

“Prevention of HIV/AIDS in the World of Work: A Tripartite Response”

**Report of the  
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## **Inauguration:**

9<sup>th</sup> September 2009 from 5.30 PM

The workshop began with an inauguration meeting. The Chief Guest was Shri Mapanna Mallikarjun Kharge, the Union Minister of Labour and Employment, GOI. Other dignitaries on the dias, included the Secretary for Labour, Mr. Prabhat Chaturvedi, ILO governing board member for workers Mr. Adyanthaya and for employers side Mr. Y. K. Modi, Ms. K. Sujatha Rao, Secretary and Director General of NACO, Mr. Behrouz Shahandeh from ILO, Geneva.

In her **welcome address the ILO Director Leyla Tegmo Reddy** traced the beginning of the ILO project from its early days of implementation in India since June 2001. Employers responded to HIV in the World of work (WOW). There followed the Leadership from the Ministry, and now to the present day when a National Policy on HIV in collaboration with NACO, has been developed. Consequently, today, HIV has been included as a focus area in the ILO country program. The ILO is strengthening the workplace program of the country by working with NACO.

PLHIV play a key role in advocacy, she said, by sharing their personal story to reduce discrimination. ILO is a co-sponsor of UNAIDS, and acknowledges the work done by UNAIDS. The ILO Director welcomed the ILO delegation from China.

**Mr. S. Mohamed Afsar, Technical Specialist on HIV/AIDS & National Project Coordinator** screened the project documentary and presented the key achievements of the project. His was a daunting task of presenting ILO's work since 2001 to the present date, namely eight years work in eight minutes. He showed a short video encompassing HIV in the world of work done in India. .

He stated that ILO had developed some models and approaches, which though is a drop in the ocean, yet is of key utility for the national program. In addition, more important was, he continued, *'What did we change, and how will we sustain this change'*.

The research slide of his presentation showed studies like, 'Employers perception study 2001' – in which employers said that HIV was not an issue; the Socio economic study, which showed discrimination of PLHIV, and the Economic impact of HIV on a company 2005, which evolved to an intervention in Coal India

As for Workplace policies in the corporate sector, Afsar brought out the strategic difference of just having a policy from one that a company not only endorses but actively implements. Of such types, he stated that ILO has put in place around four hundred

workplace policies. Consequently, the main work of ILO had been in the field of advocacy.

Afsar emphasized that with PLHIV, the right to work makes the care and support program much more comprehensive. Nowadays with treatment, PLHIV can work like anybody else. He also highlighted that the Ministry of Labour (MOLE) has formed the National policy.

The achievements slide showed that MOLE has mainstreamed the Workplace policy and work on HIV. Thus, the advocacy work of ILO has resulted in a better environment for implementing HIV Workplace policy. Furthermore, Afsar stated that the programs of ILO strengthened the capacities of stakeholders and helped to develop training tools. In addition, ILO documented sustainable models of Workplace Interventions (WPI) and good practices like CBWE, Trade Union in construction worker, mining, and so on. In time, three states corporate, evolved as a group approach, growing eventually to 12 organizations working in over 150 locations

Afsar stated that for the State AIDS Control Societies (SACS), ILO developed a model, namely that of placing a Workplace coordinator, in the SACS office. As for engaging PLHIV for advocacy with the stakeholders against denial, ILO has worked successfully with the Indian Network of Positive People (INP+)

The relevance of Workplace programs, was because large numbers could be implemented at low cost, and best of all it was sustainable. Workplace intervention has been an effective strategy for reduction of stigma and discrimination. He added that the work with clients of sex workers and the Public-Private Partnership (PPP) models, emphasized this trait.

At this juncture, a **Documentation of Good Practices containing 11 case studies** were released by the Hon. Minister, which was the documentation of best practices. Each case study written analytically, on lines of what triggered action, and what was done to implement and quench the need for Intervention.



Next was the release of the **Training Manual for Enterprises on HIV/AIDS workplace policy and programmes and Public Private Partnerships**, which ILO improved over a period of five years, with the help of feedback from the companies using the manual. It was released in two languages.

In addition, commemorating the training of 165 PLHIV in advocacy, by ILO, a **Handbook for People Living with HIV on workplace advocacy along with an**

**advocacy and training video** in English and Hindi was released. The book has a DVD, with a training film.

To sum up the impact has been:

- National policy on HIV and WOW developed by MOLE
- ILO Code of Practice on HIV endorsed by NACO
- Indian Employers Statement of Commitment on HIV signed by seven national level employers organizations, and chambers
- Joint statement of commitment of trade unions signed by five central trade unions
- Indian network of PLHIV endorsed ILO Code of Practice
- 16 state-level enterprises and 10 corporate groups, having 136 units or plants, have developed their workplace policies
- 139 enterprises have developed a policy as a result of TA from project to USG partners
- ILO has assisted development of sectoral policies e.g. Goa where TTAG policy is applicable to 175 member hotels
- ILO has assisted 466 company policies

#### **Mr Y. K. Modi, ILO governing board member for Employers**

He began by congratulating ILO on its impressive work. He emphasized on the importance of workplace because 90% of PLHIV are in the working age group of 15 to 49, which is affecting the workplace and the economy. Therefore, business is directly interested and over the years the business community in India has shown interests, and many in the large groups both in the private and in public has taken interest. He added that all must concentrate on smaller enterprises as well as the unorganized sector. Similarly, the larger corporate sector must also have programmes for the surrounding people. He also spoke on the Employers support to the program.

#### **Mr. Adyanthaya, ILO governing board member for Workers**

As the governing board member for workers, his message was to concentrate on Denial, Stigma and Discrimination (DSD), for unlike in sub Saharan Africa, in India unfortunately there is DSD. Stigma can lead to workplace practices that discriminate the PLHIV. Focusing on the social dimensions of HIV, Mr. Adyanthaya, also gave examples where there can be mass discrimination as in Nammakal district of the Indian state of Tamil Nadu, or individualistic: as the murder of a PLHIV son by his parent, as they could not afford the son's treatment. Stigma, according to him was a social process that led to marginalization and labeling of people.

Mr. Adyanthaya highlighted the ILO Code of practice, which talks about giving a voice to the PLHIV, responsibility of the employers, and involving the workers at every level. He highlighted the fact that trade unions were totally committed to addressing this pandemic.

An action agenda for the MOLE must include monitoring the treatment, collaborate best practice on combating DSD in the workplace. MOLE is a model ministry, he observed,

and it must participate in the International forum for dialogue. He urged the Ministry to monitor HIV programmes for vulnerable groups of women and children.

**Mr. Behrouz Shahandeh, ILO Geneva**, spoke instead of Sophia Kisting who was suffering from flu and so did not attend. He stated that the India response is well coordinated by the Leadership provided by the National Council of AIDS, NACO, and the top-rung business leaders. India has shown exemplary political in its response to HIV. He lauded the National AIDS Council for its commendable support, which was significant considering the size of the country. There is good focus on the multi-sector response and the effort to mainstream the World of Work in the National response. Highlighting the importance of work place intervention, he noted that 9 out of 10 HIV positive people worldwide are in the working age. The National policy work must be congratulated, he stated. He was happy that the private sector had risen to the challenge.

Mr. Shahandeh was delighted with the HIV Project in India. The ILO project, according to him despite having a modest budget, had demonstrated good practices and sustainable models had been developed and documented. In addition, WPI programs have been rolled out, he continued, across wide locations in the country. Moreover, Unions have covered the formal economy. Effective engagement with people living with HIV had been forged. Yet, much needs to be done, considering the size of India, especially among the Migrant workers who represent the informal economy. Further, the project in India was the first successful ILO Project, with support from US Department of Labour. India's success led to projects in twenty countries. The ILO India Project has been a source of inspiration, but he emphasized that the next steps would be to replicate best practices. The ILO code is anchored in human rights and gives everyone the right to work despite their status. Mr. Shandez expressed his gratefulness to the tripartite partners for their support.

**Ms. Kimberly Waller, Coordinator of US Government HIV/AIDS PEPFAR programme**

She began on a personal note on how she comes from a family of many generations of workers. Therefore, it was but natural that she supported and stood for the culture of work and its ethics. Ms. Kimberly highlighted that in India ILO provides direct support to the US DOL in three states of Maharashtra, Karnataka and AP. Highlighting the strategic interventions implemented by ILO in these large southern states, she emphasized that she was committed to continue working on increasing ILO's workplace programme in India.

**Ms. Sujatha Rao, Secretary and Director General of NACO**

The Director General of NACO warmly thanked the ILO Director Leyla Tegmo Reddy for the ILO team, and the MOLE for the leadership and for factoring HIV in the world of work. She appreciated the formation of the NAC headed by the PM. She added that of all the ministries, the MOLE has done mainstreaming of HIV on its own, which is an outstanding task. Thus with the MOLE coming out with the National policy in the cabinet, the ministry will be able to scale up the WPI.

The importance of Workplace Interventions is gaining ground everyday around the world, she continued. Migration is the key. Mumbai, Maharashtra, Karnataka, Coastal AP, namely the developed parts of the country, attract the migrants who earn the money as well as HIV from these more developed parts of our country. An example, she stated, was Behrampur in Orissa, where by a hundred-year tradition, people from Behrampur migrated to work in Surat. Consequently, today, three out of 100 people in Behrampur are PLHIV. People were getting impoverished due to HIV.

MOLE, she continued, was an applicant to GFATM for a 45 million grant for mining, and construction WPI. Hence, the GFATM grant expected in November would help to scale up WPI in the country. Ms. Sujatha also showed how USAID risk mapping of Industries in the country helped to delineate which industry is more vulnerable to HIV and so must have robust programs.

The worker unions are willing to work in the informal sector as well as in the small and medium scale industries, which is much disorganized. This is heartening, she added. Additionally, she commented that the PLHIV film brings out the tragedy of the human beings involved in the disease.

#### **Mr. Prabhat Chaturvedi: Secretary MOLE**

HIV affects the most productive sector of the workforce, Mr. Chaturvedi reiterated. ILO's HIV Project along with the Ministry of Labour since 2001 had done very encouraging work. Employers and Workers Organizations had adopted statements of commitment. Furthermore, ILO programs have begun covering the informal sector of the workplace. An assessment of the WPI work in the country was done. Additionally, considerable work is being done in the social front. However, a lot more needs to be done which requires support from all stakeholders. The CBWE has mainstreamed programs that reach three hundred thousand workers. The VV Giri Institute also caters to NGO, and training.

The Secretary highlighted the fact that the National Policy on HIV and the World of Work was an important achievement of MOLE which addressed crucial issues of stigma and discrimination and safe migration among others. He also said, that the government will approve the policy, which the ministry will implement among the 400 million workers in the country. Then, PLHIV can live without DSD. People need to be motivated and empowered. There is support from CBWE, ESIC, and VVG NLI. He ended by saying that the Ministry looked forward to a fruitful collaboration with ILO.

#### **Mr. Mallikarjun Kharge: Union Minister for Labour and Employment**

The Minister complimented ILO for the program entitled, "Prevention of HIV in the World of work: A tripartite response" with the partnership of key organizations like CBWE, ESIC, and VVG NLI to reach out both to the formal and informal sector. He

stated that it gave him great pleasure to inaugurate ILO's dissemination workshop for the effective implementation of its Project since 2001. HIV, was a major threat to the World of Work and he restated the fact it has the maximum impact on the most productive segment of the labour force. Moreover, Gender inequality, and low income make women as particularly vulnerable. Accordingly, HIV has emerged as the major workplace issue the Ministry of Labour was providing leadership to the Workplace Programme.



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Though, India is successful in containing the epidemic, yet there is a lot to be done as the epidemic is spreading from the High Risk to the general population. NACO is providing the leadership, and the Statement of Commitment by various employers is significant. MOLE has developed a National Policy on HIV and the world of work, in consultation with NACO, ILO and other social partners. The National policy has been approved by Government of India, which will be formally launched soon and will be disseminated widely.

The success stories of the institutes like VVG NLI and CBWE give confidence to carry forward the momentum of this program. Regional language translations of the literature must be supplied to help the states. He requested the Health Department to take note of this. Praising his Predecessor Oscar Fernandez, the Minister said, Oscar worked all over the country as if he was employed by the ILO! Moreover, he continued that Oscar's work has been the main reason for the success of the ministry's contribution.

Afsar informed the Minister that the SACS and CBWE have translated the manuals into all the major Regional languages.

Next followed the presentation of mementoes.

**Vote of Thanks by Mr. S. Mohamed Afsar:**

Mr. Afsar acknowledged the contribution by the Secretary and the previous ones to the program. The social dialogue between employer and worker HIV, he stated was interesting as it was an agenda where both employer and worker always agreed upon. Afsar paid thanks to USAID for the states work. To all the private sector companies, senior personnel who have a pulse on the WPI program, he stated, he was indebted. As for the PLHIV, he was thankful that the right to work is being recognized. He specially mentioned Tata Steel for their pioneering work and achievements in WPI.

## **Session – 1 India Impact Survey/ Final Evaluation:**

**Chaired by Mr. S.K. Srivastava, Additional Secretary, MOLE, / and Mr. Behrouz Shahandeh**

Presenters: Highlights of Final Evaluation - Mr. Behrouz Shahandeh/  
Impact survey by Mr. Swapnil Shekhar, Sambodhi,  
Findings of workplace policy implementation study by Ms. Sweta Das, Consultant

Mr. Srivastava, in his opening remarks complimented ILO for their work, and commitment. He complimented Mr. Shahandeh for his leadership provided to the project. He stated that ILO followed up on the meetings with the Ministry. As for Private Corporate Sector, Ministry can only access them through the Associations along with the ILO. The way ILO responded to the platform given by the Associations was extraordinary. Thus, ILO is offering technical assistance to AVERT in Maharashtra.

During the present Socio-economic recession, he said that NACO has done the studies as to which are the vulnerable areas and accordingly which are the areas that must be prioritized. Moreover, NACO has gone down to the district level and identified about 200 of the Category A and B districts. Mapping, and proposal for Round 9 of GFATM is also based on this categorization of data maintained by NACO.

He highlighted that this development sector rides on stakeholders support; MOLE supported by the committed staff was able to draft a policy - which is a declaration of an interest and commitment. He highlighted that MOLE took a stand that World of Work needs a separate policy, despite the presence of National Policy on AIDS brought out by the NACO, and the MOHFW. Since WPI applies to different stakeholders and workers, ILO has taken into consideration the nuances of the workplace, and care to emphasize the criticalities of the WOW. Ministry of HRD has to play a vital role, especially in creating the awareness of HIV.

He then invited **Mr. Behrouz Shahandeh**, Programme Manager, ILO/AIDS, Geneva to make a presentation on the Final Evaluation conducted by an external consultant Ms. Mei Zegers in November 2008. The overall purpose of the study were to assess if stated objectives of the project were accomplished, what are the sustainability mechanisms put in place and see what kind of changes need to be incorporated into the project. Some of the key recommendations we can highlight are:

- A third phase of funding recommended to USDOL and PEPFAR
- Modify PMT and turn it into a permanent working group on implementing HIV workplace programmes
- Sectors that require more attention include public sector workers, migrant and construction workers and other informal economy workers
- NGOs and civil society groups particularly PLHIV to be integrated in tripartite planning and development of programs

- Ensure lawyers and judges are adequately trained to enforce legal framework to protect workers with respect to HIV
- Improve tracking measures of policies adopted by tripartite constituents and their NGO partners

### **Swapnil Shekhar: from Sambodhi**

Presented the end line Impact Assessment of ILO Project as the **Highlights of the Final Evaluation**. For this, Shekhar stated Sambodhi compared the Baseline study over time to derive the End line assessment. The Impact of the interventions among the organized sector the evaluation assessed by measuring the change in behaviour. For, we know that: Knowledge -> influences -> attitude -> and practice -> leading to ->change in behaviour

The broad Objective of the study was

- To assess the impact of the interventions among organized sector (Corporate Groups) and unorganized sector (CBWE and Trade Union) and compare it against baseline indicators.

Specific Objectives

- Assess Knowledge, Attitude, behaviours and practices on STI, HIV, and AIDS

Sambodhi undertook the study with both formal and informal sector, sample consisted of six corporate houses for the formal sector inquiry, CBWE and Trade union Interventions for the informal sector inquiry. The findings are:

#### **Impact among formal economy workers/ corporate employees:**

- The knowledge about correct routes of HIV transmission improved by 20 percent point (base line 68.97% to end line 88.70%)
- The knowledge about HIV prevention methods improved by 15.85 percent point (baseline 66.48% to end line 82.33%)
- Myths and misconceptions decreased by 8.4 percent points (baseline 13.4% to end line 7.64%)
- Researchers noted a significant reduction in discriminatory attitudes. An overall improvement of 17.7 percent point in favorable attitudes towards PLHIV (baseline 72.13% to end line 89.83%)
- Safer sexual behaviour developed. The condom use with casual or commercial sex partners increased by 28 percent point (baseline 57% to end line 77.8%)

#### **Impact among informal economy workers:**

Block level intervention of CBWE

- The knowledge levels on routes of transmission improved by 47.27 percent point. (baseline 41.73% to end line 89% )
- The knowledge about HIV prevention methods improved by 9.49 percent point (baseline 79.51%, to end line 89.0%)

- Myths and misconceptions decreased by 16.08 percent points (baseline 29.71% to end line 13.63)
- There was significant reduction in discriminatory attitudes. An overall improvement of 27.66 percent point in favourable attitudes towards PLHIV (baseline 56.69% to end line 84.35%)
- Safer sexual behaviours developed. Sexual relationship with non-regular and commercial sexual partners decreased by 5.1% points (baseline 9.6% to end line 4.5%) with a marginal increase in condom use (baseline 58.19 to end line 60%)

### **Unorganized Sector – Trade Unions**

- The knowledge levels on routes of transmission improved by 24.64 percent points (base line 63.97% to end line 92.9%)
- The knowledge about HIV prevention methods improved by 47.29 percent point (baseline 42.2%, to end line 89.49%)
- Myths and misconceptions decreased by 11.29 percent points.( baseline 19.86% to end line 8.57)
- There was significant reduction in discriminatory attitudes. An overall improvement of 36.04 percent point in favorable attitudes towards PLHIV (base line 54.64% to end line 90.68%)
- Safer sexual behaviours developed. Sexual relationship with non-regular and commercial sexual partners decreased significantly by 19.1% points (baseline 22% to end line 2.9%) with a slight decrease in condom use (baseline 65.91 to end line 50%)

**The discussions** on the survey were,

1. How was the sample determined?
2. Whether the programme input was same in all interventions?
3. What kind of intervention was done by the partners?
4. Whether the study looked at geographical or sector variances.

Swapnil Shekhar, responded that the research design involved the Target respondents of the organized sector worker and the unorganized sector workers by random sampling method. The numbers (N) were 525 and 210 in the two groups respectively, so that 14% were Management and 86% were workers.

For the **Sample Distribution**, the knowledge indicators showed about 19 percent increase in correct knowledge of all four modes of transmission, a 11 percent increase for Myths and Misconceptions, as well as, a 29 % increase in Knowledge of HIV prevention methods.

In addition, **prevention indicators like ABC**, showed a significant increase. Like percent increase in workers who intentionally reduced the number of partners in the last six month was 3.02%. Percent workers using condoms was 35% increase

There was significant improvement observed in workers attitude towards PLHIV. For instance the attitude indicators used were: like living with HIV positive family member, allowing children infected with HIV to study in a common school and so on.

Moreover, there was significant improvement in **awareness and access of services**. For example, over sixty seven percent presently as compared to the 4.7 percent in the baselines were using HIV services in the past six months in the workplaces. In addition, the percentage of users who were aware that HIV services are available in the workplace was 85% which is far greater than the 22.71 % reported in the previous baseline.

As for the **awareness of HIV policy** at the workplace there was a 29% increase in awareness from baseline to end line comparisons. It was just not awareness, Shekhar emphasized, but the response to the different dimensions of the policy was measured and an aggregate was made.

For the CBWE similar structured indicators were used. For the indicator of Correct knowledge of all four modes of transmission there was a 47.3 % increase. For the other indicators too the percentage increases were similarly significant. Safer sexual behaviour was reported on the observation that there was a reduction of 5.1% in partners.

Shekhar stated that an overall improvement of 34 % in **attitude towards PLHIV**, marked significant positive outcomes on the attitudinal improvements at the workplace. Similarly, Care and treatment services also had significant improvements.

In the **Trade Unions** for the indicator of correct knowledge of all four modes of transmission, there was 24% increase and 12% increase for Myths and misconceptions. 26.5% of the respondents reduced the number of partners in the last six months on perceiving correctly the risk of HIV. As for the Attitudes compared to the baseline, there was an improvement of 40%

**Awareness Indicators for Care and Treatment** services percentages rose from 5% to a whopping 97.1%. Moreover, for those utilizing HIV services in the past six months the percentage rose from 9.8 to 97%

### **Sweta Das: Status of Implementation**

Presented the **Status of Implementation** of HIV project. She stated that the role of ILO was catalytic. All the policies that were developed followed the ILO code of practice in principle. Prior to developing the policy, sensitization of senior management was vital. Subsequently, ILO built capacities and provided training tools and IEC materials. A unique strategy was the placement of Workplace Coordinators at the level of SACS, which helped in building partnership of enterprises with SACS. Sweta reported that now Partners acknowledge the support of ILO to their policy and programs.

In **Policy Development**, the PLHIV involvement in advocacy was a useful strategy. Policy development involved discussion and debate on cost for care and treatment, adjustment of leave and reasonable accommodation and salary compensation. Nodal persons of companies were instrumental in keeping the organizations focused on HIV.

For **Policy Dissemination**, Sweta stated that the strategy was to use Master Trainers and Peer Educators. Moreover, including the policy in the employee manual and the induction training, especially for the illiterate proved helpful. Likewise, policy dissemination helped to clarify the organization stand and promoted trust among the employees. Sweta stated that those PLHIV affiliated with networks or organizations were more aware about HIV issues and its workplace nuances.

Observations on **Policy Implementation** showed there was no evidence of any pre or post employment HIV testing. Moreover, the needs of PLHIV were well accommodated and Prevention awareness workshops integrated into the regular training programs like part of HRD trainings. In addition, the required services and referrals were provided. Also, organizations reimbursed Care and Treatment costs, maintained confidentiality. Thus, the Statements of Commitment, which they signed, are being implemented. HMS and INTUC have developed and implemented their own policies.

The **Key findings** were that the rights of workers were upheld. In addition, the Employers feel that HIV is an issue serious, as it affects the economy of the business and the morale of the workers. There is good support available, as Trade unions could mobilize resources from NACO and SACS for interventions in the informal sector.

The **Question session** brought out the following queries from the audience:

1. What is the time-frame between baseline and end line
2. What is the intervention that took place 2006 to 2009 the project intervention took place, advocacy, treatment services, policies initiated,
3. Was the intervention in the organized or unorganized as the figures are the same for knowledge indicators?

The speakers responded well giving the period of the project and the study. The Focus was on the unorganized sector. Special mention was made by a member of the audience about Coal India as it has Special Leave for PLHIV. Also, the member observed that HIV was included in Training programs of Coal India since 1994,

Another member asked about the **geographical variations** in the programs and why **control groups** were not used to study the impact. The panelist responded stating that the geographical distribution, and selection of sample was across the country, for the corporate groups and so it was well considered. However, in the case of CBWE, and Trade Unions, there was not enough numbers to study the geographical distribution. Also, he observed that there is a significant difference on comparing against the geographical distribution. Explaining the reason for not using Control groups the speaker stated that this was not done because a good baseline study had been completed and the data was available.

Members also reiterated that they have policies but the problems are in its implementation, both in the corporate level policy and at the state level policy. The responder stated that the Coordinator at the State level helped not only to develop the

policy but also to implement. Also, by the partnership with the government, implementation is sustained and strong.

A final query from a member was how to consider homeless people in the ILO scheme of things, like those who are residing in the streets and the Home based workers. The response from the panel was that there were NACO programs for street kids as well as for refugees and destitute.

Afsar stated that the Policy Implementation study is based on the concept of, “Treating HIV like any other major illness”. Also, “HIV status is not important, Medical Fitness is!”

Srivastav highlighted that the Informal economy is the focus. Improvement and linkages between MOLE and Ministry of Health is being taken up and there is improved coordination also with the Ministry of HRD as well.

Tea Break

## **Session II: Mainstreaming HIV in MOLE and its Institutions:**

This session was chaired by Mr. Dev Verman, Joint Secretary MOLE and co-chaired by Mr. Charles Gilks, Country Head, UNAIDS, India.

Mr. Dev started the session, by drawing on the erstwhile Manipur experience of parents who were putting their children in jail, and treating them like animals. Fortunately, he continued, such an attitude has changed today. With help of the ILO, mainstreaming activities in the ministry has been done well.

The session had presentations by Mr. Vikas, Director, MOLE, on the leadership provided by the ministry in developing a national policy on HIV and the World of work, mainstreaming HIV in its institutions, took initiative to develop a proposal for the Global Fund for AIDS, TB and Malaria for the round 09. He also presented how sensitized the staff at MOLE were through the trainings at VVGNLI.

**Vikas** speaking about, ‘**Mainstreaming HIV in MOLE Institutions**’, reiterated the story of 2.31 million PLHIV, the productive age group between 15 and 49 that were infected, the 440 million workers in the country, of which 93% were in the informal sector, and how PLHIV face stigma and discrimination.

The **response of MOLE** was a National policy developed and based on the ILO Code. The Statements of commitment on HIV from Employers organizations and trade Unions was as significant. Today, HIV is mainstreamed into Key MOLE institutions like VVGNLI CBWE and ESIC. In addition, the Capacity building for Enterprises, Trade Unions and Employers organizations have been undertaken.

MOLE chairs the ILO project since 2001. Moreover, MOLE is a member of the National Council on AIDS, which is chaired by the PM. Also, MOLE is a member of the India CCM, and so MOLE has submitted a proposal to Round 9 GFATM. Furthermore, India has ratified ILO convention No.111 concerning Discrimination (Employment & Occupation). The main thrust of the **National Policy** was to:

- Prevent transmission of HIV infection among workers
- Protect the rights of PLHIV
- Provide access to care and support
- Protect workers from stigma and discrimination, assuring them equity and dignity at the workplace
- Ensure safe migration and mobility with access to information services on HIV.

Highlighting the role of the CBWE, he stated that it is reaching out to three hundred thousand workers per year with programs. The CBWE has pilot intervention for unorganized sector in Bhopal , Delhi, Pondicherry and Ranchi.

VVGNLI has programs that cater to labour administration, trade unions, enterprises, and NGOs.

ESIC hospitals are providing treatment for HIV. HMS works with 3000 migrant workers in Jharkhand. CITU with 4000 mineworkers in Jharkhand and West Bengal. INTUC with 1000 railway workers. CII member companies had 944 companies policies, a few ART centers, and 2 ICTC in partnerships with NACO and SACS. FICCI has a project on HIV with USAID and PSI in AP and Karnataka.

#### **The Way forward:**

- Provide leadership and policy directions to HIV response for the world of work in India
- Upscale focus on informal or migrant workers with NACO, ILO
- Mainstream HIV in other MOLE institutions DGLW, DGET and NCLP
- Effective dissemination of the National policy
- Set up mechanism to implement the National policy.

Two of MOLE institutions CBWE, VVGNLI also made presentations on how the institutions have been able to integrate HIV in their regular programmes and have developed IEC materials and their partnership with the ILO and reaching out to more than 300,000 workers by CBWE and over 3000 participants through training programmes at NLI.

**Afaque** started the presentation on **Mainstreaming in CBWE** with the history that it was set up in 1958 by Govt. of India. It is Tripartite in nature, Central organization of workers, employers and Government. It aims to educate the organized, unorganized and rural workforce for their effective participation in the socio-economic development of the nation.

In 2001, **Phase I** was begun where a platform with a reference manual, based on the needs assessment. Then there was the capacity building program, and the Education

capsules developed. Later the sensitization programs for the senior officers. There were IEC materials in 12 local languages. Even now, there are ongoing refresher programs as part of IIWE

**Phase II** integrated HIV capsules as part of the regular programs of CBWE. There was now optimum use of IEC material. Also, better facilitated were the organizations in framing their HIV policies. Moreover, there were regular refresher training programs for officers and staff.

The total Coverage from 2002 to 2009 was 18 hundred thousand workers.

IIWE conducted the Training of Trainers for the Trade Union Activists, as well as the Refresher Programs for the Education Officers. In addition there were special Programs for Road Transport corporation Ltd, Goa, For Trade Union Activists, Second line Union leaders, a one-day seminar for workers of Neyveli Lignite Corporation, for Trans-genders at Mahabalipuram, and for Sex Workers at Chennai.

**Phase III** was from June 2007 whereby Block Level Pilot intervention program was begun. The programs for Tribal and Forest workers, Construction workers and other groups were initiated.

**Future plans:**

As per CBWE HIV policy the focus is on educating workers, especially unorganized sector. Plans are also on the anvil for holding Master training programs for Trade Union activists, and for Exposure educational visits.

**Key lesson:**

Leadership and management make a difference.

**Ruma Ghosh**

kick-started her presentation on VVGNNLI by tracing its success from its origins in 1974, to the present day where it has seven centers. She stated that the center was selected as a technical resource group by NACO for WPI in 1999. In 2001 with ILO collaboration the Institute was able to contribute better to the project.

With Ministry of External Affairs, the Institute conducts a three-week ITEC SCAAP course for International delegates. Training of Education Officers of CBWE is also a regular activity

For Central Labor services, and for the MOLE department like DGET, DGLW, DGFASLI, DGMS, the Institute's services has always been sought.

Studies like the one on Migration and Vulnerability to HIV, were some of the contributions made by VVGNNLI. The focus has always been towards Evolving Viable Interventions strategies and reaching out to Partners through Training programs and Resource Materials.

For the labour administrators, Handbooks, developed and training conducted. Training program for Directorate General of employment and Training, as well as, Coverage of HIB capsule course in VVGNLI trainings

**‘Scaling up of program in Vocational Schools’**,

was the name of a very interesting presentation by the delegation from **China** on their efforts to integrate HIV in the Vocational Schools in China. This presentation was unique as it was in Chinese and was translated by Ruliga Wu. Mainly it detailed the training of about 1500 Peer educators with the help of China Family Planning Association. In addition, 2000 vocational school teachers received training on HIV and ways of integration into the curriculum of Vocational training.

The Chinese team expressed their desire to learn from the Indian experience. “You have lot of good practice. China and India are similar, like for example the issue migrant workers.”, said the presenter striking up a rapport with his audience. The Chinese speaker next emphasized that today such issues like vocational schools are looked upon in China as important for conducting HIV programs, because of a landmark survey. Out of 1602 female students, the survey showed that 11.3 % of them had sex, and among these 62 % had got pregnant before marriage.

Disconcerting was the fact that the students got mostly incorrect information on sex from websites and books, just ten percent sought info from friend and only a negligible percentage sought the correct information from school and family.

Consequently, there was a need from the faculty and the parents for the program. The program was integrated into vocational schools. Numbering over sixteen thousand in China these vocational schools have a captive population of 18 million students with most of them hailing from the rural provinces.

Hence, MOHRSS developed policy in 2006 and requested all vocational schools to integrate HIV into their curriculum. Also, the project developed tools for teachers to start HIV training.

TOT training for teachers on how to organize participatory training programs for students were then done. After the training, they integrated the sex education modules into the related subjects already present in the syllabus for the vocational schools and thus were able to conduct the program in the vocational schools.

**Monitoring and evaluation** was a challenge for MOHRSS. With a thousand schools and double that number as teachers, who have now been trained, the challenge is now being addressed. “*Our plan is to reach five million students in the next five years*”, the speaker said enthusiastically.

The coordination with the Ministry of Labour has helped the project. The subjects are integrated along with those on Psychological development. “*The issue in integrating is to*

*find out the entry point. Another issue is ownership. This program is about students' needs, faculty needs, Management and the parents and less about labour. If the Ministry of Labour has this program then it can cover a lot of students", the speaker said.*

*"We also have **challenges**", the speaker continued. "The Curriculum in the schools has HIV and exams. Asking the vocational schools to submit the Curriculum or exam paper is not a good method of evaluation. Moreover, we want to change the behaviour and this was a challenge".*

Moreover, sex is a sensitive topic, and what and how to introduce sex and HIV to the students in a classroom is a concern for the teachers. In some areas, the people are very conservative, and in some places, they are very open. Hence, the approach must be dovetailed and this is also a challenge. Also, the information on sex present in the websites accessed by the students is not factual and yet more than 60% get their information from there.

The Chair appreciated the special effort of the Chinese delegation to translate and present the text in both Mandarin and English. The chair also stated that regarding websites with erroneous information, the role of ministry and Government normally is to correct the information on the websites. However, this is hard, as the numbers of websites are numerous, with many of them hosted from outside the country.

Moreover, MOLE is working in the policy level and then in the practical level at the translation of the modules both for the formal and informal sectors. Other ministries could take a leaf from here.

#### **Key lessons;**

- Mainstreaming is possible with commitment from Top, National Policy has been developed which will be launched soon.
- For dissemination and implementation, the institutions under MOLE such as CBWE, NLI will play an important role.
- Capacity building is a key factor in mainstreaming
- Coverage is multiplied when HIV is integrated into the regular programmes of Institutions
- Low cost programme,

#### **Lunch break**

#### **Session III Employers or Corporate Response to HIV: Models and Lessons**

Chaired by **Mr. Behrouz Shahandeh** and was moderated by **Mr. Afsar and Divya**. The facilitators highlighted the themes that stood out in the good practices documentation and invited the corporate group partners share more information. The session provided insight into the perspectives, processes and challenges of implementing workplace policies and programmes.

There is documentation from eleven corporate in terms of the work done in BCC. The documentation team looked at the materials that were developed. The examples of Ambuja Cements, who had **IVRS**, especially in the Himachal side is a sterling one to connect far-flung units. ‘*Why IVRS was set up and would you like to set it up in other units*’, was the question that was asked to the Ambuja Cements representative. He responded stating that Ambuja Cements were getting around thirty to ninety queries mainly on what are the WPI programs that are done by the Company. He also stated that they are planning replication of the IVRS in Maharashtra.



Another representative demonstrated a method of how to take forward the policy to every employee of the Company. They made sure that the **MD’s letter along with the policy** went to every employee and they made sure that people read the e-mail. Now it is more than a year after they started the program. The lesson is that one must not hurry to develop the policy, but discuss with all the stakeholders to make

policy development as inclusive and participatory as possible.

### **Master Trainers and Peer Educators**

SRF: When it came to spreading the message, SRF invited volunteers, namely a group of young people, who were then trained as Master Trainers. The amount of training programs in three years, and the enthusiasm was so strong and high that it motivated the management to support the program. Volunteers were allowed to carry a separate visiting card, as Master trainers, and the sense of pride they have is due to the new knowledge they have gained. The visiting card mentions that the person is a HIV Trainer. The visiting card easily tells people that the bearer of this visiting card has some knowledge on HIV. Hence, people ask the Volunteers their doubts as well as information on the services that is provided. In addition, Volunteers have undergone training four times.

Also Master trainers from one company are invited from other places and this practice is also catching up. As for selection, it is necessary to look out for good performers in the Company who only will volunteer. If a person is not working well for which he is being paid, it is unlikely that he will work voluntarily!

Master Trainers also provide condoms, movies, and IEC materials. Once the master trainers designed materials on HIV work, and are disseminating among the workforce. Examples from Marilene, Engineering company, were stated.

If in the key result areas, the employee has an objective like to carry out HIV awareness then the supervisor must be sensitive to allow the employee to implement those aspects of WPI.

## **INP+**

Representatives shared their GIPA work in Rajasthan, stating that in all the ICTC there are 167 PLHIV. Support from big companies are there, for involving the PLHIV in the program. The main area is Stigma and Discrimination. As one listens to the stories in the own words of the PLHIV, it makes a difference to the program in the world of work. The Positive Network Representatives requested that PLHIV be involved in training, in project planning, in reduction of Stigma and discrimination, and GIPA activities.

An **ESIC** member gave a very positive interpretation of the acronym AIDS, using each letter in the acronym for an adjective with positive feelings.

**JK Tyres, Apollo Tyers, TCIF**, are also doing programs for Truckers. PLHIV here are not involved only in WAD. More GIPA activities are being seen as the domain for PLHIV. In addition, Companies are moving forward on the CSR front and progressing from Company to Community, as well as to supply chain management.

About the in-house employees of TCIF, the organization has appointed a nodal person to implement the program, the HRD make sure that employees attend the program. There is an HRM committee that meets quarterly to review the work plan.

## **For Tata Steel,**

Dr. Gardin shared how policy has changed from the one drawn up in 2001. WPI started in 1993 in Tata Steel. The lesson learnt was that companies must have a strong management unit. Second is the policy must have associated aspects of sexual health, and gender. The infrastructure is such that at the workplace the company has HR people, and in the community Tata Steel has Peer Educators.

Nukad Natak is a favourite activity. Tata Steel involves PLHIV in every activity. Also, the Company has a nodal centre for HIV as well as a hospital.

The Tata Steel policy has changed due to alterations in its commitments, new population, and evolving needs of the workers and other stakeholders. Also, the Company wanted to include the clause on free treatment for PLHIV. Presently, out of 40,000 workers there are 52 PLHIV. The count is 600 in Jamshedpur community. Care is also provided free of cost to family members of an employee.

**Lalitha** described a different model of supply chain, which worked in remote areas where no other agency is available. The Clinic premises inside the manufacture location proved to be successful for providing treatment. In 2007, the organization liaising with the Government established the first ART center by PPP.

**TCIF** with the Truckers, Kushy clinic, awareness, 8,00,000 truckers. 21,000 truckers for STI, Core committee for WPI in TCI. Master Trainers. – a module on HIV in all our training programs. We have also included the HR dept. We have the support of the top management.

**Coal India** shared its experiences of having an ICTC started and run as a PPP. The representative spoke on what are being done in terms of services. The subsidiary has two or three hospitals. Whatever training program they do, they make it a point to introduce or include HIV. Also in schools, they teach in ninth and tenth standards about HIV. With 1800 doctors employed by the organization, there is no separate budget for HIV, as it is taken as a part of the medical expenditure. Placing a slogan and pamphlet along with the pay slip was one of the strategy for awareness.

Often here, the Blood bank officer doubles up as the ICTC officer. That way the Officer gives the message, for both volunteering blood donation as well as for HIV testing. As for medical fitness of PLHIV, mostly they make a change in the job with a shift to a minor job while the HIV treatment will continue. An added advantage was that the fear of HIV testing is diminished very much by the experience and correct information received during voluntary donation. Other examples of PPP were that of **Ambuja Cements** and **Apollo Tyres** with **WBSACS** for a trucker's intervention.

Finally, Work place Interventions cost nothing. Master trainers can extend their outreach to other nearby organizations and communities. In addition, funding is available from external sources.

#### **'Expanding circles, Laos,'**

was the title for a presentation by **Eric Carlson** the ILO HIV Specialist for South East Asia and the Pacific. He gave a brief overview of the ILO Project's work with HIV policy, and training amongst the hotels in Laos. They started with the ILO code, national guidelines, to develop the Laotian version of ILO code. He reported that the group invoked a tripartite drafting group and launched their own tripartite declaration in March 2009.

One of the Gaps is that MSM, IDU and TG have not been included in the WPI so far. In the spirit of solidarity this tripartite declaration, aims at providing a guideline to responsible authorities and stakeholders in developing their policy at the workplace against HIV.

**Mobilizing the Hotels:** Through the project 15 hotels were mobilized into starting WPI or endorsing policies. The support from the Lao National Chamber of Commerce and Industry (LNCCI) is crucial. Accordingly, they had to adapt the materials to fit the Hotels needs.

The experience taught that trainings must be short; not more than two hours. Moreover, not all the hotels have the same training capacity or infrastructure for training. In addition, case studies of actual HIV situations affecting hotels are needed to make the materials more relevant.

Socio economic crisis has caused a large numbers of job losses in industries employing primarily females like the garment industry. Consequently, these women are moving to the entertainment sector and to sex work. Hotels can make a difference.

HIV is a health issue not a labour issue. Work with Hotels has been a way to launch the code of practice, as well as share practices.

Tea Break

**Session – IV: ‘Reaching Migrant Workers and Response of Trade Unions’.**

was chaired by Ms. Aradhna Johri, Joint Secretary, NACO.

Aradhna explained the epidemiology trend in the country and the key position of a Migrant worker in the spread of the epidemic. The epidemiological analysis point to a good response in the southern states, she said. However, in the Northern states the HIV prevalence has been increasing mainly in the migration belts. Therefore, reaching Migrant Workers who now number 4.2 million and an additional 2 million Truckers who are the bridge population is the key to halting the epidemic in the country.

Referring specifically to Migrants and Truckers, she stated that 73% of NACP-III funds are committed for Prevention. Mainstreaming HIV amongst the various Ministries and including the Corporate sector in the response is therefore an essential activity.

The **Definition** of a Migrant in NACP-III she stated was “*Single men and all women in the age group of 15 to 49 who move between source and destination within the country*”.

**Factors**, which make migrants vulnerable are, poverty, lack of awareness, loneliness, drudgery and long periods of separation from spouse, and for females the risk of being trafficked into sex work. Accordingly, outreach and communication will include differentiated outreach based on risk and typology, at the source and destination level intervention. The services include condoms, linkages to STI, ICTC, ART, as well as drug and alcohol de-addiction with adequate referral and follow up systems.

Enumerating the **Challenges**, Ms. Johri held that involvement of the networks, family, cultural clubs were crucial for ensuring regular uptake of services. Further, the migration routes are dispersed and distantly located making it a costly affair to establish a regular connection between the source and destination localities. As a result, prioritization of the transit needs during the migration route must be taken care of. Hence, using techniques like satellite conferencing, could be the solution in the future.

The rationale for Trucker Interventions, she reported was that the volume of risky sexual transactions are high with 32 % of truckers involved in casual sex.

**Presentation by China on Internal Migrants**

First presentation was made by Mr. Richard Howard from China on how the intervention is carried out for migrant construction workers in China and the film which was highly appreciated by all.

With 120 to 200 million migrant workers and an 700,000 estimated PLHIV in the country, the Chinese realized the importance of creating awareness on HIV among the internal migrants. Moreover, the sexual transmission is increasing with currently 51.6% being infected by this route.

Additionally, the HIV prevalence among the FSW was 35% in some areas.

Guangdong is the largest labour receiving province in the country. In addition, Yunnan has high HIV prevalence due to an emerging sexual epidemic with Anhui district being the source for migrants. The Employment promotion law passed in 2008, the provincial policies, and the 15 pilot companies taking up the workplace HIV policy, the intervention is on track. Furthermore, there are 555 labour inspectors trained to take charge of the implementation. Besides these, the Family planning Avocation run by the MOL established a peer education system.

The **BCC strategy**, is one of Formative Assessment that seeks to influence the negative vibes, and addresses directly the uncomfortable issue of talking about sex. The program '**Hometown fellows**', is a successful short film of a construction worker who became a Thai actor.

After the screening of this film, the audience recollected the key messages of the film. These were on stigma, and that casual contact will not transmit HIV. Other important and final messages from the film were to accept and support PLHIV and to use condoms.

The presenter highlighted other points like those on branding and support, IEC, print materials, other BCC materials, posters, in commercial areas of mining or migrant towns. He requested the audience to get more information from the website [workonaids.org](http://workonaids.org)

### **Joshilla: ILO Work with Trade Unions**

Before beginning the presentations by Union representatives, overview of ILO's collaboration with union was presented, capacity building, training and communication material development, assisting with small pilot interventions among the informal sector workers and facilitating partnerships with state AIDS Control Societies has been the approach of ILO.

NMS, INTUC, CITU made brief presentations on their work with Construction workers in Maharashtra, Railway Coolies, in Hyderabad and Mine workers in Gua and Chiria respectively.

Implementers must do a lot of advocacy to put HIV in the agenda of the Trade Unions, Joshilla stated, beginning her presentation of the ILO work with Trade Unions. Responding to the requests form the Unions to conduct the training programs, ILO began this program by developing broad guidelines, mapping, training, providing services in and around the district, as well as by supporting Pilot interventions like INTUC in Hyderabad. The migrant workers, the mining workers, and construction workers were opportunities that were not left unutilized by ILO. Using the Trade Unions that the workers were affiliated was the strategy adopted to reach the otherwise unreachable

workers. Thus, by facilitating partnership between SACS and the Unions, and by training of 1500 trainers in the various Unions, ILO could cover much ground quickly. In addition, the Trade Unions collaboration with SACS, DSACS, HMS and INTUC, helped replicate the process of working through the Trade Unions in many states. MDACS and WBSACS, Goa, are the old ones.

**Uma** presented her pioneering work of collectivizing the porters in the Railway stations of Andhra Pradesh. Thus an association for the porters was started in the state. In 1997, Uma recalled that she had begun to organize the porters, with initial meetings. Then she approached ILO, as porters lose the time and consequently their earning when they attend a meeting. So, the porters expect money for attending meetings. Uma stated that for an AIDS meeting out of 600 only 100 came initially. The literacy level is low, and therefore KABP, IEC materials are in local language, with special adaptations and trainings taking care of the prevalent illiteracy in the group. Moreover, the Group Meetings are held between the arrival of trains.

After one year, Uma continued, that they involved the families, and the porters were more happy.

Uma was also instrumental to get the Railway minister to come and visit the project and get the Social security scheme working for the porters. Success soon followed, with the project also getting a Guesthouse, and a Family pass for the porters.

The next step was to get together the sweepers. Though the nature of training was more informal, yet Uma and the project team imparted training to the sweepers. One important challenge was they could not talk about STI easily. Uma clarified that the Railway hospital was for out patient services.

**Madhukant** began by sharing that it was like a great achievement to get into the site where the migrant workers were working. *“We were not allowed to talk with the migrant worker”*, he recounted. For, everyone was afraid that Madhukant and his team members would unionize the migrants. After the Management saw it was an ILO project and the benefits from cooperation, they started helping. The organization soon got a space for meeting, and they could make a film, but all these achievements took a lot of time. For, it took six months to convince, eleven months to execute. The main strategy was to use Peer educators. So, whatever was achieved was because of the workers participation and their efforts.

Other achievements were:

- One to one – Union active member does the one-to-one counselling. *“Even if we are not there, our union worker achieves what we have to”*, stated Madhukant, proving the efficacy of the imparted training.
- Street play, with a special program of gift for answering four questions. The team had 34 women peer educators. The questions for the gift was around the 4 causes, and 4 effects.
- Condoms – SHG, Mahila mandals, HIV prevention through these organization, Participating organizations for the program was CBWE and MDACS.

**Raghavan** presented the work done in **HMS**. He stated that the area north of Dhanbad, is a mining area, for mica and coal. So there are many industries, apart from the one industry, which is supply of labour to anywhere in India. Surveys have shown that migration from this state is mainly to places like Bangalore, Surat, Delhi, Mumbai and Kolkata.

In 2004, a meeting in ILO was able to clear skepticism, which helped to understand the program. Accordingly, 25 villages were selected, and 25 peer educators, as per the ILO guidelines, and Raghavan tried to have the first Peer educator training. He soon found that the Peer Educators could not discuss the issue of HIV, and matters related to sex in the villages. Moreover, many Peer Educators did not know how to call a meeting in a village. In addition, the reaction of old villagers to young peer educators talking about sex was obstructive. Hence, it took about eight to nine months to get the support and help from the village elders.

There were more problems in the offing. Like, some of the Peer Educators were not good enough in communication. Moreover, a few Peer Educators got jobs, while some lost interest and dropped out. So, Raghavan stated that they divided the villages into groups and had 11 Peer Educators to look after all the twenty five villages. They tried to do a review meeting . For the first year, it was okay talking of HIV, so much so, by the second year the Peer Educators got an aura of HIV!

Some of the results got from this group were different. For example, the respondents who know all the four methods of transmission the result got was a negative indicator. However for everything else the indicators went up. Raghavan speculated whether the negative indicator due to migration and change in the population. Moreover, he wanted to know from the audience how can we assess better the program among the migrants. In addition he felt that we must be able to define how many sessions it will take for learning the BCC.

The next presentation was by **Steel workers Federation of India (SWFI)**. The panelist stated that member of SWFI comprised those working in Steel plants, ore mines, offices, in various states. The standard of living of the worker is poor. In addition, the Challenges in reaching the workers were many, like:

- Sites are inaccessible, hundreds of miles inside the Srenda Forest where the iron ore mines are.
- Communication form the Head Quarters is very difficult.
- Inclement weather and rainy seasons, with a language barrier due to predominant use of the adivasi language.
- Severe exploitation by the mafia, under the influence of extremists,

The social status of the people shows that alcoholism, polygamy, low economic activities, low facility of medical assistance, with males working as dumper drivers, being the most vulnerable, as shown by the responses to the survey questionnaire. Also, the responses showed that these drivers take six days to go to port with the ore from the

mine. Hence, the sites selected were Gua and Chira. Thus, interventions had to be in health, drinking water, extremism, polygamy, and alcoholism.

Our **Challenges** were that there were limited cadres, the long distances, the different languages, burgeoning expenditure for transport, food, and lodging, danger from extremists, and areas inaccessible during the night.

There was **Support** from ILO for planning and finance, SAIL for Guest house and blood testing facility, Jharkhand state for materials and condoms, Local NGO, Employers, and Doctors of Gua Hospital for conference room, medical assistance, and local training facility.

Summing up the key messages for the Trade Union part of the session were:

- Trade Unions can work on HIV, particularly drawing their strength
- They need capacity building
- They can form partnerships with Technical agencies and SACS

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**11 September 2009**

**Session V: Engaging PLHIV**

Day began with a session on **Engaging PLHIV in Workplace Advocacy and Fighting Stigma and discrimination in the world of work**. This session was chaired by **Mr. Afsar** and **Ms. Jahanabi**, Vice President of INP+

The advocacy video spots and the training film were screened and discussion on their perspective on the training they received from the ILO and film. Session had an open interaction with the PLHIV.

**S. M. Afsar** opened the proceedings, with a briefing on the role of advocacy done by PLHIV, and the importance of showing the personnel in the Companies that there is no burden on the Companies. He also enlightened the audience on the principles involved in engaging PLHIV. Afsar then gave details about INP+ with over 2, 00,000 members which makes it the largest network in the world. Explaining how ILO had conducted the training for about 300 of the INP+ members, Afsar clarified the contents of the handout, which contained the advocacy and training videos.

**Jahnabi**, narrated her good experience in the ASACS, where everyone would enquire about her health. Jahnabi was of the impression that no one knew her status. Actually, it was the other way round.

Some of the staff in the Oil refinery were infected and the Companies do not have any policy on HIV. The infected people wanted treatment. After the intervention of INP+, the infected people have become advocates for the cause of PLHIV.

Speaking on, '**The role of GIPA in the Corporate Sector**', Jahnabi emphasized, "*We are part of the solution, and not the problem. For the last sixteen years, I have not given my virus to anyone*". She continued to underline the positive role that PLHIV can play in prevention, by stating that Corporate sector must be able to give PLHIV a platform to share their status, and their experience comfortably; just like how her PLHIV friends have talked in the training videos.

**S. M. Afsar** then shared the training process of the PLHIV. He stated, that the best part of the three-day training program was taking the PLHIV to the workplace. The PLHIV were divided into three groups, one to the Corporate sector, one to Public sector and one to the Trade Unions. In all these places, the PLHIV shared their experiences. Moreover, this has been captured in a video called "**Advocacy at the workplace**", which was shown.

After the screening, one more video on Training PLHIV was screened. The strengths of advocacy, the human face of advocacy and the importance to dispel myths and stigma and discrimination, were some of the many points that were brought out in the second video. *“Emphasize stigma and discrimination at the workplace”*, was the take home message. He requested members to state how they have used the training video and what has been helpful in it for them.

*As a founder member of the Madhya Pradesh Network of Positive People formed in 2003, I attended the ILO training. The stories of PLHIV, in the video are only one story – a Love story. For as PLHIV we used to fear death before the training. Now after the training we just love to share our story. When I came to know my status, I thought it was the end of my life. But after the trainings and gaining knowledge, I have put in seventeen years and wish to put in more!*

**Anjana** stated that she had been living with HIV for the past eight years. In her second pregnancy, she and her elder daughter were tested positive. When she disclosed her status to the Doctor, he refused treatment. Recounting the macabre experience, she continued, *“My relatives and in-laws predicted only two years of life for me after my husband’s death. I took their word as a challenge to show that I could live for at least twenty years! I started advocacy with family first; then with the community. This was not possible without the trainings of ILO and INP+. Now I am working as the GIPA Coordinator in KSACS, mainly because of the good rapport I had with the Government officials, through the Positive speaking sessions that I had done. I always look forward in life and never backward. I have now taken up a new challenge, namely, that of finishing my Masters.*

**Asha** had a different experience to relate: *“After fifteen years I am standing up in front and training all kinds of people, some of whom are even more learned than me. All this was because of the good support from my family. My Kid who is eight years now is not having HIV. I have learnt English, Hindi and Tamil, due to the program.”*

**Shabana** stated, *“When I tested positive three years after marriage, my doctor gave me only two months. Now I am thirty years nearly. Moreover, I have completed my education. In 1998, no one was there to work and talk about Positive people, or of Positive Speaking. Now I am confident of training other people, ready to transfer”*.

**Brijesh** said: *“I am being blessed and I am delighted. I do not want to say anything about me or share my story. I just want to ask a question. Widows and Orphans in the PLHIV community. If there is a calling for you, I got a vision from ILO due to the calling.”* He then gave an appropriate Hindi quote.

Continuing he said, *“When I came to know that I was positive, many times I thought of suicide. However, every day, I would think, I am alive today. If I can live today, then let me be happy for the day.”* He ended with a brief for the corporate sector, stating that if Gujarat can open an ICTC with the help of Reliance, why not other big Corporates.

**Naveen**, looking back over the times past, said: *“It has been a journey with names of each and every member of the ILO team. Over the years, I learnt to handle myself. I have faced discrimination from family, and others. Now I am not facing any discrimination. Yet after ten years of HIV, without medication, one needs a pro-active mindset.”*

**Hari Singh** from the Haryana State AIDS Control Society, knew in 1994 that he was positive. Like others his CD4 was low and the doctors told him that he had only a few years more. He faced a lot of discrimination. Continuing his story, he said, *“Only because of the training, I am able to stand here. I am sharing my knowledge and experiences with many companies. For example, a constable, my brother, was sick and came for treatment of OI, and now he back in the job. Advocating with the Commissioner he now has light or easier work. This is after one and a half years of his sickness. I cherish, the empowerment got by the ILO training and the film, and the use of language. My final quote is: Learn to live before you die!”*

**Jahnabi** summing up stated that it is important to support the women in the family, the orphans and the children with single parents. She added that they are the future of the world. Therefore, building the capacity is important. She said that she was not able to speak openly, but today with support she was able to train others.

**Afsar** appealed to all the Corporate Sector to cooperate and work with PLHIV. End with Joshy’s quote.

#### **Session VI: ‘Technical Assistance of ILO to USG partners’**

was chaired by Ms. Kimberly A. Waller, PEPFAR/USG HIV/AIDS Coordinator. Presentations were by Dr. Anjana Shanbag, Avert Society, Mumbai and Mr. Atul Kapoor, Population Services International (PSI). The presenters highlighted that the partners found the approach, training, materials and other TA by ILO very useful in developing the workplace programmes in Maharashtra and Karnataka.

#### **Workplace Interventions**

**Anjana** presented the work done in Avert in the state of Maharashtra for WPI as part of NACP-III. She detailed the strategies at the workplace and at the level of the community. The companies approached the communities as part of their CSR approach.

She presented the geographical coverage, then mapping and needs assessment of the current situation and finally the gaps. In addition, she narrated then about Partner selection, the MoU and about capacity building. There is periodic monitoring and Evaluation.

Seven years, seven partners, 42 thousand worker, over 1600 industries in the unorganized sector, as well as 58,000 from over thousand industries in the organized sector, were some of the statistics of achievement that she rolled out. Also about 150 policies developed

PPP models developed. The others were the Individual Model, Corporate CSR, Trade Union Model, Association Model, Trust or NGO model. Avert had for the PPP Model developed Advocacy posters.

**Atul PSI India. Project Connect.**

Atul presented PSI as the world's largest social marketing organization, supporting the Government of India, with the Project Connect USAID supported program.

The **Project Vision** is to build PPP models. The PPP were for most at risk partners. It mobilized the Insurance sector. In addition, there was PPTCT in Private Medical Sector, Corporate partnerships and Systems strengthening

The **ILO's role** was in strengthening Connect's workplace Program by:

- Support to sensitize employers organizations
- Support to advocate HIV program with key Government department
- Capacity building of Connects Team
- Strengthen Connects intervention with TU
- ILO material to support Connect

Achievements of the project Connect, Atul stated were that 252 companies were enrolled, with 172 policies, and 2 hundred thousand employees. Moreover, the amount raised is over 14 hundred thousand. He also said that a PLHIV from Karnataka comes along with Connect to meet the Senior Manager. Atul then showed a film from PSI on testimonials from the various stakeholders. The speaker highlighted the work and support of BMTC.

As for the **Informal sector Workplace Program** the slide on moving forward depicts the plan for working with ILO in the future.

As conclusion, Kimberly summed up the session. Kimberly advised the implementers must look at sustainable models especially from the Research shown. During the Question and Answer session, there was a plea from a member in the audience to help PLHIV, and another requesting for a guideline on PPP. One member observed that with 94% in the informal sector, just by signing a policy with the construction company, we are not really touching the informal sector.

**PSI** responding provided some examples about working with 13000 employees, and of a steel plant that has allowed to work with the contractual employees. The same Master Trainers and Peer Educators are reaching out to these informal workers. However, with construction Industry remaining in a recession, PSI have not yet come to the stage where the Management acknowledges that the workers are their responsibility. Mostly, the Management maintain that there is a 2% cess that is paid to the Government and therefore it is the Government's responsibility.

**Avert** replied that there was no willingness from the Management initially. Nevertheless, when it came to providing Care and support, companies like to limit their staff up to employees and not extend care and support services to contract staff. Hence, to set up

supply chain for contract staff in NACP-III is vital, and the public private partnership is working to establish this service.

Responding to a suggestion to ILO to collaborate with state MOLE, **Afsar** said ILO values these partnerships as it creates such models that are sustainable. Moreover, partnerships help to build capacity of the local institutions, like in the models seen in the states of AP, Karnataka and Maharashtra. For Avert, it was only technical support as Avert had been doing some WPI.

### **Session VII: Effective Integration of WPI in NACP III**

was chaired by **Mr. Behrouz Shahandeh**. There were presentations from DSACS, JSACS, GSACS were shown. The presentations highlighted that having an exclusive person for workplace/ mainstreaming with the state AIDS Control Societies helps in sustaining the work in the Workplaces as demonstrated by the ILO by placing a Workplace Consultants in Mumbai, Delhi, Jharkand, Goa and also providing TA in developing the work plans and helping the SACS to budget for activities.

**Chair's opening remarks** were about reaching workers on the way to work, the testimonies of PLHIV, and the importance they gave to work to sustain their lives. Moreover, the Chair remarked that he would love to learn what PLHIV and networks have done to sustain those who have not been able to keep themselves employed.

**Divya:** ILO is attempting to integrate WPI in NACP-III. In 2001, WPI was not figuring in the national HIV response. A small dialogue with MDACS for having a person for WPI in that SACS, was the beginning. This model has spread to four states now, whom we are having on stage to share. At present, in NACP-III, the Mainstreaming Consultant carries out the function of this position. It was a real uphill task but today it is high up on the mission of NACO and SACS. In addition, ILO has shared the materials developed with the SACS and built their capacity. Taking up the model requires advocacy.

From **DSACS Nidhi**, Mainstreaming consultant, spoke how placing a Workplace coordinator in 2006, has helped the SACS to integrate WPI in NACP-III. Consequently, by 2008 WPI became integrated with the Mainstreaming project of NACO

**Achievements** include the Stake Holder meeting, the Sensitization meeting for employer association, and Initiation of Partnership with labour department of GNCTD. In 2007 the achievements were of mainstreaming HIV in the Department of Social welfare, forming the State AIDS Council with the Chief Minister as its head, the intervention in Tihar Jail, and interventions with CISF and CRPF. By 2008 DSACS could state the intervention with the Department of Industry and that of Women and Child Development as successes

For the current year of 2009 DSACS could claim success in the Anganwadi workers ToT, Intervention with construction workers, ASHA training for NRHM, and ToT for the Police Personnel training centers. Also ongoing programs like the intervention with Police Department, the Tihar Jail Intervention, three religious leaders training program,

and the Training program activities were shown. More like mainstreaming activities than pure WPI, which were blurring the borders between WPI and Mainstreaming.

From **Goa, Manorama** : In 2004 December Goa sent a request to ILO for technical support. Hired as the Workplace Advisor, Manorama had association with Corporate. She stated that she became a One minute manager thanks to Afsar. She could reach out to Corporates. They came out with booklets. Three hundred Hotels made their HIV policy on the ILO code. Then Kingfisher, came in, they continued their campaign of '**Stop AIDS**' for two years. In a Fashion Show, also Miss Universe advocated for WPI and HIV. In 2009, Manorama joined as Mainstreaming Consultant, helping to reach out to informal sector.

**JSACS – Mainstreaming Consulant**, spoke about the ILO, Master Trainers, as well as the involvement of the Government and Non-Government departments. The role of ILO in providing technical support was acknowledged.

### **End of Session VII: Brief sharing from other countries**

- ILO Nepal: Archana  
Archana shared Nepal's HIV Workplace policy and the national strategy on HIV and the workplace. In Nepal's National Strategy (2006-2011), the section on prevention talked about workplace programme and policy. Archana shared the detailed process by which the planners formulated the National Policy, which led to the tripartite declaration being endorsed in Nepal in October 2007.

In the context of Nepal, Archana stated that a HIV Workplace policy had really made a difference. As a result, employers were taking care of positive workers and they have not suffered job losses. Moreover, nine out of 10 ILO supported enterprises have a HIV Workplace policy in place. In addition, of these ten enterprises, four were supporting HIV positive staff. Presently a HIV bill was on the anvil, which included the important component of non-discrimination at the Workplace.

- Josee Laporte from ILO, Geneva, shared how ILO had used the gender perspective as an entry point for workplace interventions. She shared ILO's work in Africa-on the kind of messages given to sensitize the male-dominated workforce to be caring partners, in areas like for example on PMTCT. Additionally, there were trainings for PLHIV on how to write a CV.
- Indira from ILO, Sri Lanka, also briefly shared her country experience, whereby they too had a signed tripartite declaration on HIV/AIDS in the Workplace.

A member from the audience suggested that ILO set up a platform for sharing best practices that was there in display in the last two days. Thus, the workshop could evolve a mechanism, which can give an overview of the wealth of work done by ILO in 24 countries. There was a member from the audience who wanted information on various HIV issues like: vaccines, treatment, resistance, and adherence.

### **Session VIII: Sustainability and next Steps: Panel Discussion**

Last session of the workshop was on the sustainability of the programme and planning the next steps. In this session the strategic framework which highlights the priorities for India Programme in line with the National AIDS Control Programme' priorities and UNDAF, DWCP and the overall objectives of ILO/AIDS were presented by **Mr. Afsar**.

Mr. Afsar began by presenting **ILO's Strategic Framework for India (2010-2015)**. The specific strategies included working with migrants; public private partnership in prevention, care and support; mainstreaming workplace interventions; capacity building and strategic information management.

The strategic priorities of ILO in India were outlined. These included strengthening national HIV policy and legal framework; strengthening capacity of MOLE, employers and workers organizations; besides PLHIV. Strengthening the capacity of NACO, SACS and other Agencies were mentioned so as to upscale workplace interventions and Public-private partnerships. Generating knowledge on HIV vulnerability, resource mobilization and contributing towards up scaling interventions to cover most-at-risk, were some of the other ILO priorities outlined by Mr. Afsar. There was a need to make ILO as the knowledge hub for HIV policy and programmes.

#### **Donor Perspective: Ms. Kimberly from PEPFAR**

Ms. Kimberly spoke about the need to be strategic in our approach. Information needed to be used better to synthesize and scale-up. A lot of momentum had been built as a result of ILO's work with the central government, SACS, and NACO, which needed to be utilized effectively. She suggested linking with other ministries. A human face needed to be put to micro-lessons and how these micro-lessons got linked and translated to the family, community and government. She ended by saying-institutionalizing our approach and explore ways to reach young, vulnerable populations like 13 year olds, 15 year olds, and so on.

#### **Government Perspective: Indrani from MOLE**

Ms. Indrani outlined the government's sectoral approach and its social partners, which included 12 trade unions and 8 employer organizations. Awareness was created among all, but only some were active. There was a need to convince all to do meaningful work. Employer organizations, she suggested, must work on public private partnerships and the government on its part would look at other corporates besides these 12.

The importance of Policy was underlined and after its launch, MOLE would disseminate to other ministries and to states especially for organizations within their control. Some organizations within the Ministry such as ESIC and Labour Welfare Fund hospitals were more accessible and better able to reach out to groups like the unorganized sector.

She responded to Ms. Kimberley's concern of reaching the young, by stating that there were more than 5000 TI's with 15-18 year olds, which had been done by the Ministry in

collaboration with VVGNNLI. The ministry was also toying with the idea of incorporating HIV in its Child Labour Project, which addresses the needs of 12-14 year olds.

**Remarks of Behrouz Shahandeh: ILO, Geneva**

He noted that this was a very important topic from ILO's, Donor's and even the recipient Government's (India) perspective.

Elaborating on what he meant by sustainability, he stated that while designing a programme, the designer must envision the end. Moreover, the key issue was ownership of the programme. Designing should include comprehensive consultation with various stakeholders such as government, NGO's, networks, organizations and so on. In addition, it was essential to ascertain if this was the right way ahead. The most important central pillar of sustainability was policy and access to information, tools and good practices. There was a need to build on these, and make technical advice and support continuously accessible to all.

Sustainability also required a plan of action with clear targets, resources and milestones chalked out. NACP-III must be taken as a framework to add to WPI. Sustainability also required good M & E and Reporting systems. ILO could offer checklists to enable continuous monitoring, to address fundamental behaviour change. Thus, the programme would become integrated and sustained within partner organizations.

He emphasized the need for resource mobilization, which required identifying resource gaps and working on them. There was a need to first tap resources from within the country and then look outward. He hoped that the Global Fund would provide the added resources. He spoke of the importance of networks, of being linked to Unions, NGO, and PLHIV, which would lead to partnerships.

Thus, Mr. Shahandeh ended his interesting observations by emphasizing ILO's need to extend its work across India; the need to replicate and upscale and reach out to both the organized and unorganized sector.

This session led to an animated discussion with various questions being put to the panel members. One request was to set up ILO branch offices in metropolitan cities to provide technical support to partners across the country. Mr. Shahandeh responded that the strength of ILO was that while not being present in all countries, its members such as employer organizations, Unions were all over. This gave ILO a presence without an office. He stressed that networks were already present; there was a need to tap them.

One useful suggestion by a participant was the need for greater engagement of trade unions as they had the infrastructure and their activists could be trained as peer educators by ILO. The unorganized sector also needed to be involved.

Another suggestion by a participant was to provide livelihood programmes for PLHIV women and children-both infected and affected. Yet another suggestion was to look at the Ministry of Corporate Affairs as a window of opportunity and tap them with regard to

private sector participation and involvement. A comment from another participant was the need to reach out to public sector companies through advocacy. Mr. Afsar responded that there was a need to actively engage public sector companies who now understood the relevance of WPI.

Mr. Afsar, in the end shared his thoughts on sustainability, especially on the issue of resource mobilization. He mentioned that for employer organizations the option of mobilizing resources from their members had not been explored, though ILO recommends this as the right thing to do, and which is doable. Trade unions could get support from NACO and SACS, so that they could work in a more systematic manner. But every funding, he emphasized came with huge responsibilities and accountability was important. This was a new area for trade unions, who were required to have a clear plan of action; and ILO was willing to facilitate their partnership with NACO and SACS.

Mr. Afsar emphasized that sustainability was inbuilt into the approach of companies as they were doing interventions at their own cost. Mr. Afsar in the end thanked everyone for their inputs and participation and hoped that the valuable ideas shared would not be lost.

The key priorities were:

1. Strengthening the national HIV policy and legal framework in the world of work.
2. strengthening the capacity of tripartite partners and NACO/SACS to upscale WPI and PPP
3. Contribute towards up scaling interventions to cover most at risk population in select economic sectors.
4. serving as knowledge hub for HIV policy and programmes in the world of work
5. resource mobilization
6. strengthen capacity of PLHIV for workplace advocacy and work towards their livelihood and security
7. MOLE stated their commitment to the issue

Mr. S. Krishnan, Special Secretary, MOLE was invited to the formal closing of the Dissemination Workshop.

### **Valedictory**

**Chief Guest: Mr. Krishnan, Special Secretary, MOLE**

### **Opening Remarks by Deputy Director, ILO**

Mr. Andre, Deputy Director, ILO-SRO began by welcoming Mr. Krishnan and thanked everyone for being here at this dissemination workshop. He said the HIV Project was the flagship Project of the ILO. Then he took this opportunity to ask if among the people in the room, anyone could tell him, the key messages that they would consider as 'take home' from this workshop. One of the responses from a representative from Coal India was that the key learning for them was to initiate a proposal to involve PLHIV in their HIV work.

**Mr. B. Shahandeh, ILO, Geneva**

Mr. B. Shahandeh began by expressing his thanks for the rich sharing that had taken place over the past two and a half days. Unlike other Projects where on their end there is a formal handing over to the government, in India an additional opportunity has been given to the Project. ILO was driven by the Decent Work Agenda and it was heart-warming for him to note that HIV has been put into the Decent Work Agenda of the country. Therefore, HIV was integrated into both the Decent Work Country Programme as well the National AIDS Strategy.

He mentioned the very good presentations that had been made over the past two days; good practices had been documented and there was good potential in India for resource mobilization. Mr. Shahandeh explained that this was a very exciting period for ILO; one of the achievements being that HIV and the World of Work had been included in the 2010 International Labour Conference Agenda. He ended by saying that the ILO India's HIV Project was ILO's flagship programme under the leadership of the Ministry of Labour and was a source of inspiration for everyone.

**Ms. Kinberley A. Waller, PEPFAR/USG HIV/AIDS Coordinator**

Ms. Kinberley stated that since 2006 PEPFAR had been supporting ILO's HIV Project. A feasible approach required that there was a need to work with existing institutions. HIV needed to be treated as any other serious illness. The US Government saw this epidemic as a concentrated epidemic in India. Therefore, it was imperative to explore interesting ways to reach out to high-risk groups. It was a huge challenge to support vulnerable groups in order to reduce their risk. She mentioned China's example and film of 'home-town fella' as a good strategy to work with migrant workers.

She also mentioned that there were a lot of opportunities in workplace interventions; though lot of outlets we had yet to tap into. HIV was a cross-cutting issue: HIV was a corporate issue; it was a community issue; a government issue and so on. Looking at the audience, she stated that HIV needed to be woven into 'your' priorities, which would help to elevate it. The leadership from the Government was important; local institutions had to be strengthened and donors had to play the role of catalysts. Only then, she saw the epidemic being reversed.

**Mr. S. Krishnan, Special Secretary, MOLE**

Mr. Krishnan began by setting the context of this serious discussion by stating how complex a scenario the Indian labour system, the workplace posed. The Workforce consisted of over 450 million people, and the workplace was a very complicated situation. However, in this complex scenario, there were some encouraging signs. These included the ILO and MOLE cooperation and the fact that many mainstream trade unions had come on board, on a common understanding in 2007. Trade unions, according to him were making a lot of efforts to work with the unorganized sector.

He mentioned CBWE as an underrated organization, but consisting of a very committed lot of people. Mr. Krishnan said that it was very encouraging that Sujatha Rao, DG NACO had appreciated ILO and MOLE's partnership.

Given the complexity of the workplace and the ensuing implementation and dissemination issues, no one single organization could work in isolation. Drawing parallels with mass movement like Chipko movement, and the Project Tiger that roped in multiple stakeholders to save the tiger; he stated that this HIV work could take the form of a mass movement, given the complexity of the HIV issue. In this, there was a role for everyone: media, NGO's, the civil society, health organizations, SACS, traditional health practitioners, teachers, opinion makers, and so on.

**Vote of Thanks: Mr. S. M. Afsar, ILO India**

Mr. Afsar thanked all participants for their presence and inputs. He thanked the private sector companies for the work that they had been doing which was summed up by a previous workshop theme done with them by the ILO, which was: *'Doing more, Doing better'*. He also thanked the public sector companies, by reiterating the theme of another workshop done with them, which was: *'Be proactive, save lives'*. He also mentioned that the public sector is the largest employer in India and with a little bit of orientation, it had the potential to do a lot.

Mr. Afsar also thanked the PLHIV networks who had lent their stories and voices to ILO's advocacy. Their faces had brought people out of denial. He thanked SACS and the mainstreaming consultants for their participation. For SACS, his message was the theme of another ILO workshop done with them, which was *'Going the extra mile'*.

He also thanked his ILO colleagues from Geneva, Sri Lanka, Nepal and Laos, who had shared their work in this dissemination workshop. Mr. Afsar also thanked the China delegation for their sharing; which he thought was very good learning about their work with internal migrants. He thanked the participation from the civil society -USAID, NGO's, USG partners, Avert society, trade unions and employers organizations. Appreciating the government's efforts he said the Ministry of Labour had showed a lot of ownership on all accounts and from all levels: From the minister, the Secretary, Joint Secretary, government institutions like NLI, CBWE, and ESIC. He was happy that HIV had been integrated in their work in a larger way. He thanked NACO and mentioned the Enterprise Manual that had been prepared with their support.

Finally, Mr. Afsar ended by thanking the ILO-SRO Office at New Delhi for their support. He said it was very good working within the ILO. He also thanked his HIV Project team at the ILO-for their efforts and the enormous preparatory work done by them to make this workshop a success!

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