-visual trainings, the truckers and labourers have become interested and thus increased their own awareness.
- Employees must undertake refresher trainings from time to time.
- Policy sharing handouts made available to all truckers and migrant workers, in their respective languages.
- Extending and sharing policy to company/organisation partners, franchises, employees' spouses and nearby society.
- Voluntary HIV test was made part of the annual health check-up provided by the company/organisation.
- On-site medical centre with ART.
- Extension of ART to supply chains, including truckers and migrant labourers (whether on company's roll or not).
- An HIV positive employee who has recently discovered his status is given paid leave for a few months in order for him to work out his family life, treatment options etc.
- Inclusion of PLHIV in training sessions to discuss precautions, needs and treatment etc.
- Translation of HIV/AIDS policy posters, awareness materials etc. Into vernacular languages.
- Condom distribution from time to time.
- Condom vending machines.
- Some examples of HIV positive persons being supported by management were also given.

**Main challenges** faced by the participants in their companies/organisations were:

- The general thinking of older employees in the organisations is that once someone is discovered to be HIV positive, they will be fired. The company workplace policy has no bearing in such a situation. (SRF Limited).

- Despite the presence of an HIV/AIDS workplace policy in the company/organisation, any employee who is HIV positive is discriminated against. (Apollo Tyres).
- Condoms are not always easily available to truckers and labourers, and they are also shy and hesitant to accept them when distributed.



Further **suggestions** for company policies regarding HIV/AIDS were given by participants:

- The company policy on HIV/AIDS is to be regularly updated and reviewed. It should be extremely clear and easily understood. Translation of it and other HIV/AIDS advocacy materials into vernacular languages is required.
- The company policy on HIV/AIDS disseminated through email and display on boards is not enough.
- Enrolment of an HIV positive employee(if the company already does not have one) who is open to sharing his experience will help reduce stigma and dispel doubts about HIV/AIDS amongst those not convinced about their company policy (in support of HIV positive persons).
- In order to facilitate frequent and effective condom distribution, subtle interventions should be made in places frequented by truckers and labourers.
- Management must make sensitisation of employees in the context of HIV/AIDS as a part of the company policy, but at the same time keep the status of those who are HIV positive, confidential. It should be up to the employee to choose whom (most commonly either the immediate superior or HR head) to inform of his HIV status.
- Truckers, migrant labourers and others who are not direct employees of a company/organisation should be covered in terms of HIV/AIDS awareness and prevention. If

company/organisation is not providing treatment for an HIV positive employee, it should refer him/her to a hospital/treatment centre that does.

- In order to deal with the death of an HIV/AIDS victim, the company policy must not be any different from the case of death (by any cause) of an employee. The next of kin/spouse should be given appropriate training and education to take the job previously held by the deceased employee.

Mr. Afsar (ILO) discussed the process of development of a company policy and its two main requirements:

- Commitment of the top management to the policy implementation.
- The setting up of a core committee which is cross functional between different departments in the company.

The principles of the ILO code of practice on HIV/AIDS were stated and the following practices were strongly recommended for all company workplace programmes on HIV/AIDS:

- The fitness-to-work of an employee and not his HIV status must be the main criteria for his employment.
- There must be no screening for purposes of employment.
- HIV/AIDS must be treated the same as any other serious disease, in order to avoid discrimination.

All the participants were recommended to read ILO's documentation of Good Practices (followed by many enterprises) to implement the good elements of policies given.

Exercise: Participants were split up into pairs, and each pair had two minutes to share with each other one policy which is implemented in their corporation/organisation. Each team was successful in doing so. The lesson of the exercise was that if we are focused, sharing of important messages can take place even within a span of two minutes.



e) Recap the learning of the day

Methodology/Approach: Discussion/Presentation.

In order to reinforce the learning of the day, each table of participants were asked to present two key learnings from the day. The participants inadvertently gave their feedback along with the elements of the programme they felt they have benefited most from. The following points were mentioned:

- Compulsory screening of employees is not the best workable approach to be followed. Some participants who had expressed a strong inclination towards compulsory screening (earlier in the day) felt their views had converted in course of the workshop.
- Interaction with a PLHIV helped the participants identify with him, and accept and understand his situation better. Participants felt they understood that non-discrimination is as important as treatment in the case of HIV/AIDS.
- Meeting with a PLHIV also dispelled doubts the participants had about the ability of an HIV positive employee to continue work.
- Peer counsellors are an integral part of the WPI of a company/organisation.
- The participants felt that their basic knowledge regarding HIV/AIDS, its origin, the main modes of transmission, viral load, the global trends of HIV/AIDS, the risk groups, TB, DOTS and STIs were improved and updated.
- The 10 principles of the ILO code of practice on HIV/AIDS reduced controversy with regards to policies to be followed.
- Doubts about ART were cleared. The participants learned about the necessity of healthy food, water and environment for HIV positive persons.

- Misconceptions about catching HIV through mosquitoes were clarified for many participants.
- Participants learned about how to decrease the chances of an HIV positive baby being born to an HIV positive mother.
- Many felt they had benefited from the sharing of good practices implemented in the various companies/organisations. In particular, all planned to include the supply chains of their respective organisations, in their HIV/AIDS prevention and treatment efforts to the best of their abilities.
- “Tell me, I may forget. Show me, I may remember. Involve me, and I will never forget.”

The need to integrate policy at every level with the involvement of employees for appropriate development, implementation and dissemination was enforced for all.

## 2) Day Two- 13<sup>th</sup> November, 2009

The training on the second day took place at Almatas Hall at the IHC. The number of participants attending the training reduced to 37 this day (from 45 from the previous day). The main resource persons were:

- Mr. Manjunath Kini (ILO)
- Ms. Divya Verma (ILO)
- Ms. P. Joshila (ILO)
- Mr. SM Afsar (ILO)

### a) Recap and Additional Information on STI, ART and HIV/AIDS

Methodology/Approach: Presentation and Discussion.

As indicated by evaluation and pre-training forms, the ILO team decided to recap of the previous day's trainings as well as provide additional information on the subjects of STI, ART and HIV/AIDS.

Mr. Manjunath Kini (ILO) discussed **the link between HIV/AIDS and STI/RTI** with the aid of a presentation. The importance of STI prevention and treatment in the context of its link with HIV transmission was the key message to the participants (master trainers). Largely, the following topics were presented:

- STI and RTI.
- Difference between STI and RTI.
- STI: Situation in India.
- Operational model of the role of health services in STI control.
- Relationship between STI and HIV/AIDS.
- WHO's categorisation of 7 STIs.
- STIs in men : symptoms (with pictures).
- STIs in women: symptoms (with pictures).

- Complications of untreated STI.
- STI management: NACO's syndromic treatment approach, partner treatment etc.

Ms. Divya (ILO) continued the recap session with a discussion about **HIV/AIDS and testing facilities**. The points discussed were:

- Symptoms of HIV and AIDS.
- Window period.
- Tests for HIV.
- Testing facilities: ICTC.
- Costs.
- Pre and post test counselling.

A key message for the participants, as master trainers, was that the WPI committee in their company/organisation must have knowledge of the nearest government or private testing facilities.

Mr. Manjunath Kini (ILO) did a short presentation on **ART for HIV positive patients**, with a focus on the following:

- Management of an HIV infected person.
- Basic facts about ART (costs and dosage).
- Initiation of ART in adults and adolescents (according to the revised National Guidelines on HIV/AIDS).
- WHO clinical staging (according to CD4 count).
- ART: 5 stages and 5 classes of drugs (and their combinations).
- Improvement of HIV infected person with ART (with picture).
- Value of adherence of ART (with graphic diagram).
- Costs of ART: first line regimen and second line regimen.

Ms. Divya Verma (ILO) did a brief recap on **prevention and transmission of HIV infection**, which an emphasis on the following:

- Main transmission routes of HIV infection.
- Prevention: ABC (A- Abstinence, B-Be mutually faithful in relationships, C- correct and consistent condom usage).
- Risks from anal sex.
- Risks from blood transfusion.
- Importance of disposable and sterilised needles.
- Blood donation (does not lead to HIV infection).

- Mother-to-child HIV transmission and reduction with ART.
- Infected blood transmission.
- Transmission through unprotected sex with HIV infected person.
- Transmission frequency with STI.



b) Strengthening the Peer Education System within enterprises

Methodology/Approach: Discussion, Brainstorming and Sharing by participants.

With all relevant information provided on HIV/AIDS and related issues, all participants were regrouped into six teams. In order to create an appreciation amongst the participants for the role of master trainers and peer educators, each group had a topic to discuss, share and brainstorm in the context of strengthening the peer education system within their companies/organisations. Each team had a facilitator, usually those who had worked as master trainers/peer educators beforehand. The topics for the respective teams were:

- Team 1: Selection of peer counsellors.
- Team 2: Process of setup of peer education training.
- Team 3: Conduction of peer education training.
- Team 4: Resources/materials required for peer education system.
- Team 5: Monitoring the peer education system.
- Team 6: Motivating the peer educators/counsellors.



After brainstorming and discussing, each team presented their ideas/plans with respect to their topics, through the facilitator. The following points were given by each team:

**Team 1: Selection of peer counsellors**

- Representation from every department: at least one peer educator from each division.
- Peer educators must volunteer for position and must be willing.
- Peer educator must be familiar with other employees of his division, must be well known and influential with good communication skills.
- Peer educator must have spare time.

**Team 2: Process of setup of peer education training**

- Commitment from management or top levels of company/organisation. Each enterprise has its own setup, and in each, the proposal for the peer education system must be given to the relevant division.
- Support and feedback from management/HR/CSR.
- Selection of peer educators (previous topic).
- Allotting time period for training.
- Selection of venue for training.

**Team 3: Conduction of peer education training**

- Training of peer educators must be undertaken in the local language easily understood by all employees.
- Training should take place from 2 hours a day to about an entire day. This will differ from organisation to organisation.



#### Team 4: **Resources/materials required for peer education system**

- A room to carry out peer education must be arranged for.
- Pre and post training questionnaires for the employees for an idea of the degree of awareness present, and what to substantiate it with.
- Audio-visual equipment is needed for presentations and screening of ILO advocacy and other relevant videos/films.
- Posters highlighting the key basics of HIV/AIDS (transmission, prevention, misconceptions etc.) must be provided, along with leaflets on the company/organisation's HIV policy in the work place. The ILO card game (on HIV/AIDS facts) should be used in the vernacular languages.
- All other required stationary should be provided.
- Condoms (male and female) should be made available for distribution.

#### Team 5: **Monitoring the peer education system**

- The link between all processes must be well defined.
- Regular feedback from the peer educators.
- Monthly review meetings and reports of the peer education system.
- Peer educators should identify challenges they face in the system, and communicate their needs to the management/HR/CSR/core committee of WPI.
- Refresher trainings for peer educators if needed.
- Post training feedback from employees to note changes in awareness and knowledge, if any.

#### Team 6: **Motivating the peer educators/counsellors**

- Do-able targets must be set.
- Support from seniors/management in company/organisation.
- Continuous feedback from the peer educators, identification of issues/problems they face and assistance to them is necessary, as and when required.
- Continuous updating of knowledge and refresher training of peer educators.
- Sharing of experiences and good practices between peer educators internally and externally.
- Working time flexibility for peer educators.
- Recognition of role of peer educator in performance appraisals and additionally on business cards, office doors (as one of the designations of employee) etc.

Mr. Afsar (ILO) then summarised the key points from each of the teams, along with some additional pointers their WPI's peer education systems:

- The concept of a peer educator was clarified: one of the same group, level, age etc. A peer education system is mainly to bring about change amongst the employees. Therefore, he must be able to influence others, and have qualities such as good reputation, popularity, good communication and interpersonal skills etc.
- The peer educators must be willing, voluntary and self-motivated. Employees with an interest in social issues, and other good performers in the company/organisation should be encouraged to volunteer as peer educators.
- Quality must be given priority over quantity in the selection of peer educators. If not correctly identified, there is usually a high drop-out rate of peer educators, which is a waste of time and resources of the company/organisation.
- For every 10 functional peer educators, 50 must be trained, in order to combat drop outs. Train more than required always.
- Peer educators must be selected from every division/department of the company/organisation.
- Involvement and support of the management and the top levels of the company is crucial.
- One full day, if not two days should be allotted for the training of the peer educators. In short time periods, priority must be given to: the basics on HIV/AIDS, and reduction of stigma and discrimination towards HIV positive persons. Training sessions can be distributed over a period of time as well.
- Some groundwork can be done on the upcoming World AIDS day with a basic awareness session for all employees and identification of volunteers for peer educators.
- Formal assessment of targets and follow-up is to be done.

#### c) Training and communication skills

Methodology/Approach: Discussion, Presentation, Demonstration and Knowledge sharing.

In order to preset and discuss communication and training skills, Mr. Afsar (ILO) spoke to all the participants on the key focus areas to keep in mind as master trainers:

- Strategy
- Training (knowledge, skills and attitudes), and
- Resource materials and handouts.

**Strategy** was discussed more extensively, with an emphasis on the following aspects:

- An enterprise's strategy is essentially driven by its HR or CSR.
- The common procedure to follow regarding a WPI is to implement it first for the employees and their families. The next step would be to expand to the company/organisation's supply chain (truckers, migrant labourers etc.) and then eventually to the nearby communities.
- PPPs, NGOs and partners play a very important role in the setting up and implementation of WPIs.
- The building blocks of an enterprise's strategy are:
  - WPP: HIV/AIDS work place policy, programme prevention and programme care and support.
  - PPP: prevention, and care and support.

Mr. Afsar (ILO) then noted the key steps to be followed for the **initiation of a corporate response**:

- Appointment of a nodal person and setting up of a representative committee. A cadre of master trainers is an important requirement.
- Integration into HR/CSR policy.
- Management commitment is central to dissemination of the work place policy.
- HIV education and training at all levels of enterprise is important, and a sign of the dedication of the management towards the WPI.
- The WPI should start small by targeting only employees and families, and then expand to supply chains and nearby communities. Supply chain initiatives can be big, medium or small.
- Partnerships and technical support with/from other organisations is necessary, especially for the process of expansion of the WPI to the supply chains. There are different types of PPPs:
  - Some take 50% of the funding required from the company/organisation, and the other 50% from organisations such as NACO, ILO etc.
  - Other WPIs are fully funded by the enterprise itself, with technical assistance from NGOs and organisations such as ILO. Alternatively, some interventions can be begun by funding given from international organisations working in HIV/AIDS.
  - Interventions can also be started jointly by corporate.
- The role of PPPs and WPIs is significant in the setup of ICTCs and ART centres with an enabling environment.
- The costs of setup and implementation of a WPI are not too high, especially considering the long term effects of a WPI for the company/organisation.

- Implementation of the WPP must be linked with the capacity of the enterprise.

Mr. Afsar (ILO) stated and established ILO's equal stake-hold in all companies/organisations and informed all participants of the availability of resources from ILO (for WPIs), in different languages, as required.

Mr. Manjunath Kini (ILO) demonstrated correct condom usage to all participants. The following points were discussed in the context of imparting **condom education** as a part of WPIs:

- Condom promotion on its own is not enough. A demonstration of correct condom usage is crucial for translation into practice.
- In order to communicate condom education with ease as a part of WPIs, it is necessary to build the context in terms of a public health perspective.
- ABC (A-Abstinence, B- Be mutually faithful in relationships and C- Correct and consistent condom usage) should be promoted.
- The key challenges faced in promoting condom usage to employees, particularly truckers and labourers are:
  - The misconception that condoms lower a man's sexual pleasure.
  - Low availability of condoms.
  - Difficulty in usage and incorrect usage.
  - Shyness in purchase of condoms.
  - Main problem identified as the initiation of correct condom usage.
- Oil, butter and grease should not be used as lubricants as they may react with the latex of the condom and rupture it. Water-based lubricants available at chemists should be used. Alternatively, saliva can be used as a lubricant.

Mr. Afsar (ILO) discussed **communication skills** at length with the participants. The focal points of the discussion were:

- Basics of communication skills: body language, language, visual tools, internal and external noise and simplification of the message being sent across.
- Communication is a two way process. Listening, observation, tone, clarity of thought and voice, and a sense of timing are all crucial for the main message to be sent across correctly.
- Qualities of a good trainer: positive attitude, updated knowledge on subject, good interpersonal skills, focus, flexibility, good preparation and practice etc.
- The 3 Ps of a good trainer are: Politeness, Patience and Perseverance.

In order to enable participants to practice their communication and training skills, one of the participants did a short session of imparting the basics of HIV/AIDS. His performance was analysed by the other participants, with suggestions for improvement.



Knowledge sharing was done by splitting all the participants into pairs, where each was to tell the other one thing they would like to apply as trainers, from the past hour's session on communication skills. The following aspects were commonly mentioned:

- Patience.
- Clarity and volume.
- Confidence.
- Organisation.
- Perseverance.

#### d) Developing an action plan for 2010

Methodology/Approach: Discussion, Group work and Presentation by participants.

Ms. Divya Verma (ILO) spoke of the development of an action plan for the corporates/organisations present, starting with a discussion about set of ILO training materials given to each participant. The following materials with some explanation about their contents were discussed:

- Copies of the National Policy on HIV/AIDS in the world of work.
- Six posters (in Hindi and English, and which can be made in other regional languages): 4 posters for advocacy and 2 for HIV/AIDS awareness.
- The ILO Training Manual for Enterprises.
- Short films and videos for AIDS awareness, advocacy sessions, experiences of companies with WPIs on HIV/AIDS etc. The videos include messages on HIV/AIDS from celebrities, cricketers etc.
- PDF version of the ILO training manual for replication and distribution.
- Short ready-made simple presentations for particular target groups. The presentations cover the following topics:

- The ILO code of practice on HIV/AIDS.
- Behaviour Change Communication.
- Gender and HIV.
- HIV/AIDS scenario (global and in India).
- Stigma and discrimination.
- TB
- STI
- Trade Unions etc.

In order to enable the participants to present and develop action plans for their corporates/organisations, one person from each corporate/organisation was asked to present the first thing they intended to do with regard to their company WPI, after the training session. The following points were mentioned by the participants:

- Jubilant Organosys: Awareness discussion and sensitisation of management, followed by development of WPI, training of many peer educators and expansion of WPI to supply chains and communities. Refocus of the pre-planned HIV/AIDS awareness session to take place on World AIDS day (1<sup>st</sup> December, 2009).
- Ambuja Cement: WPI had slowed down, and the ILO training has provided the means to boost it. More structure and planning of WPI. Extension of programmes to nearby schools and ladies clubs.
- Sona Group: Expansion of WPI to supply chains and adopted villages (where they impart computer training).
- SAB Miller, India: After the ILO training and the consequent knowledge gained, the company's training will be organised in a better, effectual way.
- JK Tyres: Build relationships with NGOs for technical assistance and help with advocacy sessions for the management. Inclusion of more area reached by WPI.
- AVERT Society: Sharing of important aspects of WPI (from ILO training) to all colleagues. Outreach workers are being trained for a project in the near future; extra knowledge and training on communication (from ILO training) will be incorporated.
- PepsiCo: Extension of programme to nearby schools.
- Hindustan Unilever Ltd.: Have already covered about 90% of supply chains, will extend programme to remaining 10%.



e) Evaluation of training, feedback and closing

ILO Certificates for participation in the training workshop were distributed to all participants.



The following feedback was given by them:

- The ILO team (HIV/AIDS) ensures continuous follow-up and always respond to queries.
- The ILO training session is very structured and easily replicable.
- The training added to their knowledge about HIV/AIDS, as well as organisation and practical training in WPIs.

- A sense of responsibility was felt to develop an effective WPI not only to increase their company's productivity, but also to reach the surrounding community, particularly the vulnerable sections.
- After having attended many such training sessions, the ILO training's way of sharing and imparting knowledge is the most exclusive and comprehensive.

Mr. Afsar (ILO) made the following closing remarks to the participants:

- Feedback to nodal person in their company/organisation with specific ideas for the WPI must be given.
- Revitalise, strengthen and regularise the meetings of core committee of WPI.
- Train, train and train.
- The peer education system must have monthly reporting and updating training to better their skills.
- Master trainers must be sure to visit ICTC, ART centres and have knowledge of DOTS, to be confident in their referrals to employees.
- Partnerships with PLHIV, other corporates, organisation and NGOs should be developed.
- The ILO is always at the disposal of all participants and their respective organisations/corporate for assistance.

The post training questionnaire was distributed and the workshop was formally closed.

#### **IV. Problems and Challenges**

- Two participants from Apollo Tyres received notice of the workshop only on the second day, which they attended, due to a mix-up on the part of their management.
- On the second day of the workshop, several participants had to leave before the training session ended, to catch their respective trains/planes back home.

#### **V. Recommendations and Conclusions**

- The safety of blood transfusions in general should be explicitly stated as a part of the presentation on the basics of HIV/AIDS.
- Facts/options about ART and TB treatment for HIV positive persons should be included in the relevant presentation about TB and HIV/AIDS.
- Some participants wanted a more comprehensive discussion about HIV status tests, ICTC, other testing and treatment facilities, costs of treatment, counselling and window period. In particular, some felt they would have benefited if they had been introduced to an ICTC/treatment centre during the course of the training.
- The message for the need for condom use with partners, even if both are HIV positive should be a part of the training programme.

- The additional presentation on ART on the second day of the training was a bit too technical and thus unclear to the participants. A presentation with easier and non-technical jargon, which still puts the key message across is recommended.
- Several improvisations were made on the second day of the training, in order to incorporate elements which had been requested by the participants in the registration and pre-training questionnaires (on the first day of the training). A way to circumvent this would be to send the pre-training forms (which would include suggestions and key areas of interest) to the participants (possibly via email) before the training takes place. In this way, the agenda, presentations etc of the workshop can be prepared by means of a more well-informed decision.
- It was seen that the many participants had attended previous ILO training workshops on HIV/AIDS. It is recommended to send other employees from companies/organisations, in order to disseminate the training imparted by workshop to the fullest and to as many as possible.
- In order to prevent participants from leaving the workshop before it has ended, it is suggested to shorten the duration of the second day of training or to possibly request participants to book their flights/trains at a later point in the day.
- The session on communication skills should be made a part of the training of doctors of public hospitals.

## VI. Appendices

### 1) Appendix I: List of Participants

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## 2) Appendix II: Main Resource Persons

1. Mr. SM Afsar (Technical Specialist, HIV/AIDS), ILO
2. Mr. Naveen Kumar (PLHIV)
3. Ms. P. Joshila (Programme Officer, ILO)
4. Ms. Divya Verma (Programme Officer, ILO)
5. Mr. Manjunath Kini (Programme Officer, ILO)
6. Ms. Seena Chatterjee (ILO)
7. Ms. Meera Malhotra (ILO)
8. Ms. Tehmina Abbas (Rapporteur)

## 3) Appendix III: Agenda

<b>Day I: 12 November 2008</b>			
<b>Time</b>	<b>Topic</b>	<b>Specific Objectives</b>	<b>Methodology / Resource Persons</b>
9.00 - 9.30 am	Registration  Filling up pre-test questionnaire		
9.30- 10.15 am	<b>Inaugural</b>	<ul style="list-style-type: none"> <li>- Welcome address by Mr. Andre Bogui, Dy. Director, ILO</li> <li>- Overview of the programme by Mr. S.Mohd. Afsar, Technical Specialist (HIV/AIDS), ILO</li> <li>- Trends of the epidemic globally - Dr. Charles Gilks, Country Coordinator, UNAIDS</li> <li>- Inaugural address by Ms. Aradhna Johri, Joint Secretary, NACO</li> </ul>	

		- Vote of thanks	
<b>10.15-10.30 am</b> <i>Tea break</i>			
10.30-11.a.m.	<b>Icebreaking</b>	- To create workshop environment - To set ground rules of the workshop	Facilitators: ILO
11.00-12.00	<b>Reducing HIV related stigma and discrimination</b>	- To explore personal attitudes and renew commitment to fight stigma and discrimination	Exercise, interface with a person living with HIV, discussion  Facilitators: ILO
12.00- 1.30 p.m	<b>Enhancing Knowledge</b>	- To enhance the knowledge of participants about STI/HIV/AIDS and TB	Presentation/ exercise/ Quiz/ brainstorming  Facilitators: ILO
<b>1:30- 2.15 p.m.</b> <i>Lunch break</i>			
2.15- 4.00 p.m	<b>Enhancing Knowledge</b>	- To share experiences and good practices of enterprises on WPI/PPP along following themes:  a. Workplace policy, development, dissemination and implementation b. Behaviour Change Communication c. Intervention amongst supply chains. d. PPP in HIV prevention e. PPP in Care and support	Presentation/ discussion, sharing by participants/ILO  Facilitators: ILO
<b>4.00 - 4.15 p.m.</b> <i>Tea break</i>			
4.15 – 5.00 p.m	<b>Enhancing Knowledge</b>	- To share experiences and good practices on WPI/PPP	Presentation/ exercise/ discussion;  Facilitators: ILO
5.00- 5.30 p.m	<b>Recap the learning of the day</b>	- To reinforce the learning of the day	Presentation of key learning by Participants Facilitators: ILO
<b>Day II: 13 November 2009</b>			
9.00- 10.30 a.m.	<b>Strengthening Peer Education System within enterprises</b>	- To appreciate the role of master trainers/peer educators - To share/discuss ways of strengthening peer education system	Presentation/discussion  Sharing by participants;

		- To discuss ways of monitoring peer educators	Facilitators: ILO
<b>10.30-10.45 am</b>		<b>Tea break</b>	
10.45- 1.15 pm	<b>Training and Communication Skills</b>	- To preset/discuss communication and training skills - To enable participants practice their communication and training skills	Presentation, discussion Practice sessions by participants  Facilitators: ILO
<b>1.15-2.00 pm</b>		<b>Lunch break</b>	
2.00-3.30 p.m	<b>Training and Communication Skills</b>	- To enable participants practice their communication and training skills	Presentation and discussion;  Facilitators: ILO
<b>3.30- 3.45 p.m</b>		<b>Tea break</b>	
3.45- 5.00 p.m	<b>Developing action plan for 2010</b>	- To enable the participants present and develop action plans for their organizations - To provide input to the HIV/AIDS action plan of the enterprise	Group work, presentations by participants  Facilitators: ILO
5.00-5.30 p.m	<b>Evaluation of training, feedback and Closing</b>	- To take feedback from some participants and administer the post test questionnaire - Closing remarks by ILO/USG/MOLE representatives	Participants feedback through the questionnaire and process evaluation form; verbal feedback

#### 4) Appendix IV : Abbreviations

1. AIDS: Acquired Immune Deficiency Syndrome
2. ART: Antiretroviral Treatment
3. BCC: Behaviour Change Communication
4. CD4: Cluster of Differentiation 4
5. CSR: Corporate Social Responsibility
6. DOTS: Directly Observed Treatment, Short Course

7. FSW: Female Sex Worker
8. HIV: Human Immunodeficiency Virus
9. HR: Human Resources
10. ICTC: Integrated Counselling and Testing Centre
11. IDU: Intravenous Drug User
12. IHC: India Habitat Centre
13. ILO: International Labour Organisation
14. MSM: Men who have Sex with Men
15. NACO: National AIDS Control Organisation
16. NGO: Non-government Organisation
17. PCR: Polymerase Chain Reaction Test
18. PLHIV: Person/People Living with HIV
19. PPP: Public Private Partnerships
20. RTI: Reproductive Tract Infection
21. STI: Sexually Transmitted Infections
22. TB: Tuberculosis
23. UNAIDS: Joint United Nations Programme on HIV/AIDS
24. WHO: World Health Organisation
25. WPI: Work Place Intervention
26. WPP: Work Place Programme