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Helping micro and small enterprises cope with HIV/AIDS

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A handbook for small
business associations
and service providers

Programme on HIV/AIDS
and the World of Work

(ILO/AIDS)

Small Enterprises
Development Programme

(EMP/SEED)

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HIV/AIDS is a workplace issue because it affects labour and productivity. Over 90 per cent of people with HIV are adults of working age. The workplace is also crucial because - however small and informal the enterprise - it can play a vital role in the wider struggle to limit the spread and effects of the epidemic. The world of work is increasingly recognized as a delivery point for prevention, care and treatment.

Small businesses have been more affected by the HIV epidemic than any other sector of economic activity. Micro and small enterprises have small workforces and the loss of one worker can jeopardize the survival of the business. It is rare for owners or workers to have any form of social security and the effects of AIDS are direct and immediate. Just when more income is needed to pay for medicines and treatment, less time is available to work or to run the business. Many small entrepreneurs are women, who are both at higher risk of infection than men and more likely to provide care for sick family and neighbours.

The personal, financial and social burden inflicted by HIV/AIDS can be the breaking point for a small business. But even in the face of such a daunting challenge, many operators demonstrate amazing resilience. Organizations working with this sector are also learning and developing new approaches to meet its needs. This combined personal and institutional experience provides valuable lessons for others trying to deal with HIV/AIDS.

This handbook is based on such lessons, and also draws on the ILO Code of Practice on HIV/AIDS and the world of work. It attempts to respond to the needs and constraints of small and micro enterprises, formal or informal, by providing practical guidance for those who regulate, advise and support them. In particular it targets:

- business development services, small business associations, micro-finance institutions and other authorities and organizations (public, private and non-governmental) that support cooperatives, small and micro enterprises, and informal economy operators;
- the ILO's constituents, especially the small enterprise and HIV/AIDS focal persons in Ministries of Labour, employers' and workers' organizations;
- ILO field specialists, focal points and project coordinators;

- organizations and authorities responsible for national HIV/AIDS programmes, including UN country teams on HIV/AIDS.

The handbook is also designed for other key policy-makers, especially those with responsibility for social protection, the informal economy and poverty reduction strategies.

The objectives of the handbook are:

- (i) to raise awareness about the impact of HIV/AIDS on micro and small enterprise owners, managers and workers,
- (ii) to offer policy and technical guidance to the individuals and institutions that provide support and services to small businesses.

It is hoped that the handbook will enable the relevant individuals and institutions to integrate HIV/AIDS concerns into their existing activities and programmes.

A word about terminology

Definitions of micro, small and medium enterprises differ between countries but it is commonly assumed that a micro enterprise counts between one and ten employees, and a medium-sized enterprise may have between 50 and 100 employees – with the small enterprise falling in between.

In order to enhance readability, the term “small business” is generally used throughout this handbook as a generic term for all businesses in the micro and small enterprise sector, but the reader will also find MSE (micro and small enterprises) and SME (small and medium-sized enterprises). Some small businesses are registered and part of the formal economy, some are not registered and are part of the informal economy. The handbook aims to address the needs of medium, small and micro enterprises whether formal or informal.

The term “workplace” is used to mean the place where small businesses trade or produce; this may be very different from the organized space of a large enterprise, and in some cases is not fixed or permanent.

The term “informal economy” refers to income generating activities that are not recognised or protected under normal legal and regulatory frameworks. Workers in this sector are usually self employed and are highly vulnerable.

They receive no benefits or social protection; sometimes they operate illegally and generally do not pay taxes.

The term “gender” refers to the different roles, behaviours, activities and attributes that a society considers appropriate for men and women, sometimes these result in inequality and injustice. HIV/AIDS affects men and women in different ways, and in helping small businesses to cope it is important to consider the needs of each sex.

Using the handbook

The handbook tries to cover enough ground so that different users can take ideas and guidance from it to shape their own approaches. Particular sections can also be used for specific activities or training sessions. It is almost inevitably rather general, and we urge you to use it as a reference and adapt it to your needs.

Important note: this version of the handbook is a work in progress. Selected small enterprise and HIV/AIDS projects will make use of it over the next few months, and then provide feedback and more examples. A revised version will be produced in 12–18 months’ time after this field-testing. Comments and suggestions from any readers and users are welcome and will be taken into consideration – see Annex 4.

For this draft a consultant worked with selected ILO-supported projects in Africa to gather personal stories which are presented in chapter four. More case studies from other regions would be particularly helpful to broaden the geographical spread, and also to illustrate any new or innovative approaches that have been successful.

Chapter 1 – The impact of HIV/AIDS on micro and small enterprises

Sets the scene by describing the context in which many small businesses operate. It looks at the impact of HIV/AIDS on micro and small enterprises, their owner/managers and workers, including the implications for gender relations and households.

Chapter 2 – Integrating HIV/AIDS in small business support strategies and structures

Suggests ways in which service organizations can assist small enterprises by integrating HIV/AIDS in standard SME support strategies and micro-credit interventions. The emphasis is on devising coping strategies and adapting approaches to keep business and micro-finance schemes going. The chapter also looks at the roles of government, enterprise development and support services, organizations of employers and workers, and national HIV/AIDS programmes.

Chapter 3 – Helping small enterprises run HIV/AIDS workplace programmes

Describes the basic steps required to set up HIV/AIDS programmes in the workplace. SMEs vary hugely in size and available resources, so the guidelines suggest ways to adapt HIV workplace activities to specific needs and circumstances.

Chapter 4 – Coping with HIV/AIDS: case studies of workplace experiences

A selection of case studies to illustrate the reality of HIV/AIDS in the small business sector. Personal stories describe the hardship caused by the epidemic, but also show the courageous and imaginative ways that people and organizations have found to cope with the impact of the epidemic.

Appendix 1

Basic information on HIV and AIDS

Appendix 2

Sources of information and advice

Appendix 3

Background on the ILO and the world of work

Appendix 4

Testing the handbook: information note and questionnaire for users

Chapter 1 – The impact of HIV/AIDS on small businesses

The informal economy

Many of the countries with the highest HIV prevalence have large and growing informal economies. HIV/AIDS has had a severe impact on businesses in developing countries and many of these are located in the informal or semi-formal economy. A number of ILO studies estimate that in sub-Saharan Africa informal work accounts for over 60 per cent of urban employment and over 90 per cent of new jobs. For women in Africa, this sector is even more significant: it represents 92 per cent of total job opportunities outside agriculture against 71 per cent for men. The situation is similar in many parts of Asia in India, for example, 90 per cent of women workers are in the informal economy. Overall the countries of West and East Africa, South Asia and the Andean region tend to have the highest proportion of informal employment compared to total employment¹.

The informal economy provides economic refuge to those who have fewer opportunities in more formal employment. This includes women, those who have lost jobs due to HIV-related discrimination or sickness, and – increasingly – children who are orphaned or left to care for HIV-positive parents².

Returns are low and risks are high in this sector, so it is common to find people engaged in a variety of simultaneous activities in an attempt to protect themselves. But the impact of HIV is even greater when an entrepreneur running two or three different businesses falls ill.

The formal-informal continuum

The term ‘informal’ is very useful in describing a range of economic activities which are hugely important socially as well as economically, especially in poor countries. However this definition implies a separation between formal and informal activities that doesn’t exist in reality. Within the same household, one person may work for a registered business while another is a casual worker or own-account (self-employed) operator. Both may move between the formal and informal economies at different points in their lives, or work in both at the same time. An enterprise may also shift between sectors as it copes with good and bad times. Small enterprises in the formal economy may have more in common with informal businesses than with large national or multinational enterprises. Many micro and

informal enterprises have links with formal businesses, through servicing, supplying and buying from them.

Cooperatives

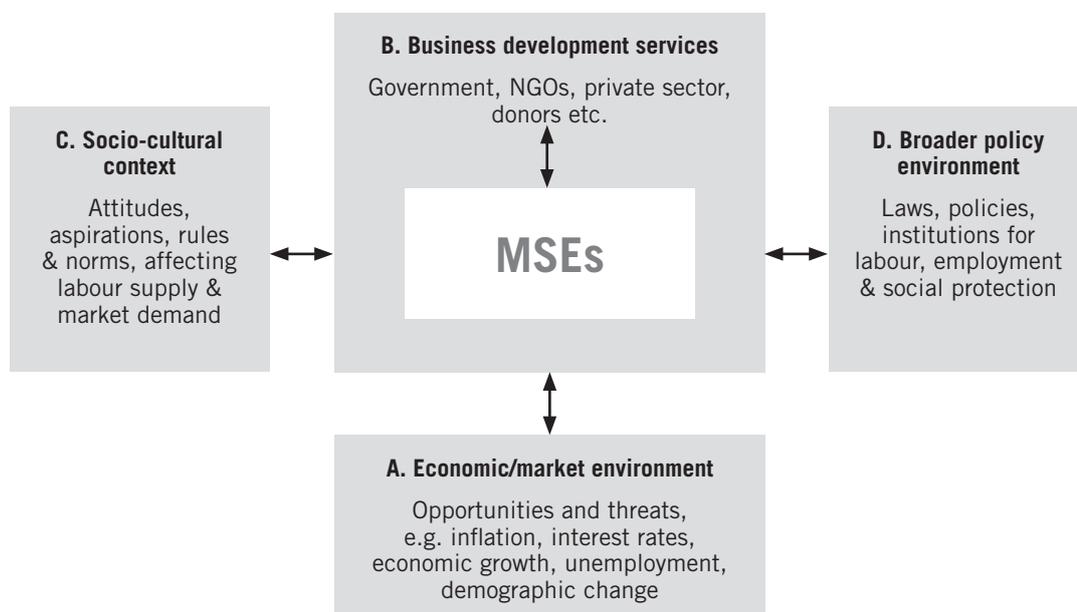
Cooperatives are democratic member-led organizations set up and run with a wider social brief than a traditional business. They supply, market or provide services to small producers, thus making each individual part of a larger, stronger and more formal body. They also often complement their economic role with social services for the cooperative members. Their particular combination of economic activity, democratic accountability and community commitment offers great potential for effective responses to HIV/AIDS.

Factors impacting on micro and small enterprises

The figure below attempts to show how a range of factors impact on the creation and growth of micro and small enterprises. In particular the figure shows the complexity of the environment in which they operate and the inter-connections between formal and informal. One example is the impact of laws and policies governing labour and employment on small businesses, even though they are not themselves directly regulated. Laws which affect labour supply in the formal economy have knock-on effects for the informal, and the tax and administrative burden for business can encourage small entrepreneurs to move out of the formal economy, or vice-versa.

¹ See *Decent work and the informal economy*, ILO, 2002

² *Best practices in HIV/AIDS prevention in the informal sector*, Veronica McKay, unpublished paper. ILO, 2003 (see www.ilo.org/aids)



Source: SEED Working Paper 47, *The Challenges of Growing Small Businesses: Insights from Women Entrepreneurs in Africa*, ILO, 2004

The impact of HIV/AIDS

In 2006, the total number of people living with HIV was estimated to be 39.5 million: women make up 45 percent of HIV-positive people worldwide and they are being infected at a younger average age than men. AIDS caused the deaths of 2.9 million adults and children during 2006 and, despite widespread prevention measures and increased uptake of ARVs, there were 4.3 million new cases in this same period³.

A health crisis on such a massive scale has profound implications throughout society. A particular feature of this epidemic is that infections are concentrated in the productive adult population. The ILO estimates that of persons living with HIV, 24.6 million are economically active and another 11.7 million are of working age and must be assumed to contribute productively. For this reason the epidemic has a direct impact on workers and enterprises⁴.

The informal economy is particularly hard-hit because businesses are small, family-based or 'own-account', and often reliant on workers with skills and experience specific to the enterprise. In addition:

- Informal operators and workers often have little or no access to health services, including HIV information, or social protection.
- They typically have few savings, restricted access to credit, and little financial security.
- A few days' absence from work can mean the loss of the right to trade for the owner, and the loss of a job for the worker.

- The epidemic is having a particularly severe effect on women workers and entrepreneurs because the informal economy is the only chance to earn a living for many of them.

Household members are closely connected to the workplace in small family businesses, and the effect of AIDS on a worker or employer is quickly transferred back to the household and community. Women largely bear the brunt of this difficult situation, as workers and as carers. If they become sick this can have a disastrous effect on the family. Children are often taken out of school to fill the gaps, helping to care for a sick parent or working in the place of an adult.

The skills and knowledge on which small businesses depend is also being depleted in many areas. The loss of adults in their prime means the loss of parents, teachers and mentors. It is not only the education system but the informal transfer of skills and experience that is undermined.

The impact goes even further, for the customers of small businesses are mostly local people requiring goods and services. As the number of people in the community affected by AIDS rises, so their income falls; spending shifts to other priorities, suppliers may be unable to meet their orders, a trader or employer associated with AIDS may be shunned. The local business environment is distorted and stressed by the impact of the epidemic.

³UNAIDS Global Facts and Figures, December 2006, www.unaids.org

⁴HIV/AIDS and work: global estimates, impact on children and youth, and response, ILO, 2006

The effects of HIV/AIDS on small businesses

- Absenteeism - during the absence of the owner for medical reasons, there may be a lack of management, supervision and guidance. Prolonged absence or extended sick leave among key workers may lead to lower productivity, reduced profits and even collapse of the business.
- Fear of discrimination - many owners with HIV decide to keep their status secret because they fear discrimination will affect their business. They also fear stigmatization by suppliers, employees, clients and the local community. Workers also suffer from the negative attitudes and behaviour of colleagues and employers, and fear dismissal due to their HIV status.
- Caring for family and relatives – HIV infection means a greater proportion of income is spent on health expenses, and more time is spent on care. This particularly affects women and girls. Small business owners and workers often lack access to treatment and care, due to poor service provision, lack of knowledge and especially for cost reasons.
- Loss of knowledge and skills – while high unemployment in many countries means workers can be replaced, they may have little experience and take time to fit into the business. This is made harder by the death of mentors who used to guide new workers and apprentices.
- Loss of customers and suppliers as HIV/AIDS undermines income in the community and changes demand.
- Reduced productivity and profit, and fewer opportunities to reinvest in the business. For owner-operators HIV can mean the failure of their business.

The impact of HIV/AIDS on women

All over the world women are bearing the brunt of the epidemic. Over half of new infections are among women, especially young women. In parts of the Caribbean, for example, women aged between 15 and 19 are six times more likely to have HIV than men of the same age. Women and girls also play the greatest part in care of family members infected with HIV/AIDS, and as a result may have to cut back on school, employment or business activities. Women's lower status in society and their poorer income-generating possibilities make them more vulnerable to the economic impact of HIV/AIDS. Women are more likely to be in the urban informal

Jumo Bekha describes the impact of AIDS on his carpentry business:

"While I was sick my business suffered so much. Some people who owed me money took advantage of my absence from work and did not bother paying the money that they owed me. My employees did not do much because of my absence from work. Some of them were not working at all - they also did not bother to look for extra orders. Some of the money that I had in my savings was spent on my medication, I had to change the type of food that I ate. The drugs that I had to buy cost a lot of money. As a result of my situation, my business suffered so much loss."

When Jumo recovered following treatment he had to start his business once again from the beginning. He had also lost many of his clients during his absence.

Source: Interview conducted by SIYB consultant in Zimbabwe, June 2005.

sector or in the most poorly paid jobs in the formal sector.

How HIV/AIDS affects women

- The lower social, economic and political status of women limits their access to information and HIV/AIDS services. They are less able to negotiate safe sex and to protect themselves from infection.
- Discrimination and the lack of education opportunities reduce women's earning possibilities and help to perpetuate inequality between men and women. This leads to a larger concentration of women entrepreneurs in the informal and unskilled sectors of business.
- The impact of poverty and inequality forces some women to resort to behaviours that put them at risk, such as sex work or relationships with men who refuse to practise safe sex. They are unlikely to have savings to cope with the financial burdens of HIV/AIDS.
- Women who have lost partners to AIDS or who have been abandoned because they are HIV-positive are often deprived of financial security and economic opportunities. They have few rights to land or property, so a partner's death can mean the loss of livelihood opportunities provided by a farm or small business.
- Following the death of a partner, some women have business responsibilities unexpectedly thrust upon them. In order to maintain a livelihood they have to try to cope in an unfamiliar environment whilst still running their households.
- When women lose their livelihoods because of HIV there is often a greater impact on the family because women tend to spend their income on services and food for their families.

- The lower status that women often experience in the workplace may make them more vulnerable to the threat of sexual harassment and violence.
- Certain types of work may increase exposure to the risk of HIV infection (for instance, women who travel for their work, female domestic workers and sex workers).
- Women's double burden is intensified when the family is affected by HIV/AIDS because they have to provide care in addition to maintaining or boosting household income.

within their families and the community generally. To this end more women need to be able to access SME development support, and HIV programmes need to ensure that they address the particular situation and needs of women.

Stigma and discrimination

Workers who are HIV-positive face widespread stigma and discrimination, often leading to rejection by fellow workers and dismissal by employers. In a small workplace, secrets may be harder to keep causing great anxiety and fear to those concerned. If an employee contracts HIV the effects of their sickness puts a strain on the rest of the workforce and affects productivity.

While owners of small businesses don't face the same fear of dismissal, they do face discrimination and stigma like everyone else. The challenge of keeping the business afloat and eventually preparing for someone else to take over becomes a major concern as the illness drains away profits.

Small businesses: hard to reach?

As well as being especially vulnerable to the impact of HIV/AIDS, small businesses also have less access to information and support services than large enterprises, and are traditionally seen as difficult to reach. It is true that small business activities, particularly in the informal economy, are complex and changeable, and some operators do not even have a fixed workplace. Making profits or just surviving are sometimes more pressing concerns than HIV/AIDS. On the other hand, informal operators and workers weave in and out of the formal economy, and some do have their own trade and saving associations. This provides many possible points of contact.

The impact of HIV/AIDS on women in micro-enterprises in Ethiopia

A study of Ethiopian women working in small enterprises shows how their low social and economic status results in reduced decision-making powers in all aspects of their lives and increases their vulnerability to HIV.

The study was conducted by the Ethiopian Government's Women's Affairs Department together with the Ministry of Trade and Industry and the ILO. It highlights many issues of concern. The unequal status of women, coupled with often inaccurate beliefs about HIV transmission, means that women find it difficult to access the help they need to protect their health and to deal with an HIV-positive diagnosis.

It is widely recognized that gender inequality leads to a lack of economic opportunities for women as well as a lack of power to negotiate safe sex in personal relations, with a resultant increase in the spread of HIV infection in the female population.

With the increase in HIV/AIDS infections in Ethiopia, women are expected to cope with greater burdens of responsibility, giving care and support to close and extended family members who are affected by the epidemic.

Source: *The impact of HIV/AIDS and gender equality issues in micro enterprises, ILO, 2006*

Women who are able to establish successful small enterprises generate both economic and social benefits. They have more financial stability and can better provide for their dependents, and this in turn increases their status and improves their negotiating positions

Elizabeth Musindo describes the reactions of her fellow workers:

Elizabeth lives in Bulawayo, Zimbabwe and tested HIV-positive in 1993 when she was expecting her last child. When she told her husband, he divorced her. She later discovered from their family doctor that he had tested positive three years before.

Elizabeth works for a cooperative that manufactures decorating products. She and other HIV-positive colleagues suffered discrimination from fellow workers when their status became known. "Our day to day equipment like scissors was separated and they didn't want to share the bathroom with us," says Elizabeth. "Every time we wanted to use the toilet or wash our hands there was an argument. Communication was not healthy at all between us." When business was slow, this was also blamed on the HIV-positive members.

The other women in the co-operative decided to split into two groups, those who were HIV-positive and those who were not. "This caused us a lot of stress because we stopped getting big orders like we used to," explains Elizabeth. "I believe this is because the other ladies were telling our clients of our status and discouraging them from giving us orders."

Elizabeth's new group had 14 members at first but six of them have since died. She believes that if the original group had stuck together maybe some of them would still be alive today. "We could have supported each other and helped each other through the difficulties that we face. I also feel that those in the other group had no right to discuss our HIV status with our clients because this affected us so much. We do get some orders now and again but it could have been different if we had been treated fairly by the other members of the cooperative."

Source: *Interview conducted by SIYB consultant in Zimbabwe, June 2005.*

Chapter 2 – Integrating HIV/AIDS in small business support strategies and structures

The implications of HIV for small businesses must be addressed, for the sake of the workers and employers concerned, as well as enterprise productivity and community security. This chapter looks at the roles of government, of enterprise development and support services, of organizations of employers and workers, and of national HIV/AIDS programmes.

There are many different types of organizations that provide a variety of services to small businesses. This chapter makes specific suggestions about how to integrate HIV/AIDS issues in standard SME support strategies and microfinance interventions. The emphasis is on devising coping strategies to keep the business going.

I. The legal and policy framework – creating a positive environment for action

Laws and national policies can provide significant encouragement and support to small businesses and the organizations that assist them, both in terms of developing the sector and generating action on HIV. The ILO and its social partners in employers' and workers' organizations offer guidance on adapting labour laws to take HIV and AIDS into account, and also seek to ensure that national AIDS plans include a strategy for the world of work.

Advice is based on the *ILO Code of Practice on HIV/AIDS and the world of work*. Its key principles are relevant at national, enterprise and community levels, and have been incorporated into national laws and workplace agreements in over 100 countries. Small and medium sized businesses can seek to influence government policy by organizing themselves, or joining existing organizations to lobby government for resources to expand the sector and improve HIV/AIDS services for SMEs.

In Tanzania the government initiated and adopted an SME Development Policy in 2002 that is currently being implemented by SIDO (the Small Industries Development Organization). HIV/AIDS is prioritized for mainstreaming in all initiatives as part of the policy, with the aim of reducing the spread of the virus and minimizing the impact on SMEs.

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

The purpose of the Code is to encourage and support concrete responses to HIV/AIDS at the workplace, formal and informal, based on:

- the protection of workers' rights, including employment protection, gender equality, entitlement to benefits, and non-discrimination;
- prevention through education, gender-aware programmes, occupational health and safety, and practical support for behaviour change;
- care and support, including confidential voluntary counselling and testing, as well as treatment in settings where local health systems are inadequate; and
- dialogue and cooperation between the tripartite partners.

Summary of key principles

A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic;

Non-discrimination

There should be no discrimination or stigma against workers on the basis of real or perceived HIV status;

Gender equality

More equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and help people manage its impact;

Healthy work environment

The workplace should minimize occupational risk, and be adapted to the health and capabilities of workers;

Social dialogue

A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments;

No screening for purposes of employment

HIV/AIDS screening should never be used to screen job applicants or employees. Apart from very specific situations specified in the Code⁵, HIV testing should not be carried out at the workplace at all, although voluntary and confidential testing in the community should be supported by the employer.

Confidentiality

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments;

Continuing the employment relationship

Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions;

Prevention

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change;

Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

⁵ An ILO code of practice on HIV/AIDS and the world of work, (8.3) epidemiological surveillance, and (8.5) tests and treatment after occupational exposure.

Specifically the policy aims to:

- create awareness of HIV/AIDS and its implications among SME operators;
- support potentially vulnerable groups through income-generating projects.

In Mozambique the National HIV/AIDS Strategic Plan makes provision for small businesses including the transport sector. This has resulted in practical HIV prevention activities that are benefiting self-employed and enterprise-based truck drivers, as well as the small businesses that service them.

II. The role of enterprise development, support and training services

A growing number of organizations with different functions working to promote and support small producers and businesses have built AIDS issues into their programmes. For example the cooperative movement in Ethiopia with assistance from the Italian government and the ILO, has an HIV/AIDS training programme for cooperative leaders and peer educators. In Ghana, the Cooperative Susu Collectors Association (GCSCA), a well-established savings organization with an extensive network of staff and members, has set up an HIV/AIDS programme to give its

members information about HIV and help them develop the skills to promote behaviour change. The Start and Improve Your Business (SIYB) programme in Zimbabwe has developed materials on HIV/AIDS for their trainers and master trainers to help them support entrepreneurs and Business Development Service (BDS) organizations in responding to HIV/AIDS (see more examples in Chapter 4).

How small business associations and service providers can help SMEs deal with AIDS

1. Building awareness and capacity in the support organization

Organizations working with SMEs need to start by building their own capacity and resources to deal effectively with HIV. These may be organizations of employers and small business associations, as well as direct service providers. Another possibility is to work in partnership with a local organization, where it exists, that specializes in HIV/AIDS health care and can provide information and advice.

Enterprise development staff - or others making contact with the SMEs - need to be motivated, well-informed and trained so they can deliver appropriate HIV/AIDS support and advice. The first step – as happened with FeMSEDA - is to raise the awareness of staff and decision-makers within the organizations concerned. The information and examples contained in Chapter 1 can be used to inform officials and BDS organizations.

2. Raising awareness of entrepreneurs and workers

Similarly, the first step with enterprises will be to raise awareness and provide information on how AIDS can affect them. As has been highlighted through the FeMSEDA example in Ethiopia, discussions with entrepreneurs must be initiated by people who are well informed about the epidemic and its likely impact on small businesses. The enterprise support organization can help the entrepreneur assess both direct and indirect costs of AIDS, and show how HIV could eventually impact on their business. This may involve setting practical mechanisms in place to monitor sick leave, absenteeism, loans to employees, medical costs and any other relevant issues. It will also be important to involve workers early in discussions.

Again, BDS organizations can draw on the information in chapter 1, as well as getting more detailed information from the National AIDS Commission and UN country team or theme group on AIDS (see appendix 2).

Mainstreaming HIV in standard SME support structures

In Ethiopia the ILO and the Federal Micro and Small Enterprise Development Agency (FeMSEDA) held a workshop for BDS organizations in January 2006. It covered a range of issues affecting enterprises, including HIV, and discussed how the epidemic could be mainstreamed into existing activities.

Few of the BDS staff had previously seen AIDS as a challenge to their clients, but as they learnt more about the impact of AIDS in a variety of contexts, all agreed they had to build it into their work. They developed an action plan for integrating HIV in their services. The first stage was to set up a forum for officials and workers in FeMSEDA to raise awareness on HIV and AIDS, and carry out training for staff and trainers. The second was to make recommendations for mainstreaming HIV and AIDS in existing activities with SMEs.

FeMSEDA recommendations for mainstreaming HIV/AIDS:

- adapt the standard Situation Analysis form to assess HIV/AIDS knowledge and impact on the operator, including medical and other costs;
- prepare notes for the BDS organizations on how to talk to the operator about HIV/AIDS, stressing the importance of confidentiality, as well as including mention of AIDS in standard materials;
- add HIV/AIDS to the Action Planning form – include HIV/AIDS mitigation in specific services for SME operators (training, credit and savings mechanisms);
- ensure the three-month reports on BDS delivery include specific sections on HIV to make sure it is taken into account when reviewing business progress.

“The participants were highly motivated to finally see how this issue (HIV) was so relevant to the success of their work and that it was possible to address it without the need for additional cost and time.”
Workshop report

3. Strategic planning

Understanding the impact of AIDS logically leads to strategies for mitigating the effects. It is important to stress that even if the SME currently feels little or no impact from the epidemic, it is still important to plan ahead. In a small organization the loss of a key member will have much wider implications than in a larger business. When discussing other business costs and issues, it is vital to cover the ways in which entrepreneurs can plan to cope with AIDS. Some of the points below are of particular use if the employer is HIV-positive – encourage them to know their status so that planning is more effective.

a) Workforce:

Help to clarify the responsibilities of the employer, and the rights of the employee, regarding matters such as sick leave, testing, dismissal, confidentiality, discrimination and stigma in the workplace. Advise on accessing statutory benefits (if any) and alternative options (see microfinance and insurance below).

Advise employers on activities to educate employees about HIV and AIDS, and the provision of care and support. It is important that employers are motivated to tackle stigma and discrimination in the workplace and that they are aware of the ILO's position on testing⁶. The provision of care and support services could be organized for a group of enterprises working together and pooling resources where costs are involved (eg purchase of condoms or ARVs). Chapter 3 presents guidance on starting a workplace programme.

b) Maintaining production:

Look at practical solutions and coping mechanisms to minimize disruption in the workplace. This could include different styles of working such as the sharing of tasks across a small team. Help the entrepreneur assess if the business is over-reliant on a particular employee(s) who would be hard to replace. Consider information-sharing and even retraining/cross-training so staff can stand in for each other.

c) Management and administration:

Help the employer update and clarify the business accounts and records, and include a checklist of important information so others can keep the business running in his or her absence. Bear in mind the need to include some kind of controls to minimise the opportunities for theft and fraud.

Advise on possible sources of funding that could help strengthen the business or cope with unforeseen problems and costs. Assess the opportunities offered by micro-credit, savings and insurance schemes – see below.

d) Sharing responsibilities:

Offer advice on running the business with a partner or training a manager to help keep it going smoothly in case the owner is sick or needs time off work (see Mrs Jamieson's story in Chapter 4).

e) Succession:

All entrepreneurs and owners should think about what would happen in the event of their death, not only those who know they are HIV-positive. They should consider identifying and training an 'understudy', who could be a capable employee or family member, especially those in sole proprietorship. If the business is a partnership, limited company (shareholders), or cooperative, the entrepreneur has a wider choice of possible successors.

Advise the entrepreneur to sit down with trusted persons and develop a contingency plan which includes selecting a successor and type of 'exit strategy'. The most common strategies are: family transfer (transferring the business to a family member), management buy-out (purchase of the business by senior staff) and selling to an outside interest.

Writing a will can save many complications and much bad feeling – offer advice on how to do this as simply and inexpensively as possible, while ensuring it is valid.

4. The dual function of microfinance

Microfinance is the provision of savings, credit, insurance and other financial services targeted at low-income households. These are often used to boost incomes, for example by investing in small enterprises, but they also play a critical role in protecting SME operators and their employees by helping them manage risks.

Microfinance institutions (MFIs) and their members have suffered from the impact of HIV. Common problems for clients include defaulting on group payments due to HIV costs, non attendance at meetings, and deaths of members. The MFI providers themselves have also suffered HIV-related problems affecting their own staff and this has inevitably impacted on their services. However, despite these difficulties microfinance can help strengthen a business and protect it against HIV-related costs, or even make it possible for individuals to have a second activity outside work hours. For those who have been forced out of the formal economy due to stigma, or the families of those too sick to work, such schemes can provide a new livelihood.

Being part of a savings or insurance scheme can also help entrepreneurs and employees cope with the extra expense of antiretroviral (ARV) treatment, funerals and supporting members

⁶An ILO Code of practice on HIV/AIDS and the world of work, chapter 8 on Testing.

of the extended family (see CETZAM and FINCA case studies in Chapter 4).

The pressures on microfinance institutions as well as the changing needs of members have led many of them to make practical changes to survive and even expand.

a) Adapting microfinance schemes

The international development agency, Concern Universal, has adapted its microfinance operations in Malawi to allow members who are sick to nominate proxies to stand in at their credit and savings groups. Those chosen are usually family members, and the benefits are as follows:

- Involving a stand-in member means the business keeps going even when the original member is sick;
- The family member gains experience in managing the loan while the client is still able to provide some advice and guidance;
- The size of loan is maintained even during sickness, and in the event of death it is more likely the business will keep operating at the same level;
- The credit and savings group maintains its membership and is able to form an opinion of the proxy's ability to manage a loan, prior to them becoming a full member;
- The microfinance institution remains secure and stable to the benefit of all members.

Source: DFID

b) Introducing micro-insurance schemes

There are now many different insurance schemes available at low cost to help mitigate the worst effects of HIV/AIDS. For example health insurance can cover some of the medical costs, critical illness cover can assist where people cannot pay back loans due to ill health, life insurance and funeral policies can help family members cope financially after a relatives' death.

The ILO's STEP programme (Strategies and Tools against Social Exclusion and Poverty) supports the development of micro-insurance schemes and the social and community action they promote, including mutual health funds in small enterprises and the informal economy. In the face of HIV and AIDS, STEP helps schemes adapt to the new needs and demands that have arisen.

The booklet, 'Contributing to the fight against HIV/AIDS in the informal economy: the role of DSSP', gives examples of health insurance based in a wide variety of institutions, including informal trade associations, cooperatives, women's groups, faith-based organizations and even hospitals themselves.

Some microfinance institutions have designed new schemes aimed directly at alleviating the impact of HIV. Opportunity International is a faith-based microfinance network which has set up life insurance, critical illness and funeral cover schemes in response to HIV. They all operate on the basis of a slightly increased premium to members to share the extra risk that the lending institution has to bear.

Microfinance institutions using group-based methodologies, like CETZAM in Zambia, have found that insurance coverage strengthens their groups and reduces the likelihood that HIV+ members will be excluded.

5. Using community services

SMEs do not have the resources of big companies and it is more difficult for them to set up special HIV services for their staff. They may not be aware of available resources they could draw on. Organizations working with SMEs can provide valuable assistance by identifying public services and partner organizations (NGOs, community associations and faith-based organizations), and compiling a list or directory. These might include:

- Support groups for people living with HIV/AIDS – such groups have proved to be a valuable source of information and support to PLHA. They are able to talk with others in the same situation, share experiences and get useful advice in an environment free of stigma and fear

Credit Life Insurance

Opportunity International provides life insurance to borrowers equal to the total value of the loan they have taken out. If the client dies, the outstanding principal, interest, and fees are paid out to the MFI by the insurance company and the loan balance is cleared. The MFI pays monthly premiums for active loans and recovers the costs from all clients via a fee or the interest rate.

Critical Illness Insurance

MFI clients are provided with critical illness cover that is triggered following a period of 30 days of illness that restricts the client from working. The insurance provides the client with up to three months of loan repayments, though there are reports that it is hard for clients to claim this benefit.

Funeral Benefit Insurance

Ntula - meaning 'to share someone's burden' - is administered by CETZAM Opportunity Microfinance Limited in Zambia. The MFI client plus five of his or her dependants are covered by the policy, and the payout exceeds the average funeral expense to give extra assistance to the household (see case study in Chapter 4).

Source: *Strengthening the role of AIDS-affected MSEs in productive markets*, USAID, 2005

(see case studies of Mrs Jamieson and Dumisani Phiri in Chapter 4);

- Voluntary counselling and testing centres – confidentiality is a key issue – try to find out if any centres have a particularly good (or bad) reputation for respecting confidentiality;
- Health care clinics and hospitals – for testing, palliative care and ARV treatment;
- Home-based care organizations to give advice or practical assistance to those looking after sick relatives at home;
- Child care centres – some associations offer child care to help households affected by AIDS keep up their jobs or businesses;
- Condom supplies – find out if local government clinics, NGOs or UN country team have free or low-cost condoms which can be passed on for distribution by SMEs;
- Information and education materials on HIV/AIDS – gather examples and supplies of materials that are available locally including posters, story boards, brochures, films etc;
- Human rights/legal aid centres – SME owners and/or workers may need help with legal issues relating to HIV. Women in particular may need assistance with inheritance in the event of their husband's death.

6. Starting a small business: reducing vulnerability to AIDS and its impact

People living with HIV may need assistance in generating income, and setting up a small business could be one solution. They may have been forced out of a job because of stigma and discrimination, or denied the opportunity to return to work once on treatment. There is also demand from the families of those who have lost breadwinners to AIDS. Starting a business may also provide income and security for women who might otherwise be driven into commercial or transactional sex.

Projects and organizations that promote entrepreneurship and business start-up should be aware of these different needs and prepare strategies to meet them. For example, should projects specifically target HIV-positive persons, or integrate them in general schemes? The answers will depend on local circumstances, including levels of stigmatization, and opportunities. The particular economic and political/ legal disadvantages that women may face in setting up an enterprise should be addressed. It could

be productive to join forces with an AIDS support organization to introduce a small business programme for its members.

The ILO workshop for BDS organizations in Ethiopia heard directly from an HIV-positive entrepreneur who had started up a small business. Based on his suggestions and the shared experiences of other staff members, the BDS workers concluded that people with HIV/AIDS have particular needs and require a special approach from support agencies. Issues to consider include:

- People with AIDS may need breaks in training sessions for rest or medication;
- People with HIV may have suffered stigmatization and rejection, so it is important that trainers involve them fully, and offer encouragement and follow-up;
- BDS organizations and clients need to select business ideas on the basis of what is practical and manageable, and with a reasonable return in the short term;
- Entrepreneurs may face discrimination in their business operations, and the BDS facilitator should help them prepare coping strategies;
- PLHA can help enterprise development organizations by running HIV awareness workshops for staff and contributing to policy development. Some can also train as BDS facilitators to advise other PLHA on how to start their own businesses.

Summary of key points:

- AIDS issues should be included in business development and support strategies, and mainstreamed in structures and programmes;
- SME operators and workers should be helped to understand the actual or potential impact of AIDS on their businesses and how to manage it;
- Service providers should make use of the opportunities offered by microfinance to mitigate the impact of AIDS;
- Associations and BDS organizations should tap into community services and other available sources of information and support, including compiling a list of local support organizations and resources for SMEs;
- Contact can be made with AIDS support groups to help members set up small businesses, and adapt to meet the particular needs of PLHA.

Chapter 3 – Helping small enterprises run HIV/AIDS workplace programmes

This chapter describes the basic steps for setting up HIV/AIDS programmes in the workplace. SMEs vary hugely in size and available resources – some operators will only be able to take on the bare minimum, but in any case the guidance which follows should be adapted to needs and specific circumstances. One of the most successful strategies in many different countries has been the grouping of small enterprises to pool resources. This could be directly related to production (for instance transport, marketing or plant hire), a training programme, or other activity such as an HIV/AIDS programme. Sometimes a larger company links up with smaller companies, for instance local suppliers or service providers such as cleaning or security companies, to give them access to its workplace programme.

In Ghana agents for the cacao trader Reseiga regularly tour the country to buy cacao from small brokers and farmers. With the company's support, some agents have been trained as peer educators on HIV and they conduct discussion groups and provide condoms when they visit. They use their company vehicles to take brokers from their isolated villages to clinics for HIV testing or treatment if necessary.

It is useful to know if employers' or workers' organizations have policies to include small and micro businesses and informal workers in their membership or in HIV activities. Service providers should find out what support they could give, for instance advising on policy, helping to train peer educators, providing materials or carrying out joint training activities.

1. Preparing the ground

As soon as the enterprise support organization has established its own capacity to take on and mainstream HIV/AIDS (see Chapter 2), it will need to find partner SMEs and persuade them to take action. The facilitator must inform and motivate the owner or employer, one way to make this easier is to find a small business locally that already has an HIV/AIDS programme and can be used as an example. Issues that will certainly arise include a lack of understanding of how AIDS may affect them, fears about the cost, uncertainty about their competence to take action, and the sense that sick workers can always be replaced. It is important to discuss these issues with workers' organizations and representatives as well.

In Kenya members of the employers' federation have become AIDS 'champions' with the mission of persuading fellow employers to take action. In Togo, employers and workers go together to enterprises to raise the issue of AIDS.

Help employers see that training people to protect themselves is like training them to do tasks at the workplace – and equally beneficial for their business.

2. Starting the programme

When the employer's support is assured, agree on a plan of action with the enterprise. However small the workplace, try to encourage those concerned to see that even a simple programme can include education for prevention, offer care and support to those who need it, and take a stand against stigma and discrimination. Get the support and involvement of the workforce as early as possible, and certainly before the plan is made.

Make it clear what role you or your institution will play – how long can you continue to give active support, when and how will the

How to make HIV programmes relevant to small operators

Own-account operators or workers without fixed wages will be reluctant to attend training sessions or HIV activities that eat into their work time, unless these are clearly useful and adapted to their circumstances. Factors to bear in mind:

- If you are not a local agency link up with community workers or organizations that have experience in the area to implement your programme;
- Training must not interfere with earning a living, so consult and find out what works best for operators - consider after-work activities near their homes, or one on one training in short sessions near the workplace;
- Take into account household and family responsibilities - offer child care if possible;
- Get help from the local authorities or NGOs to access premises as close as possible to the operators' work or homes - some market places have stores or lock up rooms that can be used;
- Some operators work in insecure areas and need their sites guarded if they are away even for short periods of training;
- Literacy levels may vary so keep messages clear and relevant to their circumstances - use materials that are visual and interactive;
- Weave HIV training into other activities that offer a benefit to operators, such as training in technical or numeracy skills.

It is especially important to make sure that activities are relevant to women and to men, and are organized in a way that takes into account their different needs and circumstances.

Adapted from *Best practices in HIV/AIDS prevention in the informal sector*, ILO, 2003

enterprise sustain activities on its own, what contacts and resources will be needed?

The following five elements will probably be part of the basic package that is agreed, but adapt them to the particular circumstances of the workplace. The most important thing is for owners and workers to discuss and decide what they need. Involve workers' families, local suppliers, and neighbouring enterprises as much as possible.

i) Providing basic information on HIV/AIDS:

- What HIV and AIDS mean, how HIV is and is not transmitted;
- The facts and the myths about HIV/AIDS, and tackling stigma and discrimination;
- The different risks faced by women and men, and the ways that gender inequality fuels the epidemic;
- How to prevent HIV, especially the correct use of condoms;
- How to live with HIV, including care and treatment, and the importance of knowing your status.

Use, adapt or develop tools for awareness: posters, signs, ribbons, news clips on notice boards, talks, video, live theatre, radio, television, competitions (e.g. posters), sponsored events, messages in pay packets, in-house magazine articles or newsletters, discussion sessions.

Information and materials are available from the national and international AIDS organizations in your country, or from UNAIDS/ILO/WHO headquarters. See appendix 1 for a short summary of key information about HIV and AIDS, and appendix 2 for references and resources.

ii) Working out a statement of policy/commitment

It may not seem useful or even possible to develop a policy for small workplaces, but the fact that the employer makes some form of commitment to taking action on AIDS can raise morale and improve trust. The policy can be very short, just stating that workers won't suffer discrimination related to HIV status, and committing to providing some activities for prevention and care. Encourage the employer to draft the statement with inputs from the workers, and then put it up where it can be seen by suppliers and customers (if relevant) as well as staff.

The ILO Code of Practice on HIV/AIDS and the world of work is recognized by the UN as the main international guideline relating to workplace action. The ten key principles of the Code have been widely implemented at

all levels, and can be helpful as a guide when considering a workplace policy (see Chapter 2). The Code is voluntary and can be adapted to individual circumstances.

In Swaziland, the employers' federation produced a poster headed, 'This company cares' with a short version of the key principles of the ILO Code of Practice, and the members put it up in their shops and businesses. In Ethiopia the Shiro Meda Weavers Araya Association, with 196 members, mainstreamed HIV/AIDS in its activities and based their workplace policy on the 10 key principles of the Code.

To accompany the Code and guide its application, the ILO has produced an education and training manual, *Implementing the ILO Code of Practice on HIV/AIDS and the world of work*. The manual serves as an information and reference document as well as providing guidance, case studies and practical learning activities. It includes a module on the informal economy and formal-informal linkages for extending workplace action. Guidelines on HIV/AIDS and the world of work are also available for:

- Employers
- Trade unions
- Labour and factory inspectors
- Labour judges and magistrates
- The transport sector
- The health sector.

iii) Choosing a focal point and/or peer educator(s):

A larger workplace may set up an HIV/AIDS committee, or use an existing workplace or occupational safety and health committee – for guidance see the ILO pamphlet 'A workplace policy on HIV/AIDS: what it should cover and putting it into practice.' Where there are fewer than 30 workers, it is probably more appropriate to have an AIDS coordinator or focal point rather than a committee – it's essential that someone has the responsibility to carry out the activities, and reports regularly on them to the boss.

This may seem irrelevant in a micro-enterprise, but where a group of the smallest enterprises have joined together to jointly arrange some activities, it is worth encouraging someone to be the educator or coordinator for the group. In other situations, the best idea may be for the support institution to nominate a member of staff to be a focal point who will service and coordinate activities in a number of SMEs.

The focal point may also be trained to act as a peer educator.

Peer education

Peer education is one of the most effective ways of inspiring behaviour change and conducting HIV/AIDS education in the workplace. It is based on the idea that individuals are most likely to change their behaviour if people they know and trust persuade them to do so. It helps break down barriers by allowing people to discuss sensitive matters without fear. Peer educators are informal leaders who come from the group that is being trained, and should reflect the gender, age and racial characteristics of the target workers as much as possible. They also provide a link between workers and services, such as treatment for sexually transmitted infections, voluntary HIV counselling and testing, and condom distribution.

iv) Promoting and supporting behaviour change.

The most useful thing a workplace can do is create an atmosphere of trust and open discussion about HIV and AIDS, so that life-saving information and understanding can be shared.

Prevention has two key components: education and practical measures to reduce risk.

Education builds on basic information and awareness. It helps people apply general messages to their own situation and behaviour, and gives them the tools to assess and reduce their personal risk. It makes an important contribution to overcoming fear, embarrassment and stigma. The ILO Code recommends “interactive and participatory” educational methods because these help people voice their fears, assess their risks, and develop the understanding and skills to change their behaviour.

Practical measures include the provision of condoms (male and female - with instruction sessions on using them), access to treatment for other sexually transmitted infections (STIs), and occupational safety and health.

Care at the workplace

No-cost and low-cost solutions:

- a ‘know your status’ approach, and an open, accepting and supportive environment for positive workers;
- a policy statement to prohibit stigma and discrimination;
- reasonable accommodation – making changes to tasks, the workplace or working conditions (including hours and breaks) so that workers with HIV/AIDS can continue in their jobs;
- healthy living advice for those who are HIV-positive, including information on nutrition, rest and exercise;
 - > social protection, including helping workers to access state benefits or decentralized insurance systems;
 - > information on and referral to:
 - > health care services and appropriate treatment for HIV (where possible) and related infections;
 - > confidential voluntary counselling and testing (VCT), as an important starting point for both prevention and care;
 - > family planning services;
 - > financial support, training or income-generating opportunities for persons who lose employment because of HIV status, and for family members;
 - > information and training in HIV/AIDS care and prevention for caregivers at home.

It’s been found all over the world that basic facts on AIDS and generalized prevention messages help raise awareness, but often fail to change risk-taking behaviour. Behaviour change communication is a form of participatory education which encourages people to understand their own attitudes, assess their own risk, and develop messages that make sense to them and others in similar workplaces.

For more information about behaviour change communication and peer education, see *HIV/AIDS Behaviour change communication: a toolkit for the workplace*, produced by the ILO with Family Health International.

v) Providing care and support

The right to care and support is one of the key principles of the ILO Code of Practice. Access to care and support reinforces effective prevention, and is recognized as an important motivation for confidential voluntary counselling and testing (VCT). When people know they can access treatment for HIV, they are much more likely to get tested.

The first reaction of many employers is that providing care will be costly. Any cost is really an investment if it means the business can keep its skilled and experienced workers. But in practice many components of a care and support programme are not costly at all, and are more about changing attitudes and creating trust.

Help employers see that keeping an HIV-positive employee at work is the best support they can give, allowing time off so workers can access local services will keep the business going. Many people who discover they are HIV-positive say that what helps the most is the emotional support and friendship of those close to them.

Where a business is too small to finance its own activities, at the least it can provide information about community services and refer workers to appropriate organizations (see Chapter 2 and Appendix 2). It can also be helpful to encourage a group of businesses to come together for joint activities, perhaps helped by a trade union or an NGO with skills in facilitating HIV workplace programmes.

Chapter 4 – Coping with HIV/AIDS: case studies of workplace experiences

The stories collected in this chapter show different ways that small business operators have coped with HIV/AIDS and support organizations have adapted their programmes to respond to the effects of HIV/AIDS on SMEs. Names have been changed to protect confidentiality.

Living positively and raising income

Joyce Nxumalo was devastated to learn that she was HIV-positive but took the initiative to link up with others in the same situation to create the organization SWAPOL (Swazis for Positive Living). “I am HIV-positive, but I’m positive about life,” she says. “This work gives me something to do. It’s good to do something for other people and not just worry about yourself.”

SWAPOL has already organized the training and placement of community outreach counsellors to assist AIDS orphans and widows, and has successfully tapped into international grant support to help build home-based care and assistance networks. But SWAPOL is keen not to rely solely on donor funding and in 2003 the group set up a commercial agricultural cooperative in a field 30 miles south-east of the capital Mbabane.

After an unsuccessful foray into commercial maize growing, they have planted a range of vegetables and still grow small quantities of maize for children in the community. “Half the profits are put back into the field for purchases of fertilizer and tools,” explains co-op member Ellen Hlatswako. “The members share out 25 per cent and the remaining 25 per cent goes directly to assisting people living with HIV and AIDS.”

The women are hoping to expand the cooperative and have plans to cultivate a second field in another town. This will enable them to help more orphans and those with HIV/AIDS in that area of the country.

Source: *HIV/AIDS and Cooperatives*, Cooperative College, UK, and ICA, 2005.

Creating or joining a support group like this can help people come to terms with being HIV-positive while also providing them with practical assistance and a role supporting others. The next case study features a support group, but also shows how an entrepreneur managed to keep her flower business going with the help of a business partner. Many small enterprises have to operate without the safety nets that help businesses in the formal economy. One way of reducing risk, as well as managing periods of absence or sickness, is to share the running of the business with a partner, colleague or family members.

Coping mechanisms – keeping the business going

Anna Vimgwe is a trained florist living in the western Zimbabwean city of Bulawayo. For many years she worked for different flower shops in town but in 2001 she got a chance to set up her own small business. She is doing well and now has four employees. In 2003, during a stay in hospital, Jean learned that she was HIV-positive. Her children encouraged her to carry on.

“Fortunately I had a partner I worked closely with in my business. She took care of everything while I was in hospital and when I was not feeling well,” says Anna. “My partner also happens to be HIV-positive so we stand with each other and cover for each other when one is not feeling well. We believe we still have some years to live as we are taking good care of ourselves and our health. Our children are growing up and we hope they will take over the business when both of us are not able to do it anymore.”

“My employees do not know of my HIV status and I do not want to tell them yet. The moment you tell people about your HIV status there is a lot of stigmatization that goes on and I do not want this to affect my business.”

“I did tell close people that I am HIV-positive. My children accept the condition I am in and they support me very much. I joined a support group called the New Life Centre and that is where I learnt to accept the state I am in and also to start believing in myself once again.”

“My pastor also encouraged me to join a group at the church called the Genesis Support Group, where I met a lot of other people who are living positively and more people join us all the time. Several of them run businesses like I do. We get people to speak on different issues in business and even about life in general. Some of our members need to be trained in different skills such as making soap, candles or sweets so that when one is not feeling too well, at least there is something that they can do whilst at home.”

Source: *Interview carried out by SIYB consultant in Zimbabwe*, June 2005.

The fear of stigma and discrimination was also an issue for Dumisani, but when he disclosed his condition he discovered he still had some options. He found support through a church group and the possibility of new work through training.

Adapting to being positive – creating new opportunities

Dumisani also lives in Bulawayo and discovered his positive status in 2003. His wife left him as a result and he has three children to support. Dumisani already had a job but, “I was told by friends that people living with HIV and AIDS were not employed by this company so I kept my status a secret for fear of losing my job,” he explains.

“I knew some of my workmates were positive so we used to discuss our situation during lunchtime. I ended up deciding to carry some pamphlets to work so that we can share information with other workers. One day one of my colleagues asked me what I would do if I got infected and I told him I was positive. He did not believe me because to him I looked so strong. Soon after that I got sick again and asked for time off work. This did not go well with the management and I have difficulty now asking for time off to collect my ARVs.”

“Working in this organization is becoming very difficult as some colleagues now won't even sit with me or shake my hand. I sit in the canteen only with those who are HIV-positive. I joined a support group at church that has helped me so much to accept my status and to believe in myself. There is a friend who takes care of me when I am sick. The pastor helps us very much in spiritual matters and prays with us and visits members who are sick.”

As well as joining this group Dumisani has created other positive opportunities for himself. He went for training as an AIDS counsellor with the organization *Medecins sans Frontieres (MSF)*, and now works at nearby Mpilo Hospital in his spare time. He wants to develop this work more, “I hope that if I am dismissed from my job I can take this job as a counsellor,” he says.

Dumisani is also about to attend a training course on ‘starting up your own business’ and stresses how important it is to provide income-generating skills to those who are HIV-positive. “We want to encourage even those who are working at the moment to start projects to make money,” he says. With stigma so widespread, dismissals from the formal sector are driving those with HIV into the informal workplace where they badly need help to set up their own businesses.

Source: Interview carried out by SIYB consultant in Zimbabwe, June 2005.

For people like Dumisani who want to set up small businesses, microfinance programmes may be available to help get them started. They have also helped many small enterprises to manage the financial burdens caused by AIDS.

Adapting micro-finance programmes to cope with the impact of HIV/AIDS

The Foundation for International Community Assistance (FINCA) is an international network of which FINCA Uganda is a member. It provides microfinance primarily to economically active poor women using a group-based lending system. The organization has been running in Uganda for 14 years and currently serves more than 43,000 active clients in 32 districts of the country. Sixty per cent of borrowers are single mothers and over 75 per cent are caring for orphans, most of whom have lost parents to AIDS.

FINCA has been affected by HIV/AIDS in many respects and has had to adapt and extend its programmes as a result. FINCA savings groups have suffered from increasing dropout rates, non-attendance at group meetings, insecurity of group savings due to default by dead members, and a slow rate of new group mobilization due to stigma against HIV-positive members. Early on group members were asked to repay the loans of fellow members who became too ill to work or had died of AIDS, but FINCA has since remedied this problem by providing life insurance that pays off the balance of a group member's loan in the case of her death.

FINCA has created more flexible repayment terms and loan extensions to help members who are having difficulty paying due to the financial burden of AIDS. The organization has also introduced special loans which advance payments at low rates of interest to help members cope with HIV/AIDS emergencies. This helps reduce the impact on the entrepreneur's business assets.

FINCA Uganda also carries out HIV prevention work through the weekly village banking group meetings.

Using credit and savings schemes to cope with HIV

Ramulati Kibirige lives in Uganda and is the mother of two children. When her 22-year old daughter recently died of AIDS, she was left to care for her grandchildren and when her sister died she took in her children as well. Ramulati runs a successful business with two employees, baking and selling pastries which she sells mostly to students and teachers at local schools.

With a loan of \$35 from FINCA Uganda, she was able to buy raw materials in bulk, allowing her to take advantage of wholesale prices and to make larger profits. With successive loans, she has been able to increase her production. Ramulati is able to provide food and to pay the school fees for all her children from the profits she earns.

Despite this, AIDS has impacted on her success. Ramulati had saved nearly \$270 through the FINCA savings programme but had to spend \$220 on medicines and other necessities for her sick relatives. However without access to credit and savings her situation would have been far worse.

The success of her business has given Ramulati confidence as well as an income. “I used to not to be able to speak in front of people because

I was afraid," she says. "Now I have no fear." Despite the struggle and sadness that AIDS has brought into her life, Ramulati remains optimistic. "Because I am working we are happy in our home," she says.

Source: *Communications materials of FINCA International, Washington DC.*

Funerals represent one of the heaviest costs for families in the countries most affected by AIDS. With multiple deaths within a family becoming increasingly common, the burden and stress that results is hard to bear. In Zambia an established scheme providing credit and savings to poor communities has set up a new death and funeral policy to help its members.

Easing the financial burden of funerals

A survey by Opportunity International UK (OI) in Zambia found that 41 per cent of people had experienced a death in their extended family. To cope with this situation, small business owners are diverting what funds they have from working capital to meet funeral costs.

OI helps provide opportunities for poor people to develop small businesses, and works in partnership with the Christian Enterprise Trust of Zambia (CETZAM). The Trust provides loans for micro enterprise development in the country, and in response to the impact of HIV/AIDS in the community CETZAM has developed a death and funeral insurance scheme in collaboration with a local insurance company.

Introduced in 2002, the scheme is called Ntula (meaning 'lightening the load'), and now has over 5,000 clients most of whom are low income earners. Weekly premiums are small and cover the client plus six named family dependants in the event of death arising from any cause including HIV/AIDS.

Claims result in fixed payments of US\$130 for the death of an adult and US\$70 for a child. This exceeds average funeral expenses in Zambia and the excess is intended for stock or capital purchases to assist the family following the bereavement. This can help reduce the risk of loss of income following a death in the family and is a rare example of insurance cover for death following AIDS.

Mary Muwowo is a member of the scheme and she explains how it helped her after her father's death. «The Ntula that I got after my father passed away helped me to pay the debts that befell me after the bereavement. I also managed to pay some old debts. The remaining amount went to finish constructing a house and also to buy cement." In a recent survey CETZAM found that 80 per cent of its clients reported that Ntula had improved their quality of life by easing their minds over the potentially devastating expense of funerals.

CETZAM actively promotes an HIV/AIDS prevention scheme with its own staff and in the wider community. The trust has produced a manual for training peer educators in the workplace. It also provides antiretroviral therapy and encourages voluntary counselling and testing.

Source: *Opportunity International website, www.opportunity.org.uk*

Microfinance organizations often have a large membership and can provide useful entry points for HIV/AIDS education and prevention programmes. Where the organizations concerned have strong links with the community and are trusted, they can be particularly effective - as is shown by the following example of young savers encouraged to adopt safe sex practices.

Financial services offer a gateway for prevention

The Ghana Co-operative Credit Union Association (CUA) has over 290 individual credit unions and a total membership of about 125,000 across the country offering accessible and supportive financial services. The association has a specific focus on young people and has helped to set up 20 in-school Youth Savings Clubs which encourage young people to save any money not used at the end of each day.

The CUA sponsors youth activities and this direct contact with its membership is very valuable in reaching young people at a time when they are becoming sexually active.

The CUA provides information on HIV transmission, signs and symptoms and methods of prevention. The credit union movement is also confronting prejudice against those with HIV/AIDS and encouraging members to be tested for HIV. The German government development agency GTZ supports the CUA in its efforts to expand the number of youth savings clubs across the country, and has also supported HIV/AIDS programmes with young people.

Source: *HIV/AIDS and Cooperatives, Cooperative College, UK, and ICA, 2005*

In another initiative traditional Susu collectors in Ghana are using their countrywide networks to help with HIV education and prevention work.

Ghanaian Susu collectors traditionally gather savings at the market place on a daily, weekly or monthly basis and return the sum after an agreed period, minus a small fee for its safe keeping. Increasingly, savings are being used to cope with the many different financial problems created by HIV/AIDS.

The Ghana Cooperative Susu Collectors Association (GCSCA) is the self-regulated lead body of the Susu collectors, and receives funding from GTZ Rural Finance Project. The Association has become involved in ensuring its own members receive quality information and develop skills to promote behaviour change in relation to HIV/AIDS.

GCSCA's HIV/AIDS programme aims to reduce stigma and discrimination, and to promote care and support for those who are ill and their families. It has three components starting with a one-day sensitization workshop involving one representative from each GCSCA region. After this initial step, two representatives from each region are trained to become workshop facilitators and they then contribute to one-day training sessions held for GCSCA members in the various regions.

Source: *Ghana Cooperative Susu Collectors Association.*

Where there are no existing organizations to work through, some careful research and strategic thinking can create opportunities to bring small businesses together. In the following examples much needed education and training reached rural workers and street children, and helped reduce stigma surrounding AIDS.

Embedding AIDS messages in entrepreneurship training

Researchers for an ILO project in a rural part of northern South Africa found that informal vendors did not want to have anything to do with HIV/AIDS education programmes. Despite the fact that the workers were very much at risk in a country with a high prevalence rate, they had little knowledge of the epidemic and regarded it as irrelevant to them.

To get around these obstacles, the ILO team decided to offer training in basic literacy and entrepreneurship to the local community, and then introduced AIDS issues gradually at each session. There was great demand for the classes and the team was inundated with requests for enrolment. Training was carried out close to workers' homes after they had finished for the day and was also open to family members. As there were no community groups to work through, the project was implemented by UNISA (University of South Africa) literacy educators working in the area.

In Durban AIDS workers followed a similar approach, offering much needed training to street children while adding in HIV/AIDS information. The team ran workshops for nine to 19 year-olds covering street survival, business, literacy and numeracy skills.

Source: *Best practices in HIV/AIDS prevention in the informal sector, ILO, 2003*

In other parts of the country, an AIDS-specific approach has been effective. Training in Johannesburg was carefully planned so that it was appropriate to the circumstances of the workers.

Adapting to the needs of street vendors in Johannesburg

HIV/AIDS is just one threat to small business operators in Johannesburg's informal sector. Research carried out by an ILO project working with food sellers and hawkers found this large group has a relatively high level of HIV/AIDS knowledge but they still take risks – mainly unprotected sex. Most of them are single workers who move to wherever there is a trading opportunity. Three-quarters said they relied solely on this form of work for their earnings and nearly 50 per cent said they had to support other family members and dependents on their low income.

As part of a SIDA-funded project in the informal economy of four African countries, the ILO set up an HIV/AIDS prevention programme for selected groups of workers. The aim was to train peer educators but the team knew they had to make the training as user-friendly as possible to get vendors involved. Training was arranged in premises made available by the Johannesburg Rotary Organisation near the vendors' worksites. At the vendors' request people were hired to watch and guard their worksites from violence or theft while they attended classes. Training was arranged in quiet periods so participants lost the minimum earnings possible. Team members took part in various local community meetings to advertise the classes.

Childcare and meals were provided, and condoms obtained from the local health department. Linkages were made with centres for counselling and testing.

Source: *Best practices in HIV/AIDS prevention in the informal sector, ILO, 2003*

While the informal economy is characterized by its lack of formal organization and highly mobile workforce, a number of associations do exist, such as groupings of traders in a particular district or small businesses in the same sector. Lacking the resources of the formal business community, they can benefit from working with outside organizations and in turn offer an entry point for HIV/AIDS interventions.

Working through informal sector associations

In Ghana an ILO project works with the associations of garage owners and hairdressers in the greater Accra region and in Pokuase, a rural district.

From the outset the project organizers worked hard to get commitment and support from the leadership of the two associations. To begin with, the leaders did not see HIV/AIDS as a priority and were not confident they could rally support from their membership. However they agreed to take part in a two-day workshop and to select peer educators for training.

The peer educators were very enthusiastic about the programme and this led to more support for a second wave of training. At this stage the leadership became more involved partly because they now had a greater appreciation of the issues themselves.

In Pokuase, sessions were delivered at a slower pace to accommodate the lower levels of education among participants. A lot of visual aids such as films, slide shows and diagrams were used.

After five months 100 peer educators – all of them women - had completed training and they were asked to share their experiences. They admitted that it had been an eye-opener for them. They said that the programme had changed their own sexual behaviour as well as that of some of their colleagues. They felt their confidence had grown since the beginning of the project.

Negotiating safer sex still remained a major issue. Some of the peer educators admitted they had not been able to convince their male partners of the need to wear condoms and they emphasized the need to include male workers in future programmes.

Source: *Saving lives, protecting jobs, ILO, 2006*

There is a wide body of evidence showing the many ways that women are vulnerable to HIV and its impacts. On the one hand many women find it hard or impossible to insist on safe sex; on the other, their need for economic security or survival may drive them to take risks. For those who run very small businesses and often face poverty, it is hard to resist the extra money that casual sex can bring. Street traders interviewed by the ILO in Johannesburg explained that when business is poor they often sell or exchange sex simply to survive.

Economic security protects women from HIV

People who work in the sex industry face particular risks of HIV infection. Those driven into the business by poverty are often exploited and forced to have unsafe sex. In Calcutta the creation of the Usha Multipurpose Co-operative Society by a group of sex workers has changed their lives and those of their children by providing economic security, skills training and support.

Set up in 1995 with just a handful of members, the cooperative has grown very fast and now involves about 7,000 people, mostly women. One of its most popular services is a micro-credit scheme which is open to all members and offers loans at a modest interest rate. Members are also encouraged to make daily deposits from their wages into the society's savings scheme.

In this way the workers have an important economic safety net, something most of them have never had before. The schemes have helped protect them from being exploited by pimps and brothel owners and from being forced to borrow from money-lenders at very high rates of interest. The cooperative also provides handicraft training and the women sell their products in the local markets. This is particularly helpful to older sex workers who no longer have an active role in the trade.

The cooperative's work is directly linked to HIV prevention as Rekha Chatterjee, Usha's president, points out. "We need to be able to refuse unsafe sex, and to be able to do that we need economic security. In the absence of economic security we cannot exercise choices whether to continue or not in sex work or to seek other occupations."

For Chatterjee one of the most positive aspects of Usha (which means 'dawn' in Bengali), has been that sex workers have been seen as contributing to the fight against HIV/AIDS. "We are accepted as part of the solution to the HIV epidemic," she says.

Usha is affiliated to an informal collective of autonomous organizations known as Durbar ('indomitable') which links 60,000 sex workers across the state of West Bengal. Durbar has taken over the management of an HIV prevention programme in the Calcutta district of Sonagachi, which includes a peer education programme led by sex workers themselves.

Source: *HIV/AIDS and Cooperatives, Cooperative College, UK, and ICA, 2005*

HIV/AIDS has elicited many responses from the formal business sector. Employers' organizations encourage their members to take action on HIV/AIDS and help smaller enterprises to pool resources, and national business coalitions have been set up specifically to respond to HIV/AIDS. Sometimes such organizations can become support institutions for small enterprises and may even act as a channel for resources into the informal economy.

Uganda Business Coalition

The Uganda Business Coalition (UBC) on HIV/AIDS is working in partnership with municipal authorities and vendor associations in Owino market, Kampala, to bring HIV/AIDS programmes to the traders there. Owino market is one of the largest in the region with about 45,000 vendors, and represents a complex, mobile community. Seventy per cent of the workers are women, typically with very low incomes and high levels of illiteracy. The Owino area is generally lacking in basic services and infrastructure.

Because it is impossible to carry out standard workplace HIV activities, UBC has had to adapt its approach to the reality of the market place. It works in partnership with local organizations such as the Uganda Market Vendors' Association.

The coalition trains peer educators, provides counselling and HIV testing, and disseminates information to workers in the market using promotional materials to carry HIV prevention and anti-stigma messages. These include umbrellas, cooking aprons, T-shirts, caps, shopping bags, badges and exercise books.

UBC also stresses the importance of involving the municipal authorities as they license the vendors to operate and therefore have some influence with them. "Engagement of the Kampala City Council was a prerequisite for gaining commitment and support," says Dr Dickson Opol, Director of UBC. The Coalition receives funding from the Norwegian government for its HIV/AIDS programme. While some progress has been made in Owino, there is much still to do. "Workers are aware of HIV/AIDS but the challenge is to access services and change behaviour," says Opol.

Source: Presentation by Dr Opol, Harvard AIDS workshop, Durban.

It is not only local authorities who can play a part in supporting and encouraging HIV/AIDS interventions. Governments, employers and trade unions share a common interest in combating HIV/AIDS as effectively as possible. This has led to policies being adopted at national level, often based on the ILO Code of Practice on HIV/AIDS and the world of work. As these policies begin to impact in formal workplaces, efforts are growing to include the informal economy. An increasing number of employers are working with government and donors to provide education and treatment not only to workers, but also to their families and the local community. Another approach is the integration of AIDS in government programmes for the informal economy. The following workers' education programme in India is a good example.

Central Board for Workers' Education (CBWE), Government of India

The CBWE is part of the Ministry of Labour and Employment and has a nationwide education programme that now includes HIV/AIDS prevention messages. The Board provides education to some 300,000 workers each year in the formal, informal and rural sectors. Nearly 40 per cent of the CBWE's programmes reach workers in the informal economy who make up about 93 per cent of India's working population.

The CBWE carries out a range of activities which include rural awareness camps for unorganized workers, with a special focus on vulnerable groups. In line with national government policy on HIV/AIDS, the CBWE is mainstreaming HIV/AIDS throughout its programmes and has so far carried out the following activities with technical support from the ILO:

Developed a reference manual on HIV/AIDS for its 263 education officers;

Provided sensitization workshops and Training of Trainers programmes for education officers, regional and zonal directors on HIV/AIDS;

Developed a communications package showing how to integrate HIV/AIDS in all worker education programmes (includes two leaflets printed in English, Hindi and all the regional languages; posters in 12 different languages; a booklet providing guidelines on how to initiate workplace policies and programmes with the formal sector; and a flipbook for the unorganized sector with stories giving information about STIs and HIV/AIDS).

Source: *Technical cooperation: a means to implement the ILO Code of Practice on HIV/AIDS and the world of work, ILO, 2004*

Using established tripartite structures to reach small businesses is one aspect of the HIV/AIDS response, but it is also important to build new initiatives involving government and the social partners that address the particular needs of small and micro-businesses, especially in the informal economy. Many countries have now identified HIV/AIDS as a priority issue and have established a national commission to coordinate activities, develop policy and lead the fight against the epidemic. It is important to use these structures to access resources for the small business sector and also to push their needs up the political agenda.

Appendix 1 – Basic facts on HIV and AIDS

Definitions

HIV stands for Human Immunodeficiency Virus

The virus weakens the body's immune system.

AIDS stands for Acquired Immune Deficiency Syndrome

Because the body's immune system is weakened, a person becomes vulnerable to a range of opportunistic infections, which the body could normally fight off. It is one or more of these infections which will ultimately cause death, some years after infection.

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:

- unprotected sexual intercourse, both heterosexual or homosexual, with an infected partner (the most common route);
- blood and blood products through, for example, infected blood transfusions and organ or tissue transplants; the use of contaminated injection or other skin-piercing equipment - this can be through shared drug use or 'needle stick' injuries;
- mother to child transmission (MTCT) from infected mother to child at birth or during breastfeeding.

After infection, a person develops antibodies; these are an attempt by the immune system to resist attack by the HIV virus. If a person is tested for HIV, and the presence of HIV antibodies is confirmed, he or she is sometimes called HIV-positive.

The risk of sexual transmission of the HIV virus is increased by the presence of other sexually transmitted infections (STIs).

A person may live for many years after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Periods of illness may be interspersed with periods of remission. If a person is well cared for, can eat properly and rest, they can live for a number of years and be able to work.

HIV is not transmitted by:

- kissing, hugging, shaking hands;
- mosquito or insect bites;
- coughing and sneezing;
- sharing toilets or washing facilities;
- using utensils or consuming food and drink handled by someone who has HIV.

Appendix 2 – Sources of help and advice: accessing existing resources

This section of the handbook aims to provide a list of organizations that offer a range of resources and services to help with HIV/AIDS interventions. Most of the global organizations listed here can be accessed via national or regional offices closer to the field of operation.

A list of national organizations is a good starting point as it includes National AIDS Commissions, Business Coalitions, Chambers of Commerce and networks of people living with AIDS. All of these have a coordinating and networking role and are a good source of local information.

Aim to turn this general list into one with names, addresses and other details of the relevant contacts in your area, and you will create a useful resource that can be passed on to small businesses and interested organizations.

Small business operators will need information about:

1. Where to get tested, and information for prevention:

Build up a list of places where counselling and HIV testing is provided. This service is usually available in special VCT centres, hospitals, health centres, or clinics. Through education and awareness work with small business owners, explain why it is a good idea to get tested and what the procedure will involve, also discuss what will happen once the result is known. Identify sources of basic information on HIV/AIDS as well as opportunities for education, training and behaviour change programmes.

2. Where to get care and support:

Provide information about where people can access antiretroviral treatment (ART), and if necessary home-based care services. Hospitals and health centres are again a good starting point but there may be other faith based or community groups with ART programmes; mission hospitals or PLHA associations are often involved. Look out for services such as national AIDS talk-lines which can give you details of HIV/AIDS resources as well as a chance to discuss concerns and issues - these lines are usually free and open 24 hrs.

Many people living with HIV/AIDS say that emotional support and friendship is a great help to them. Networks for PLHA are often set up by community based groups, check also with NGOs, cooperatives, faith-based

organizations, women's groups and other bodies.

3. Where to get more information and practical help on HIV/AIDS and business:

Contact the local offices of the specialist workplace bodies listed in this section, but also contact employers' organizations, business coalitions, chambers of commerce, enterprise federations, and trade unions. Many are very involved in tackling HIV/AIDS in the workplace and have special programmes that small businesses may be able to join.

4. Meeting women's needs:

Gather information about associations specific to women, and also human rights and legal organizations which may have a particular focus on assisting women. Look out for credit and savings schemes or cooperatives that target women members and can provide economic support.

Information	Local Contacts	National Source
VCT Prevention	VCT centres Government hospitals Mission/church hospitals Health centres Clinics NGOs	National AIDS Council/ Commission National resource centre on HIV/AIDS Ministry of Health NGOs PLHA Networks UNAIDS office ILO office/project
Care, support and treatment	ART services (hospitals and clinics) AIDS talklines Support organizations such as NGOs, cooperatives, faith based organizations, PLHA associations, semi-governmental support organizations	National AIDS Council/ Commission Ministry of Health NGOs PLHA Associations or Networks UNAIDS and WHO office ILO office
Business	National business coalitions Chambers of commerce Employers' and workers' organizations	ILO office World Economic Forum Business coalition
Women	National women's networks Micro-credit organizations Human rights and legal organization	National AIDS Commission Ministry for Women's Affairs UNAIDS / UNIFEM ILO office

Here is a list of relevant organizations, with contact information and a brief explanation of what you can expect from them:

1. HIV prevention, treatment and care

National organizations

National AIDS Commission

Most countries have now set up high level national bodies to lead, coordinate and enhance HIV/AIDS activities throughout the country. Various titled Commissions, Councils or Programmes, they are often chaired by a senior politician and have a vital role to play in setting HIV/AIDS high on the national agenda. Such bodies are a good source of information and contacts about what is going on in your country, and can provide an opportunity to contribute to policy formulation. Increasingly, employers' and workers' organizations are represented on these bodies, and they make provisions for workplace action.

National AIDS resource centres

Many countries have a resource centre set up by government or civil society to provide information on HIV/AIDS. In Ethiopia, the Addis Ababa resource centre serves as the country's premier source of AIDS information

and is a focal point for the most up to date and accurate HIV/AIDS materials. It has a central library with multimedia materials on HIV/AIDS, sexually transmitted infections (STIs) and tuberculosis (TB). These resources provide a broad range of health and policy professionals with crucial information on HIV/AIDS (internet address: <http://www.etharc.org/>).

In Uganda, The AIDS Support Organization (TASO) was founded to contribute to a process of restoring hope and improving the quality of life of persons and communities affected by HIV and AIDS. TASO offers a range of services including medical, counselling and social services to individuals, families and communities and promotes positive attitudes towards PLHA. (TASO address: Old Mulago Complex, PO Box 10443, Kampala, Uganda. Tel.: +256 41 532580/1, internet address: www.tasouganda.org).

Associations of people living with HIV/AIDS (PLHA)

The main function of these organizations and networks is to provide a strong voice for PLHA and to use their first hand experience to advocate for improved policies and responses. They also provide a crucial support role to those

who are-HIV positive, as well as those affected by the disease, and are sources of information and networking. Their contacts can be found at the national AIDS commission/centre and some contact details of local PLHA Networks are available on www.gnpplus.net

Global organizations

Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN organizations to the global AIDS response.

Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.

Based in Geneva, the UNAIDS secretariat is linked to offices in more than 75 countries worldwide. UNAIDS Country Coordinators facilitate and support a joint UN response to HIV/AIDS at country level. They strengthen the links between the UN system, government, civil society, and people living with HIV/AIDS. The UNAIDS web site provides publications on advocacy, education, HIV diagnostic tests, access to care, condoms and workplace programmes.

Contact details for UNAIDS Country Coordinators can be found under the geographical region or country; they are a good source of information about services, funding and resources in your area (head office address: 20 Avenue Appia, CH-1211, Geneva 27, Switzerland, Tel: +41 22 791 4493, internet address: www.unaids.org)

UNAIDS can direct you to the local offices of individual cosponsors such as WHO. All UN agencies are working increasingly closely with national partners in coordinated HIV/AIDS country teams.

Family Health International (FHI) is a non-profit organization active in international public health. FHI manages research and field activities in more than 70 countries and works with a wide variety of partners, including governmental and non-governmental organizations, research institutions, community groups and the private sector.

FHI offers a range of technical services, publications and other materials on HIV/AIDS, STIs and other infectious diseases, family planning and the health and well-being of women of reproductive age (FHI headquarters: PO Box 13950, Research Triangle Park, NC 27709, USA, Tel: +1 919 544 7040, internet address: www.fhi.org).

CARE works with poor communities in more than 70 countries around the world

and promotes grassroots efforts to mitigate the effects of HIV/AIDS. CARE helps local organizations to respond effectively to local needs, promoting prevention and care programmes (CARE International Secretariat address: 7-9 Chemin de Balaxert, 1219 Chatelaine, Switzerland, Tel: +41 22 795 1020, <http://www.careusa.org>).

In Niger, for example, CARE supports projects that focus on mobile populations and commercial sex workers. The projects provide information, education and access to condoms, and establish community structures to support people living with AIDS.

2. World of work organizations

National organizations

Business coalitions on AIDS

Business coalitions on AIDS are national partnerships between companies that aim to prevent and control HIV/AIDS in the workplace. They provide resources, training and materials to their members to help them set up HIV/AIDS workplace programmes across all sectors. (Internet link: via the World Economic Forum under Initiatives / Global Health Initiative / Networking Directory / Disease: HIV/AIDS - Intervention: Business Coalition www.weforum.org/ and see www.businessfightsaids.org)

Available tools:

- The South African Business Coalition (SABCOHA) Toolkit is a step-by-step guide to formulating and implementing a workplace HIV/AIDS programme, specifically targeting small and medium sized businesses with between 50-300 employees (internet address: www.redribbon.co.za/business/default.asp). The toolkit is not available on the website, but it can be ordered from Tracey King at SABCOHA, PO Box 950, Parklands 2121, Gauteng, South Africa, tel: +27 11 880 4821 or email: tracey@sabcoha.co.za.
- The South African Chamber of Commerce (SACOB) Toolkit for MSEs is explicitly targeted at micro and small enterprises with between one and ten employees. The toolkit consists of a six-step implementation guide, pamphlets, relevant materials and addresses to help start an HIV/AIDS initiative in a small business (internet address: www.sacob.co.za/policy_hiv_aids.htm). The toolkit is not available on the website but can be ordered through Nomphele Fundani at SACOB, PO Box 213, Saxonwold, 2132 Gauteng, Tel+27-11 446-3813.

- The Asian Business Coalition on AIDS in Thailand is a regional partnership between companies that aims to prevent and control HIV/AIDS in the workplace, and not-for-profit organizations that provide technical services on HIV/AIDS, such as training (address: c/o Thai Business Coalition on AIDS, 351/25 Rama 9 Village, Rama 9 Road, Soi 11, Bangkok, Huaykwang, Bangkok 10310, Thailand, Tel: +66 2716 8750-9, internet address: www.abconids.org).
- GERME Awareness Raising Module on HIV/AIDS in Small Enterprises (www.germe.org)
- Cooperatives in the fight against HIV/AIDS – A Cooperative Board/Committee Member's Guide (www.ilo.org/coop)
- Reaching out to SMEs: an electronic toolkit for employers' organizations (with IOE)

Micro Enterprise Alliance (MEA) - HIV/AIDS Workplace Programme for Small and Medium Sized Enterprises

The Micro Enterprise Alliance (MEA) is a membership association of African organizations and individuals working in the field of micro enterprise development. The Alliance was formally constituted in April 1994 and has developed a facilitator's manual for setting up HIV/AIDS workplace programmes in small and medium sized enterprises (headquarters: PO Box 31987, Braamfontein, 2017 Gauteng, South Africa, Tel: +27 11 4039621, Internet address: www.mea.org.za).

InWent (Internationale Weiterbildung und Entwicklung - Capacity Building International, Germany) - AWiSA (Aids Workplace Programmes in Southern Africa) Training Course on HIV/AIDS and Small Businesses

InWent – Internationale Weiterbildung und Entwicklung (Capacity Building International, Germany) focuses on building international cooperation through improved human resources and organizational development. The AWiSA Training Course on HIV/AIDS and Small Businesses is designed to help the small business owner to understand the effect of HIV and AIDS and to develop strategies to lessen the impact on the business. (Headquarters: InWent, Friedrich-Ebert-Allee 40, 53113 Bonn, Germany, Tel: +49 228 4460-0, Internet address: www.awisa.de)

GTZ (German Technical Cooperation) - AIDS Control in Companies in Africa - the ACCA toolbox

GTZ is the German Government's Agency for Technical Cooperation. The ACCA toolbox is a collection of information materials and implementation tools, designed to facilitate the introduction of workplace HIV/AIDS programme (Headquarters: GTZ (GmbH), Dag-Hammarskjold-Weg 1-5, 65760 Eschborn, Germany, Tel: 49 6196 79-0, Internet address: www.gtz.de/aids-at-theworkplace/english).

DAI Group (Development Alternatives, Inc.) - Microfinance and HIV/AIDS: Defining Options for Strategic and Operational Change, A workshop for MFI Staff, Facilitator's Guide

Chambers of Commerce

Chambers of Commerce can help businesses to formulate HIV/AIDS policies and will provide support, advice, education and information on the effective management of HIV/AIDS in the workplace. (Local contacts under the Global Chamber Index Directory: www.worldchambers.com)

For instance, the Durban Chamber of Commerce and Industry has developed a series of workplace interventions (such as training and awareness programmes) to mitigate the impact of HIV / AIDS (address: PO Box 1506, Durban, South Africa, Tel +27 31 335 1000, internet address: www.durbanchamber.co.za).

Global organizations

The International Labour Organization (ILO)

Since the year 2000 the ILO has mainstreamed HIV/AIDS throughout its regular activities and has also rolled out a dedicated programme providing technical advisory services and support on HIV/AIDS at national, enterprise and individual levels (see Appendix 3). The ILO offers policy advice to governments, employers' and workers' organizations and provides programme guidelines on prevention, care, and overcoming discrimination (ILO headquarters: 4 route des Morillons, CH-1211 Geneva 22, Switzerland, Tel: +22 799 64 86, internet address: www.ilo.org/aids).

Tools applicable for MSEs:

- ILO Code of Practice on HIV/AIDS and the world of work (www.ilo.org/aids)
- SIYB Training Packages on HIV/AIDS in the workplace (www.ilosiyb.co.zw): 'Start and Improve Your Business' (SIYB) aims to improve the capacity of individuals to develop entrepreneurial skills, set up small businesses and manage them successfully. SIYB is available in Southern and East Africa, and also in West Africa where it is known as "Gérez mieux votre entreprise" or GERME.

The training course outlined above is designed to provide MFI board members, managers, and staff with information and tools to undertake the necessary changes in their institutions in response to HIV/AIDS (address: DAI Group, 7600 Wisconsin Ave., Suite 200, Bethesda, MD 20814 USA, Tel. +301 771 7600, internet address: www.dai.com).

International Finance Corporation (IFC) Against AIDS: A Multistep Approach to HIV/AIDS Workplace Programs

The International Finance Corporation is the private sector arm of the **World Bank Group** and it aims to promote sustainable private sector investment in developing countries, helping to reduce poverty as a result.

The IFC offers an internet-based toolkit for setting up an HIV/AIDS programme in the workplace. It includes a good practice note to raise awareness on HIV/AIDS issues in the workplace (address: IFC Against AIDS, 2121 Pennsylvania Avenue NW, Washington DC 20433, USA, internet address: www.ifc.org/ifcext/aids.nsf).

The World Economic Forum is an independent international organization committed to improving the state of the world by engaging leaders in partnerships to shape global, regional and industry agendas. It has established a **Global Health Initiative** which promotes work on HIV/AIDS, TB and malaria through the private sector and with a range of partners.

The World Economic Forum Networking Directory provides websites with local contacts of care and support institutions (internet address: World Economic Forum website under Initiatives / Global Health Initiative / Access our network / Disease: HIV/AIDS - (address: 91-93 route de la Capite, CH-1223 Cologny, Geneva, Switzerland, Tel: +41 22 869 1212, www.weforum.org/).

The Global Business Coalition on HIV/AIDS is an alliance of over 200 international companies dedicated to combating the AIDS epidemic using the business sector's skills and expertise. Its members are mainly international companies and it works across four continents assisting in the design and development of programmes that target HIV/AIDS, and encourage the development of national business coalitions (headquarters: 1230 Avenue of the Americas, 4th Floor, New York NY 10020, USA, Tel: +1 212 698 2113, internet address: www.businessfightsaids.org).

Centers for Disease Prevention and Control (CDC):

The CDC's Business Response to AIDS and Labor Response to AIDS website offers many resources to help large and small businesses and trade unions meet the challenges of HIV/AIDS in the workplace and the community (Headquarters: CDC, 1600 Clifton Road, Atlanta, GA 30333, USA, Tel: +404 639 3311, internet address: www.hivatwork.org).

Appendix 3 – The ILO and HIV/AIDS responses in the world of work

The workplace has distinct advantages in combating the HIV/AIDS epidemic:

- Workplaces are communities - places where people come together, discuss and learn from each other.
- Workplaces overlap with many other communities, including the families of workers and the surrounding neighbourhood, local schools, faith-based organizations, associations and action groups. This provides opportunities for the programme to have a wider impact.
- Workers make up a defined audience for targeted behaviour change programmes.
- The world of work has many networks, structures and institutions which can provide entry points for prevention and care. They include human resource development and training programmes, health and safety structures, and standard-setting mechanisms for working conditions, labour relations and the protection of workers' rights.

The ILO took action to respond to the HIV epidemic in recognition of the threat it poses to the health, rights and livelihoods of its constituents, and the potential for workplace action to prevent the spread and mitigate the impact of the epidemic. In 2000 it set up the Programme on HIV/AIDS and the World of Work (ILO/AIDS). At the same time the Director-General asked all programmes and departments to mainstream HIV/AIDS in their work.

The mission of ILO/AIDS is to demonstrate that the workplace is a major area for effective action to reduce the spread and impact of the AIDS epidemic. All activities are geared to helping the ILO's tripartite constituents contribute actively to national efforts by bringing the workplace perspective into national strategic plans, and developing AIDS policies and programmes for enterprises.

A key priority is to strengthen the capacities of the constituents to develop and implement workplace policies and programmes. This is done by providing advisory services and training to government officials, employers and workers in the formal and informal economies to help them contribute effectively to national responses to HIV/AIDS. Support includes policy guidance for the development of prevention programmes in key economic sectors, such as transport, and strengthening the institutional capacities of

enterprises, particularly small and medium-sized enterprises. The promotion of access to care and treatment at the enterprise level is carried out in collaboration with the national AIDS authorities, the ILO's UN partners, and donors.

The ILO mainstreams AIDS issues in the work of all departments and especially in project activities. The Small Enterprise Development team (SEED) is one example of this, and its activities have included mainstreaming HIV/AIDS information in some of its training programmes and including PLHA associations in the implementation of some of its activities. 'Start and Improve Your Business' (SIYB) aims to improve the capacity of individuals to develop entrepreneurial skills, set up small businesses and manage them successfully. SIYB has responded to the growing needs of its partners by including HIV/AIDS in its activities in Southern and East Africa, and also in West Africa where it is known as *Gérez mieux votre entreprise* (GERME).

SIYB has developed a Training Package on HIV/AIDS in the Workplace and GERME has an Awareness Raising Module on HIV/AIDS in Small Enterprises. Another approach is offered by the STEP programme⁷ which focuses on the extension of social protection in health, mainly for informal economy and rural sector workers and their families. It has integrated several activities related to HIV/AIDS in its field activities (namely in Burkina Faso, Benin and Mozambique) by strengthening community-based organizations in preventing and coping with HIV, in particular through micro-insurance⁸.

With support from the Swedish International Development Agency (SIDA), a major project is being put in place by ILO/AIDS, SEED, STEP and COOP, the department for cooperative development, to extend HIV/AIDS prevention and care to cooperatives, micro enterprises and the informal economy.

The HIV/AIDS workplace education programme supported by the US Department of Labor is now being implemented by the ILO in 23 countries. Each national project selects target sectors in which to develop enterprise-based projects, at least one being a sector of the informal economy. Examples include casual dock workers in Indonesia and catering workers in Belize, hairdressers in Jamaica, handicraft makers and vendors in Benin and Burkina Faso, mechanics in Togo, and taxi drivers in Barbados.

⁷ STEP stands for *Strategies and Tools against Social Exclusion and Poverty*

⁸ See *Contributing to the fight against HIV/AIDS within the informal economy: The existing and potential role of decentralized systems of social protection, ILO/AIDS and STEP, 2002.*

Appendix 4 – Testing the handbook: information note and questionnaire for users

Important note

This handbook is a work in progress: we invite users to draw on it in your work – as a reference document and guideline, source of technical information and policy advice, the basis for training programmes or in any other way – and then to let us know how you've used it, how useful it's been, and how it could be improved. Based on the feedback we receive, we plan to revise the handbook in the course of 2008 and bring out a final version.

Please take the time to answer the questions on the last page: this will help us produce a tool that will be as practical, relevant and useful as possible.

Thank you!

Introduction

The purpose of the handbook is:

- to raise awareness about the impact of HIV/AIDS on micro and small enterprise owners, managers and workers;
- to offer policy and technical guidance to the individuals and institutions providing support and services to small businesses.

We hope it will enable individuals and institutions in the small business sector to incorporate HIV/AIDS concerns in their existing activities and programmes.

The handbook is based on the practical experiences of a range of organizations, and also draws on the ILO Code of Practice on HIV/AIDS and the world of work. It responds to the needs and constraints of small and micro enterprises - formal and informal - by providing practical guidance for those who regulate, advise and support them. In particular it targets:

- business development services, small business associations, micro-finance institutions and other authorities and organizations (public, private and non-governmental) that support cooperatives, small and micro enterprises, and informal economy operators;
- ILO constituents, especially small enterprise, informal economy and HIV/AIDS focal persons in Ministries of Labour, employers' and workers' organizations;
- ILO field staff, technical specialists and project coordinators;

- organizations and authorities responsible for national HIV/AIDS programmes including joint UN country teams.

The handbook is also relevant for other key policy-makers, especially those with responsibility for social protection, the informal economy and poverty reduction strategies.

Using the handbook

The handbook provides technical information and policy guidance related to HIV/AIDS and small businesses. It tries to cover enough ground so that different users can take ideas from it to shape their own approaches. The handbook is not a training tool as such, but can provide the basis for a variety of training sessions and modules on a range of issues.

The handbook can be used as a reference for planning a strategy or implementing a workplace programme. You may decide to work through the whole book or parts of it on your own, in a meeting or as a team exercise – the case studies are particularly useful as the basis of group discussion or training. You can see what other people have done and consider whether it could be adapted to your situation.

Summary of contents

- The first chapter sets the scene by describing the context in which many small businesses operate. It looks at the impact of HIV/AIDS on micro and small enterprises, their owners/managers and workers, including the implications for gender relations and households.
- The second chapter makes specific suggestions about how different institutions can integrate HIV/AIDS issues in standard SME support strategies and microfinance interventions. The emphasis is on devising coping strategies to keep the business going.
- The third chapter describes the basic steps required to set up HIV/AIDS programmes in the workplace. Even small businesses vary hugely in size and available resources, so the guidelines suggest ways to adapt HIV workplace activities to specific needs and circumstances.

- The fourth chapter offers a selection of case studies to illustrate the reality of HIV/AIDS in the small business sector. Personal stories describe the hardship caused by the epidemic, but also show the courageous and imaginative ways that people and organizations have found to cope with the impact of the epidemic.

successful approaches which could be included as examples or new case studies, especially from countries outside Africa.

Please return the questionnaire to iloaids@ilo.org or to ILO/AIDS at the postal address on the back cover.

Your feedback

Once you've made use of the handbook we request you to complete the questionnaire below, assessing its effectiveness; proposing changes on content and/or structure; sharing

Question	Response
Name	
Function	
National Business	
Country	
In what ways did you use the handbook?	
What is your overall assessment of the handbook?	
What parts did you find most useful?	
What parts did you find least useful?	
Have you distributed copies to project partners, workshop participants or other collaborators? If yes, who were they?	
What feedback have you received from other users, if any?	
In chapter 1, do you have any more examples of the impact of AIDS on small and informal enterprises and their workers?	
In chapters 2 and 3, are the guidelines (i) clear, (ii) complete, (iii) useful? Do you want to add any points?	
In chapter 4, are the case studies appropriate and useful? Can you give us other examples of how small businesses are coping with the impact of AIDS?	
Are the annexes useful?	
Is the layout/ presentation clear and practical?	
Is anything missing? Are there any other issues, tools or sections which you think should be included?	

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