



International
Labour
Organization

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

A documentation of

Good Practices



An ILO India Project supported by the US Department of Labor / PEPFAR

Good Practices

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Preface

I am happy to present this documentation of good practices. The documentation includes eleven case studies of work done by partners under the phase-II of the ILO Project, "Prevention of HIV/AIDS in the World of Work: A Tripartite Response. The Project had its evaluation towards the end of 2008 which identified these good practices.

The documentation begins with a case study on Central Board For Workers Education (CBWE), an institution of the Ministry of Labour and Employment. CBWE reaches some 300,000 workers annually through their programmes of workers' education, majority of whom are in the informal economy. The CBWE case study captures the process, lessons as well as the impact. Mainstreaming HIV/AIDS in ministries is an important component of the National AIDS Control Programme in India. This case study, therefore, should be a good example, which other ministries may like to look at for replication with necessary adaptation.

93% of India's workforce is in the informal economy. Trade unions are attempting to organise these workers. The ILO built the capacity of unions and supported unions to take up HIV/AIDS interventions amongst workers in the informal economy. The document includes three case studies of unions' work with migrant construction workers, railway porters/vendors, and workers in mines.

We attempted to mobilize employers' organizations/enterprises and offered technical support to strengthen business response to HIV/AIDS in India. Several public and private sector companies developed their workplace policies and programmes, took up interventions among their supply chains, and also developed some good models of Public Private Partnerships (PPP). The document includes a short note on ILO's approach, followed by thematic documentation of enterprises' work on Behaviour Change Communication; supply chains' initiatives; PPP in HIV prevention; PPP in care and support; and HIV/AIDS workplace policies. Instead of company-specific documentation, the idea here is to bring good elements of partners under five key themes. This brings in good practices from different partners on a theme and captures common lessons.

Effective integration of workplace intervention in the National AIDS Control Programme has been a key strategy of the ILO Project. We assisted National AIDS Control Organization (NACO) in development of guidelines for State AIDS Control Societies (SACS) on HIV/AIDS policy and programmes in the world of work; and development of advocacy, training and communication materials. The document includes a case study on our approach of collaborating with some SACS and strengthening their capacity.





Collaboration of the ILO Project with People Living with HIV and their engagement in our advocacy was noted as a good practice of the ILO Project by successive assessments/evaluation. The case study on the Project's capacity building support to PLHIV and their engagement in advocacy captures this process and lessons.

Good work is the pre-requisite for documentation. We were looking at practices where the work was done in the right way, systems were developed to sustain the work and/or there was some impact. I thank our partners, who demonstrated a strong commitment and implemented their HIV/AIDS programmes with an attitude of continuous learning and sharing. I thank all of them for collaborating with us and sharing their views/processes/lessons and achievements for inclusion in this document.

This document is a result of excellent team work. I thank my colleagues Ms.P.Joshila, Ms Divya Verma, Mr. Manjunath Kini for their hard work in finalization of the document. I thank Ms. Alpana Singh, a freelance journalist, for writing some of the case studies in collaboration with us/ partners. I also thank colleagues in ILO/AIDS, particularly Ms. Susan Leather for her editorial inputs and consultant Ms Amanda Milligan for her editorial input into the BCC case study. A very special thank goes to Ms. Seena Chatterjee her hard work in coordinating with the designer and printer; and Dr.Sanjay Sahai for designing the document.

I also acknowledge financial support from the US Department of Labor (USDOL) which enabled us execute our project, and then additional support from the US President's Emergency Plan For AIDS Relief (PEPFAR) and UNAIDS to expand our work.

For all of us and particularly for me, working on this document has been a great learning experience. I hope the document will be useful for our constituents, NACO//SACS, enterprises and all organizations who are looking for replicable models/lessons to upscale the workplace and private sector response to HIV/AIDS in India.

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1

Reaching the unreached

Mainstreaming HIV/AIDS
in the Central Board for Workers Education,
an institution of the
Ministry of Labour and Employment

India's National AIDS Control Programme aims to develop a multi-sectoral response to HIV/AIDS. Mainstreaming HIV/AIDS in key ministries is seen as a key strategy. The Central Board for Workers Education (CBWE), an institution of the Ministry of Labour and Employment, Government of India, reaches out to 300,000 workers annually through its workers' education programmes. CBWE, with support from the International Labour Organization (ILO), has mainstreamed HIV in its programmes that reach workers in the formal as well as informal economy in India. This case study provides insights into the process, experiences and lessons of the way CBWE has mainstreamed HIV/AIDS in its programmes.

Shadab works as a rural volunteer in Mehrauli, one of the blocks (an administrative division of a district), in Delhi. The Central Board for Workers Education (CBWE) has selected this area to impart HIV/AIDS education to informal sector workers.

Shadab was in for a rude shock when a distressed couple came to him and informed him about their experience with a local doctor. The wife had miscarried and the doctor had suggested an HIV test, saying it could be due to HIV. The doctor charged Rs. 2,500 for the test, which is otherwise free of cost in government hospitals. The doctor was obviously looking for a quick buck by

misleading his distraught patient. Though the test was negative, Shadab still took the couple to Safdarjung Hospital (a government hospital), in Delhi where they met with a doctor who dispelled the myth that HIV can cause miscarriages. Such misconceptions, fears, and misunderstandings, are the common roadblocks that Shadab and his colleagues come across on a regular basis.

The CBWE, in collaboration with the International Labour Organization (ILO), has taken up the challenge of imparting HIV/AIDS education to workers across India through its 50 offices and a cadre of 263 Education Officers. The ILO-CBWE





collaboration started in 2003. According to Syed Mohammad Afsar, National Project Coordinator, ILO, “Considering the wide reach that CBWE has in India and its mandate of educating workers in the formal and informal sector, it was felt that a real impact could be made if HIV/AIDS could be mainstreamed into CBWE’s activities. We interacted with the CBWE team and realized that if Education Officers of CBWE are provided training on HIV/AIDS, and adequate communication materials/tools are provided to them, HIV/AIDS education will reach workers on a regular basis and the entire programme will be sustainable.”

The process :

The ILO team conducted an assessment of training needs of the Education Officers, reviewed the programmes of CBWE in order to decide the training approach and the integration plan to include HIV/AIDS in their programmes and then developed a training manual for them in collaboration with the V.V.Giri National Labour Institute.

ILO organized a series of regional level



The HIV/AIDS Resource Manual developed for the training of CBWE Education Officers.

Training of Trainers programmes (TOT) for the Education Officers of CBWE.

L.K. Shastri, an Education Officer from the

Education Officers at the training programme of ILO in Mumbai in April 2002



CBWE office in Jharkhand recalls, “The ILO training was very elaborate. We learned a lot about HIV/AIDS. One session that really helped me was on behaviour change communication. I use it not only in my HIV/AIDS programmes, but other ones as well...all we are trying to do is to change attitudes and behaviours at the end of the day.”

“It was a very systematic training, after which I felt very well-equipped to give

information on HIV/AIDS, adds Puneet Goutham, Education Officer in Delhi.

“... We were asked to go and buy condoms and share our experiences in the training. Initially we were a bit shocked ... but the sharing given by colleagues helped break the myth. We understood the concept that we have to educate workers about proper usage of condoms in the context of public health, says V.R. Hanwate, the Zonal Director of CBWE, Delhi.

In the next step, ILO supported CBWE to develop communication materials for use in their programmes. The communication package contains:

- Leaflets giving HIV/AIDS information in 12 regional languages.

“It was a very systematic training, after which I felt very well-equipped to give information on HIV/AIDS” Puneet Goutham, Education Officer in Delhi.

- A set of six ILO posters in eight different languages.
- A booklet for use in the organized sector programmes.
- A flipbook for use in informal/rural sector programmes.

In addition, ILO

provided more materials: a card game and some short videos. CBWE is using all of these in their awareness and training programmes. While each and every part of the communication material has proved helpful, it is the card game which is by far the most popular. Mohd. Nayyar Afaque, an Education Officer from Bhopal agrees. “It is the card game which is most effective”. The card game is liked for its question- answer format, making it both interactive and enjoyable at the same time.

From training to action:

CBWE took a policy decision to integrate HIV/AIDS in all its programmes. As per the policy circular, issued on 11 November 2002, HIV/AIDS modules are to be integrated in all the regular training programmes of the Board. The circular specifies the contents of HIV/AIDS sessions as well as duration in 16 different CBWE programmes. As a result, CBWE has successfully mainstreamed HIV/AIDS in its



Launch of the CBWE communication material by Mr. J.P. Singh, Additional Secretary, Ministry of Labour, India





programmes for organized, unorganized and rural sectors. Since June 2003 till March 2009, CBWE managed to reach a total of 18,16,712 workers, with the ratio being 6,43,613 men to 11,73,099 women.

HIV/AIDS in the Organized Sector programmes:

CBWE conducts programmes for the organized sector for management, workers and trade unions on different issues. They conduct quality of life programmes for workers and their spouses, personality development programmes, programmes for weaker sections and other training programmes for companies as per their needs. Now, HIV/AIDS sessions are a regular part of these programmes and the duration varies as per the overall programme length and the target audience.

L.B. Shastri shares, “When I first proposed the inclusion of HIV/AIDS in the programmes, the management of one of our companies was a bit apprehensive. But the way the session was conducted, and the fact that the pre-test workshop questionnaire revealed that only 10 per cent of the participants of the workshop had correct knowledge about HIV/AIDS, they got convinced. Now the management wants HIV/AIDS to be included in all programmes.”

Vijay Kumar, an employee of Delhi Milk Scheme (DMS) in New Delhi, who attended a programme conducted by CBWE, says, “We had heard about this disease through newspapers and television, but the information was not complete. Through this training we have learned all about HIV/AIDS. We want to go and tell our families and friends about this disease.”

The management is realizing the need for providing HIV/AIDS education and training to employees. “We want to equip our employees with this knowledge, and also help remove the discrimination that people have towards this disease.” Says A.P. Jhale, Deputy Labour Welfare Commissioner, (DMS). “Today, HIV is a very important issue. Everyone must know about it. We are happy to include HIV/AIDS in our training. It’s our duty to protect our employees and remove discrimination about the disease” adds D.V.S. Dahiya, Human Resource Manager at DMS.

HIV/AIDS in the unorganized/rural sector programmes:

About 93 per cent of India’s workforce is in the unorganized sector. CBWE makes concerted efforts to reach out to them through its regular programmes. HIV/AIDS sessions are integrated in these programmes. There is a special focus on

women G. Varalakshmi, an Education Officer in Bangalore says, “Many women attend the programmes that I have held in and around rural areas in Bangalore. They gain knowledge and awareness about HIV. Many myths and doubts are also removed. We teach them that prevention is far better than cure. These women in turn educate their families and friends. It has a multiplier effect.”

In order to make a more focused intervention, CBWE has adopted blocks in districts. With support from the ILO, CBWE has selected four blocks for undertaking intense HIV/AIDS interventions amongst informal sector workers. A total of around 8000 informal sector workers /families are being covered in these four blocks. A Knowledge, Attitude, Practices, and Behaviour survey was conducted in these blocks, awareness camps were organised, and rural volunteers were identified and trained. The area was divided amongst rural volunteers, and the team of volunteers, led by the CBWE’s Education Officers, implements the programme. Linkages with nearby government facilities for testing, counseling and treatment is a key component in this approach. As per the CBWE report, 325 workers were referred for treatment of sexually transmitted infections, 14 workers who were identified as HIV positive have

started getting treatment from government, and over 5000 condoms have been distributed in the last one year.

Example:

Pankaj Rastogi, a CBWE officer leads the effort with a team of five volunteers and 20 peer educators in the Mehrauli block. Rural volunteers visit the field regularly, provide information on HIV/AIDS, and refer them for services. Their target audience is mostly made up of migrant workers who are typically construction workers amongst others. One of the villages in the area has sex workers as well.

Chandralekha, a rural volunteer remembers her journey, “The training I got through CBWE and ILO has equipped me with knowledge, confidence and the ability

A session by a Rural Volunteer with Women in Delhi



to reach out to people. Initially, I was quite timid and shy when interacting with people, but now I am very confident and able to talk to people about HIV/AIDS without any hesitation.”





Condoms in boxes have been placed around the village at strategic points- with local doctors, local shopkeepers, and peer educators such as Rajkumar and his wife Karuna. “Women come and take condoms from me. In addition, they also ask for information regarding HIV/AIDS. More than a hundred condoms are taken every month,” says Karuna. The Rural Volunteers and Peer Educators also carry condoms in their bags which they hand out to people when required.

The team of Education Officers and Rural Volunteers meet once a month to review and report the month’s progress and plan for the following month.

Impact:

Block level intervention of CBWE

- The knowledge levels on routes of transmission improved by 47.27 percent point. (baseline 41.73% to end line 89%)
- The knowledge about HIV prevention methods improved by 9.49 percent point (baseline 79.51%, to end line 89.0%)
- Myths and misconceptions decreased by 16.08 percent points. (baseline 29.71% to end line 13.63)
- Significant reduction in discriminatory attitudes was noted. An overall improvement of 27.66 percent point in

favourable attitudes towards PLHIV (baseline 56.69% to end line 84.35%)

- Safer sexual behaviors developed. Sexual relationship with non-regular and commercial sexual partners decreased by 5.1% points (baseline 9.6% to end line 4.5%) with a marginal increase in condom use (baseline 58.19 to end line 60%)

Engaging People Living with HIV (PLHIV) in the programme:

Another aspect that has made a difference has been the inclusion of PLHIV in the awareness sessions. Workers across the organized and the unorganized sectors take more keen interest when they see and interact with someone who has HIV. They want to hear their stories first hand and get their perspective on the disease. Says Puneet Goutham, an Education Officer in Delhi, “It is always beneficial to have PLHIV included in the sessions. People are surprised to see them looking so normal. They gain an understanding of the disease directly from somebody who has the disease. They want to learn more, and in many cases are motivated to get tested.”

Lessons learned:

- **Ownership of the programme by the Ministry of Labour and Employment (MOLE) is the key:**

The engagement of the MOLE right from the beginning has been instrumental in developing the approach. The approach is regularly reviewed by the Programme Management Team of the ILO Project, chaired by the MOLE.

- **Leadership of the CBWE management has made the difference:**

Both Chairman and the Director of CBWE were involved in developing the programme. A policy decision to integrate HIV/AIDS in the curriculum has been taken. The involvement of Director and other senior CBWE officials in the entire programme has made the difference. The key message given to Education Officers that the integration of HIV/AIDS is very much within the mandate of CBWE. It should not be seen as an add-on responsibility. Education officers simply have to integrate HIV/AIDS in the ongoing programmes.

- **Mainstreaming HIV/AIDS is an ongoing programme and is a sustainable approach :**

CBWE has been engaged in workers' education programme since 1958. It has considerable experience of workers'

education programmes. The ILO/CBWE collaboration has resulted in mainstreaming of HIV/AIDS in ongoing programmes of CBWE. This has made the entire approach sustainable.

- **Leveraging on an ongoing workers' education programme is an extremely cost-effective approach:**

ILO-CBWE partnership has revealed the difference that can be made by selecting an implementing agency, which has a presence with the target groups. Another significant feature of this partnership is that HIV/AIDS education has reached, and will continue to reach, some 300,000 workers every year, without any additional financial support from the ILO.

- **Involvement of PLHIV is an extremely effective approach :**

PLHIV are the face of the epidemic. There is a session included in the TOT programme, which provides an opportunity to the participants to have an interface with a person living with HIV/AIDS, and appreciate their perspectives. These sessions have made a huge difference and are rated as one of the most effective sessions of the training. Wherever possible, participants are taken on field visits to either a voluntary counseling or testing center or an NGO implementing a care and support programme. As a result, Education Officers CBWE have set up linkages with the networks of PLHIV in





their regions and they are involving them in their programmes for enterprises, trade unions and others.

- **The programme built partnerships between Department of Labour and State AIDS Control Societies (SACS) :** SACS officials were involved in the entire approach at regional/state levels. This has resulted in developing a partnership between SACS and CBWE, an institution

of the Labour Ministry. This way the programme became an example of inter-sectoral coordination, a key component of National AIDS Control Programme in India. SACS are beginning to see the potential of CBWE as an institute for involvement in their programmes.



2

Reaching out to migrant construction workers

Nirman Mazdoor Sanghna, a trade union, takes up a project in collaboration with ILO

Lesser work opportunities at home force people to migrate to more industrialized states. Migrants work hard, face hardships and struggle for their survival. The process also puts them at the risk of several health hazards, including the HIV infection. Nirman Mazdoor Sangh (NMS), a construction sector trade union, is supported by the ILO in implementing an HIV/AIDS intervention amongst migrant construction workers in Panvel, Maharashtra. The project, first of its kind involving a trade union, attempted to demonstrate value addition of a union-led intervention. Read on....

Meena, 28 and Shanti, 26 are two sisters (names changed) from Varanasi, Uttar Pradesh. They got married to two brothers, who worked as construction workers in Maharashtra. Today, both of them are widows and living with HIV. “My husband died of AIDS in



2002. I have two children; one of them is also HIV positive. I need work to support my children. I want to educate them as much as I can,” shares Meena. “After my husband’s death, I started working in a women’s hostel as a cook. My supervisor came to know of my status and sacked me. Now, I work as a house maid. I am on Anti Retroviral Treatment for the last six

months,” shares Shanti.

Meena and Shanti are associated with the NMS project as peer educators. Madhukant Pathariya, President, NMS says, “Our greatest satisfaction is that we have been able to facilitate government’s health and welfare services to workers, including Anti Retroviral Treatment for five in a short time. This would not have been possible but for this ILO project.”

Before starting the intervention, ILO conducted a study in Panvel, Maharashtra. The study revealed a high HIV risk among migrant construction workers. 25% workers reported having unprotected sex with sex





workers, and low/inconsistent condom use. Evidence of women facing sexual harassment and also working as part time sex workers either due to force or compulsions in situations when they fail to get daily work, was also found.

Nirman Mazdoor Sanghna attempts to organize construction workers, and improve their conditions of employment, welfare social security and enhance access to health care. This intervention is reaching out to 10,000 construction workers and their families in six *nakas* (market place), *three bastis* (workers communities) and six construction sites. Prevention strategies include behavior change communication, condom promotion and management of sexually transmitted infections along with improving access to care and support services through referral network in collaboration with the Maharashtra State AIDS Control Society. NMS has formed workers' committees. Together with these committees and through peer education sessions, construction workers receive comprehensive training on HIV prevention, treatment, care and support. NMS has registered workers in the government social security schemes, and increased their access to HIV services. Employers are sensitized and

mobilized to ensure a healthy work environment and allow peer-education activities on-site. The NMS committees help workers for reducing exploitation by contractors, getting compensation in case of accidents, and ensuring that workers get their wages on time. Naka Committees offer useful employment services to workers, registers workers, issues them identity cards and enrolls them under the Labour department's Janshree Bima insurance scheme.



Sita Ram, fractured his arm while working; requests the union president to help him get compensation from the contractor.

NMS has a team of ten outreach workers, two of them are themselves with HIV- Khursheed Alam, 35, and Komal Jadhav 28. Both are source of inspiration for

"I came to Mumbai some 20 years ago and worked as a plumber. Thanks to Anti Retroviral Treatment (ART), I am back to work." – Khursheed Alam, plumber

people in the area and play a key role in advocacy as well as awareness. "I am living with HIV for the last 8 years. I came to Mumbai some 20 years ago, and worked as a plumber. Thanks to Anti Retroviral

Treatment (ART), I am back to work. I don't want my colleagues to face what I did. Stigma and discrimination that we face, needs to be eliminated", said Khursheed in a National Level Stakeholders Consultation on HIV/AIDS and the Construction sector, organized by the ILO on 25 November 2008 in New Delhi.

Komal Jadhav came to know of her HIV status during her second pregnancy. Even though she got infection through her husband, who worked as a driver, she faced humiliation from her in-laws. Her husband also deserted her. As she had no support system, she gave her two children for adoption through an NGO. "I came to know that my husband got married again without telling his HIV status to his new wife. I went to their home with the police and also informed the parents of the woman. Timely intervention saved her from getting infected, as her HIV test revealed. Her parents took her back with them. I am happy that I could save at least one woman like me from getting infected with HIV," shared Komal who is passionate about her work with the NMS project. "I miss my children but working in this project has changed my life. It has given me a new purpose," she adds further.

The NMS field staff conduct interpersonal communication session with workers and their families sessions at nakas, bastis

and sites, using the training materials given to them. They meet once a week at the NMS office to share their work and experiences. "Women here have very low knowledge about reproductive health. They ask very basic questions about menstruation and pregnancy," shares Sarika Chavan, an NMS worker.



Sarika Chavan conducts a session in a basti

Mobilizing contractors was not easy. " we followed up regularly as we can't work at sites without their permission. It changed gradually. Now we are getting their cooperation. We have also left our health referral slips with some of the local contractors so that they can also refer workers to health care centers", says Vinod who works at a construction site.

"We assure contractors that we don't want to do unionization of workers at sites. This will affect our work adversely. We take the health and welfare approach. This makes contractors comfortable. We were also





able to get their contribution in organizing health camps,” adds Madhukant, explaining the approach further. Under the unions’ approach of providing social security, 6598 workers have been enrolled under the insurance scheme of government (4000 men and 2598 women). 29 death claims of Rs. 30,000/- per member were given to survivor families. From October 2008 till May 2009, 566 workers were referred for treatment of sexually transmitted infections; 354 workers were referred for counselling and testing and 5 workers have started getting free anti retroviral treatment . Prakash Awasarmal, Counsellor at Integrated Counselling and Testing Centre in Panvel, set up by the Maharashtra State AIDS Control Society is more than happy. He says, “ I get around 400 people here every month. About 20%of them are migrant workers. I also give condoms to the NMS staff for distribution”. In addition to referring to the government health care centers, NMS organises outreach clinics in the areas, with the support of local stakeholders.

Condom education and distribution is a regular feature involving local shops and peer educators. Rupesh Verma, who himself is a young migrant worker from Rajasthan, runs a small tea shop at a construction site. He is one of the peer

educators and keeps a box of condom at his shop. “ I distribute up to 100 condoms every month, and workers can take it from me any time. My shop is open till about 10 PM and I also live here”, says Rupesh.



Rupesh at his shop at the D Spring site, in Panvel.

The project has also set up child-friendly centres in bastis for the children of workers. “I impart basic literacy to children, play games with them and educate mothers when they come to collect their children”, says Sakshi Patil, an NMS worker.

Lessons learned:

Trade unions are well placed to provide comprehensive and rights-based HIV/AIDS interventions amongst migrant workers. Advantages emerging from a union-led intervention are:

- Unions can facilitate access of workers to public health schemes, government insurance and welfare schemes of the labour department.
- Engaging people living with HIV as field staff is a very effective strategy.
- Unions can facilitate workers getting compensation from contractors in case of accidents.
- It takes time and consistent advocacy effort but unions can get employer's/ contractor's contribution in project's activities
- HIV intervention also helps unions to

organise the unorganized workers.

- Strong capacity building effort is needed for unions in the initial years but they can play a major role in national HIV/AIDS response.



3

Coal Sector Unions’ response to HIV/AIDS

A global trade union (ICEM) in partnership
with its Indian affiliate (INMF),
Coal India Limited and
ILO responds to HIV/AIDS

“In the first workshop on HIV/AIDS, I met a young lady. She was from my state. We developed an instant rapport and interacted more during the tea- break. Immediately after the break, she took a session and introduced herself as a person living with HIV. This was an eye opener, unbelievable that a person with HIV can also be healthy and working. I was still a bit scared though... I had taken tea with her... what if I got infected with HIV. But all my doubts were cleared by the end of the session,” recalls R. Siva Narayana, Safety Officer, ACC Plant, Coimbatore.

Shiva is one of the 60 master trainers trained by the ILO on HIV/AIDS. “My perspective has totally changed. Now, I include a session on HIV in my trainings on health and safety in my company,” adds Shiva, a committed trainer on HIV/AIDS.



International Federation of Chemical, Energy, Mine and General Workers'

Unions (ICEM) - a global union - worked on its strategic position to play a role in the fight against HIV/AIDS. It developed project proposals on HIV/AIDS for countries in Sub-Saharan Africa and Asia, including India.

In India, ICEM worked through its Indian affiliate - the Indian National Mineworkers' Federation (INMF), which works with unions from mining (coal and diamond), chemical, and cement sectors. ICEM and INMF sought technical assistance from the ILO for developing the project strategy, training of trainers, communication and training materials and facilitating linkages with employers and State AIDS Control Societies.

“Mining is a high risk sector. ICEM started its global response to HIV/AIDS in Jan'05 in Sub-Saharan Africa. We started a





project in India with funding from Boehringer Ingelheim, a German Pharmaceutical company in 2008. We have made some success and we are grateful to ILO for technical assistance,” says Hans J Schwass, Consultant, ICEM.

The process:

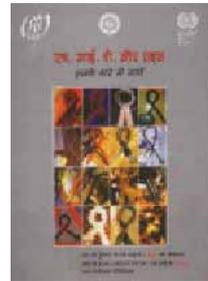
ICEM and INMF organized a project strategy planning meeting in Delhi on July 3, 2008, in which the ILO team also participated. Representatives from Coal India Ltd, people living with HIV, National AIDS Control Organization (NACO) and Delhi State AIDS Control Society were also invited and shared their perspective. A workplan was developed for the project.

The ILO team conducted the first training of master trainers in Kolkata in August 2008, in which 28 trainers were trained. Doctors from the Coal India Limited (CIL) also participated, their role in the project was discussed and finalised. Representatives from the West Bengal State AIDS Prevention & Control Society and network of people living with HIV also participated.



ILO and INMF also met with the

management of CIL, apprised them of the project and sought their engagement, which was assured by the CIL Director Personnel. The workshop also evolved a workplan which aimed at training 600 peer educators from the unions in different sectors: Coal - 475, Cement - 70, Chemical – 30, Diamond – 25.



The ILO shared its communication and training tools and also shared the art work of its posters and leaflets on HIV/AIDS. INMF reprinted posters and leaflets and disseminated to its master trainers/peer educators.

INMF followed up on the work plan and continued its advocacy with the companies and State AIDS societies. The second Master Trainers’ Training programme was conducted by the ILO in April 2009. “The first trainer training programme that we conducted in August’08, we had nominations from only two-three coal companies. In this training (April’09) we have nominations from all companies. This shows success of our collective effort,” shared B.K. Das, General Secretary of the Indian National

Mineworkers' Federation INMF.

Master trainers, in collaboration with the company management and doctors, trained 488 peer educators (363 from Coal, 63 from Cement, 36 from Chemical and 26 from Diamond) till June 2009. This cadre of trainers undertakes regular programmes for workers and their families. Workers are referred for counseling and treatment facilities of the company as well as those set up in the government hospitals. "Integrated Counseling and Testing Centers in Dhanbad have reported an increase in the uptake. Part of this can definitely be attributed to the effort of this project," says Dr. Anurag Verma, the Deputy Chief



Medical Officer of Bharat Coking Coal Ltd (BCCL) in Dhanbad in the state of Jharkhand. Dr Verma has played a pivotal role in the project, training a number of peer educators, not only in BCCL but in other companies as well.

The project is a good example of innovative partnership between a global union, its national affiliate and a technical



agency like the ILO, particularly for work in the public sector where unions have a large presence.

Key lessons:

- The issue of HIV/AIDS provides a good opportunity for unions and management to work together. It strengthens social dialogue on an issue of common interest.
- Engaging management right from the beginning made a significant contribution.
- Careful selection of people for master trainers as well as peer educators holds the key. A review of their work by the ILO in the second training revealed that only about 30-40 percent were engaged in regular work, post their training. "Peer education is a





good approach but it has two key challenges: managing drop outs and keeping peer educators motivated. Regular review meetings, refresher trainings and acknowledgement of their contribution holds the key, says S.Mohammad Afsar, the ILO Technical Specialist (HIV/AIDS) & the National Programme Coordinator. “Careful selection of people to work as peer educators, based on their interest and skills is important and then always train more than what you need. There are going to be drop outs any way” advises Afsar.

- Peer educators/master trainers were unanimous in sharing that the engagement of people living with HIV played a key role.
- Strong capacity building effort is needed for unions in the initial period

but they can play a major role in the HIV/AIDS workplace programme. The project enhanced capacity of the INMF team which is committed in taking it forward.

The way forward:

CIL has included the role of unions/INMF as part of its work plan on HIV/AIDS. The work plan of CIL, developed in collaboration with the ILO mentions inclusion of trade unions in HIV/AIDS committees and training of master trainers/peer educators in all eight subsidiary companies, which will cover a large workforce of around 450,000.



4

Reaching Railway Porters through a trade union

Indian National Trade Union Congress (INTUC),
a central trade union, takes up an
HIV/AIDS project in Andhra Pradesh,
in collaboration with ILO

Knowledge of HIV/AIDS is low among workers in the informal economy and reaching them is difficult. Trade unions such as the Indian National Trade Union Congress (INTUC) in Andhra Pradesh are making a difference. In the past three years the INTUC, through a network of peer educators, has already reached out to more than 650 porters to inform and educate them about HIV. Read on to learn more about their efforts:

Thirty-three-year-old Ailaiah works, as well as lives, on the railway station in Hyderabad in the state of Andhra Pradesh. Six years ago Ailaiah was diagnosed with HIV. His wife also tested positive during her second pregnancy. Feeling enraged and betrayed she left Ailaiah, and went back to her parents' home in Nalgonda, where she underwent an abortion. She died a year ago, leaving Ailaiah with just one son who now studies in a boarding school outside Hyderabad.

Clearly, it has not been an easy journey for Ailaiah, but he is now able to accept HIV as a part of his life, and carry on living with a positive attitude. Referred to the ART centre in Yerragadda hospital in Hyderabad by Uma Nagendramani, the General Secretary of INTUC in Andhra Pradesh Ailaiah has been undergoing treatment since 2007. *"I have realised that there is no need to be scared of HIV.*

and they can lead a normal life. I am open about my status, and my friends don't discriminate against me anymore, in fact, they help me in various ways, such as reminding me to go to the hospital. They are my family now." Ailaiah has now also become a peer educator, and divides his time between railway duties and educating and informing his colleagues about HIV.



Ms Uma Nagendramani with the porters





Uma Nagendramani, who is also her union's focal person for HIV/AIDS, looks after the overall welfare of the porters and other informal workers. She has an excellent rapport with the licensed porters, vendors, cleaners, management and others who work in and around the railways. She herself is a railway nurse, and works for the railway hospital which is adjacent to the station at Secunderabad.

It was in 2006 that Uma expressed her interest and commitment to promote HIV education among the informal workers of the railways in Hyderabad. She then approached the ILO in Delhi for support for the programme. The ILO provided technical guidance in developing the proposal on a pilot basis and financial assistance. They advised her to involve the management of the railways in order to create an enabling environment for the workers.

The project was launched in Hyderabad through a stakeholders meeting involving key people such as the Railway Zonal Manager, the Project Director of the Andhra Pradesh State AIDS Control Society (APSACS), INTUC leaders and representatives of PLHIV networks.

The programme started with a year's contract to cover 600 porters and 400 spouses. Subsequently, vendors and

cleaners have been included for the intervention on HIV/AIDS and STI.



Programme features developed with the help of the ILO:

- Baseline Knowledge Attitude Behaviour Practice Survey (KABP) which revealed that knowledge of HIV was low.
- Sensitization of the railway workers and spouses on HIV/AIDS.
- Identifying and training of the peer educators among the porters.
- Providing access to condoms with support from the railway hospital and APSACS.
- Information Education Communication (IEC) material development and distribution.
- HIV prevention campaigns, including

through the NACP's Red Ribbon Express when it arrived at Secunderabad station.

- Organizing health camps.
- Promoting HIV testing with the help of APSACS.
- World AIDS Day activities.

Key achievements:

- 36 peer educators identified and trained.
- Around 665 porters, vendors reached in Hyderabad, Secunderabad and Kachiguda railway stations.
- 2 workers tested positive and referred for treatment at APSACS Facility in Yerragadda hospital.



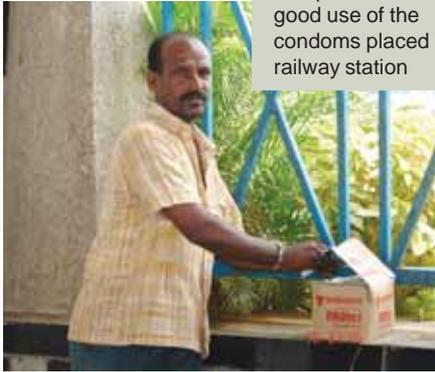
Training for railway cleaners & porters in Hyderabad, April 2009

- Inclusion of HIV awareness components in other relevant activities such as International Women's Day and International Day for the Elimination of Violence against Women.
- Health camps organised twice a year and about 60 STI cases treated in the last two camps.
- 3500 pamphlets, 600 small booklets and 300 Asha Books on HIV/AIDS information from APSACS have been distributed
- World AIDS Day'08 was observed on,08 a large scale to bring awareness and to create enabling environment for the railway workers, including involvement of railway management.

In addition, after many advocacy efforts by the INTUC, a rest room for the informal porters has been built at the railway station. The building is double-storied and has cupboards for each person to safely store their belongings. It also has a large hall with fans where the porters can rest. It serves as a perfect site for condom promotion.

Aravind Kumar, Chief Depot Officer of South Central Railways in charge of Coach Maintenance, finds that the HIV programme has been beneficial. He says, "the programmes are a good





The porters are making good use of the condoms placed at the railway station

opportunity for the labourers to clarify their doubts and educate themselves. They are vulnerable to many factors including HIV infection. They need these programmes”.

It is evident that the efforts of Uma and her peer educators are making a positive difference, and are also being appreciated by the porters. Venkatesh, a senior porter says, “We learned about HIV after INTUC initiated the programme. One of our colleagues is HIV-positive, but we are not scared of him anymore, we share the rest room with him and also educate those who don’t know about HIV and are scared of it. We also protect ourselves well, now that we know about the HIV infection. The condoms that we get from the hospital vanish in just two days and we then inform the lady at the hospital that we need more.”

Sreenivas, a young man of 19 years, started work as a licensed porter after his father’s death. He is still relatively new at the job. Though he may feel embarrassed to talk about HIV and condoms, he admits that he has been informed about HIV by other workers, and cautioned about his sexual behaviour. “No one had told me about HIV earlier,” he says. “Because there are so many *hijras* (eunuchs), who are sex workers coming into the railway station, other porters have told me to keep away from them.”

G. John, Branch Manager of All Services under 1 roof India Ltd. which provides unskilled labour to South Central Railways for coach maintenance work, says that information on HIV is very important for the workers at the railway station. “It should be a continuous process to give them information, and they in turn can educate their friends and families. Because I see the value of these programmes, I extend all cooperation to INTUC by allowing my workers to attend the trainings and other events organised,” he says.

Numbers speak: The impact assessment of INTUC intervention reflects a positive change:

Uma Nagendramani is moving forward by expanding the programme and including

Knowledge about Routes of Transmission		
Indicator	Baseline 2005 - 06	Endline 2009
Respondents who have correct knowledge about all four modes of transmission	63.96	88.6
% of workers who know at least two symptoms of STIs among men and women	8.05	60.0
Attitude		
Respondents who are willing to work with HIV positive co-worker	51.68	92.9
Respondents who are willing to eat food at company canteen/restaurant with a HIV positive co-worker	43.81	92.9
Respondents who are willing to share tools or office equipments with HIV positive co-workers	55.23	92.9
Sexual Behaviour		
Respondents who have non regular partners	22.0	2.9
Respondents who used condoms the last two times they had sex with a person other than their marital or live in partner	65.91	50
Respondents who have intentionally reduced sexual partners	29.45	2.9





vendors and outsourced cleaners in it. As per emerging needs, she hopes to strengthen the programme by focusing on HIV testing and the diagnosis and treatment of STIs in partnership with APSACS.

Lessons learned:

- The focal person has a key role. Uma Nagendramani is the one who mobilised the railway management to provide basic facilities for the porters, such as access to the railway hospital for basic services and restrooms. This is how she built up a good rapport and gained the trust of the porters, ensuring the smooth implementation of the programme;
- The programme is based on the peer education approach and the simple strategies can be replicated;
- Involving a person living with HIV in the peer education training and advocacy helps reduce stigma, and also allows PLHIV to be confident to be open about their status;
- Sensitising outsourcing agencies and contractors is important, which facilitates the programmes for cleaners and vendors;
- Partnerships with private hospitals for organising health camps for informal workers are useful;
- Linkages with the State AIDS Control Society is essential for a sustained programme.



***Enhancing Business Response
to HIV/AIDS in India:
The ILO's approach***

ILO mobilizes large public and private enterprises to
respond to HIV/AIDS

The ILO developed a **three pronged strategy** towards strengthening the corporate response to HIV/AIDS in India:

A. Advocacy through Employers'

Organizations:

The ILO collaborated with the employers' organizations/ chambers at the national and state level to help them undertake advocacy efforts for mobilizing their member companies. An 'Indian Employers' Statement of Commitment on HIV/AIDS', signed by the All India Organization of Employers (AIOE), Standing Conference of Public Enterprises (SCOPE), Associated Chamber of Commerce and Industry (ASSOCHAM), Confederation of Indian Industry (CII), Federation of Indian Chambers of Commerce and Industry (FICCI) and Laghu Udyog Bharti (LUB), was developed and launched with support from the ILO. The employers' organizations were given further assistance in terms of training of their nodal persons on HIV/AIDS, provision of communication and training materials and organization of advocacy and training programmes.



B. Technical Assistance to enterprises in the states in partnership with State AIDS Control Society (SACS) and other state level partners:

The ILO collaborated with the selected states, to undertake advocacy and offered its technical assistance to enterprises. The key to this approach was to facilitate partnership of enterprises with the respective State AIDS Control Society (SACS) and strengthen the capacity of SACS to offer technical assistance to enterprises, in public and private sectors.

The ILO also offered technical assistance to the partners of the US Government for workplace programmes—Population Services International (PSI) in the states of Karnataka and coastal areas of Andhra Pradesh and the AVERT Project in Maharashtra.

C. Collaboration with corporate groups/ large companies in the public and private sector:

The ILO provided technical support to corporate groups in India for development and implementation of workplace HIV/AIDS policy and programme for the entire group, benefiting their employees/families,





including contractual workers and workers in the supply chain. ILO in collaboration with the Ministry of Labour and Employment (MOL& E) and SCOPE mobilized Public Sector Enterprises for developing HIV/AIDS workplace policy and programme, as about 20 million employees are working in the Public Sector in India.

The twelve corporates that have partnered with ILO till June 2009 are:

- 1) Ambuja Cements Ltd
- 2) PepsiCo
- 3) SRF Group
- 4) Ballarpur Industries Ltd
- 5) Apollo Tyres Ltd
- 6) Crompton Greaves Ltd
- 7) Hindustan Unilever Limited (Northern Region)
- 8) Transport Corporation of India Ltd.
- 9) Jubilant Organosys Ltd
- 10) SAB Miller India
- 11) J.K Tyre & Industries
- 12) Sona Koyo Steering Ltd

Public Sector enterprises, with whom ILO has partnered either directly or through State AIDS Control Societies are:

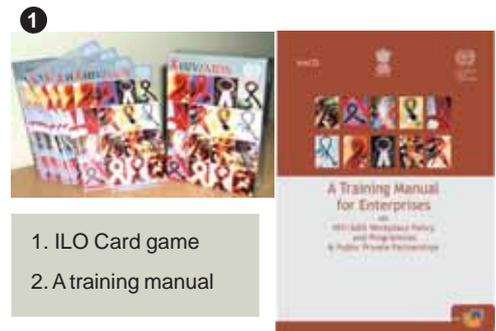
1. Coal India Limited
2. Reserve Bank of India
3. Damodar Valley Corporation
4. Mumbai Port Trust
5. Brihanmumbai Electric Supply and Transport, Mumbai

6. Mecon Ltd, Ranchi
7. Bharat Heavy Electrical Ltd, Bhopal

As per the approach, ILO provided technical assistance to companies which included: advice for development of policy, training of master trainers/peer educators of companies, provision of communication and training tools, and assistance in research, programme management and monitoring.

Companies nominated nodal persons to coordinate HIV/AIDS response, set up internal committee on HIV/AIDS, developed and implemented their work plan. Companies also allocated budgets and staff time for the programme.

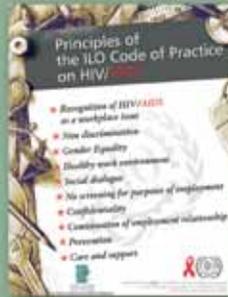
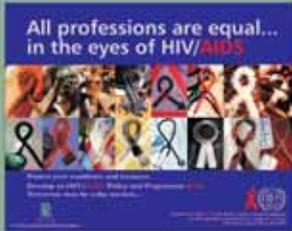
Some ILO Training/communication materials for enterprises:



1. ILO Card game
2. A training manual

Set of Six posters in English and Hindi:

Posters for advocacy



Posters for Awareness



This documentation captures good practices of ILO corporate partners under five thematic sections

1. Behavior Change Communication
2. HIV/AIDS initiatives of corporates in supply chains
3. Public Private Partnership in HIV prevention
4. Public Private Partnership in HIV Care and Support
5. Development, Dissemination and Implementation of HIV/AIDS workplace policies



5

Behaviour Change Communication (BCC)

Thematic documentation of BCC
programmes of corporates

Behaviour Change Communication is an important component of HIV prevention strategies, since knowledge alone does not always lead to changes in behaviour. But how is BCC applied in the context of workplace interventions?

Twelve large corporate groups in India started to implement this approach in 2005-2006, with technical support from the International Labour Organization (ILO), at 167 workplaces involving 123,000 workers. The BCC approach begins with advocacy and leads on to the development of a workplace policy and the introduction of structural changes to create an enabling environment for HIV prevention care and support programme at the workplace. This approach resulted in improved knowledge, attitudes and behaviour towards HIV at all levels in the organizations involved. This documentation seeks to present the good practices that came out of the BCC approach as implemented by the corporate groups in India since 2005-06. Read on...

“HIV is recognized as a potential risk by the company for its key stakeholders and therefore its business. Proactive action to fight HIV is part of Apollo’s risk management framework,”

– Onkar S Kanwar, Chairman and Managing Director of Apollo Tyres Ltd

“Our HIV response is not about philanthropy. It is our responsibility as it is about our survival. So, it is a basic human resources (HR) function now.”

– Pavan Bhatia, Executive Director Human Resources, PepsiCo.

“Success requires the highest standards of corporate behaviour towards employees, consumers and the world in which we live. As part of our corporate behavior HUL is strongly committed to ensure appropriate workplace prevention of HIV and to share best practice across our supply chain and the communities in which we operate.”

– Nitin Paranjape, Chief Executive Officer, Hindustan Unilever Limited

“We have a responsibility towards our employees and the communities in which we operate. We have been working on HIV prevention and reducing stigma and discrimination related to HIV. We intend to take it [the programme] forward.”

– Arun Bharatram, Chairman, SRF Limited.

“Enhancing risk perception is the first step in a BCC programme. Before going to the workers, it is necessary to change the management perspective of HIV. Therefore, our effort began with advocacy, targeting the management first and calling for specific action,” says Syed Mohammad Afsar, Technical Specialist and National Programme Coordinator for the ILO in Delhi.

Advocacy with management was carefully planned by the ILO. People living with HIV were actively involved to

present the human face of the epidemic. Specific tools were developed for corporate organizations including an advocacy film and a short presentation highlighting the need for action.

The ILO organized short meetings with management, rather than longer sessions and also insisted on the involvement of all top and senior management from different departments down to unit head level.

V.K Jain, the head of Corporate Social Responsibility (CSR) at Ambuja Cement Limited, the first company to have developed a HIV workplace policy for the entire group, recalls, “The management meeting we organized was chaired by our managing director (MD) and all unit heads participated. The short presentation by Syed Mohammed Afsar from the ILO was followed by a brief questions and answers session that was extremely powerful and clarified our doubts. Meeting a person living with HIV (the first time for most people present) was also very moving. Our MD mentioned towards the end that, ‘today we are more convinced [that we must act on HIV] than we were yesterday.’ Since then our programme has gone smoothly.”

In advocacy meetings with the management, the ILO team presented

the workplace programme approach and called for management to take the following action:

- Nominate a nodal person to coordinate the HIV response of the company;
- Set up an internal committee to develop the policy and workplan of the company;
- Allocate a small budget for the programme including the staff time that will be taken up with HIV education and training.

The ILO offered its technical assistance to corporate groups to help them implement workplace interventions in all locations, this included assistance with training the nodal persons/trainers within the groups; offering advice for the development of HIV workplace policy; sharing ILO tools and advice for running Knowledge, Attitude, Behaviour and Practice (KABP) surveys; and offering communication and training materials. The ILO also organized experience-sharing meetings and training for all corporate partners. This facilitated cross-learning, within and between companies.

All the 12 corporate groups that partnered with the ILO in this initiative now have a regular workplace programme in place. Change is evident. Partners are sharing their practices with others, expanding interventions to include

smaller companies in their supply chains and developing good models of public-private partnerships. The impact of advocacy with management, the provision of technical assistance and regular follow up by the companies' nodal persons and the ILO, have all made a positive impact.

• Eleven out of the 12 corporate groups involved have developed and implemented HIV workplace policies.

“It took us time as it involved a review of our existing practices. But we finally launched our policy and now the programme has the total backing of our management,” says Mariel Gonsalves, the nodal person at Crompton Greaves Limited, a major electrical engineering group.

Harshita Pande of Apollo Tyres also recalls a careful start up, “It took us time because we wanted to be clear about the cost implications, particularly the cost of antiretroviral treatment, so that we didn't commit to something that we couldn't implement.”

• All 12 corporate groups now allocate an annual budget for HIV programmes.

Corporate groups have started putting in a specific budget for their HIV workplace programmes. The amount varies showed





depending on the number of locations involved, the size of the workforce and the nature of the programme, but according to informal feedback the ILO estimates the average comes to Rs (Indian rupees) 500,000 (US\$ 10,500) per year.

“Initially companies were not keeping specific track of their expenditure for HIV programmes,” says the ILO’s Syed Mohammad Afsar. “It used to come from different budget heads like CSR, corporate communications, HR, training and others. We asked them to track their expenditure and to seek yearly allocations. This helped them as well as us. Now we can tell other companies that it does not cost much to implement an HIV programme for workers. If the average is Rs 500,000 to cover approximately 5000 workers annually, it comes to only Rs.100 (US\$ 2) per worker per year. This is easily affordable, at least to large corporate groups. That is why we say that companies do not need extra funding for HIV workplace programmes. They only need the technical support that has been provided by the ILO in India.”

1. How do corporate groups benefit from HIV workplace programmes?

The common reaction from corporate partners is that HIV workplace programmes help them to connect better

with their employees, who in turn see them as more caring. The initiative creates an atmosphere of trust and harmony.

Neeraj Kanwar, Vice Chairman and MD of Apollo Tyres Ltd. explains the reaction at his company: “Apart from the sound business and economic reasons we have for running the programme, we feel that people get involved at an emotional level and until the belief in the cause comes from the heart, a workplace programme does not become dynamic. Actions speak louder than words and only an action oriented approach wins the trust and confidence of the employees.”

“Being associated with this programme has provided me with a sense of satisfaction,” says Sumati Arora after attending an HIV session at Apollo Tyres. “The HIV programme is beneficial for the employees, the organization and our wider society. The roll-out to business partners helps to make our company relationships stronger.”

2. BCC impact on workers

i) Numbers speak for themselves

The comparative findings of the baseline (2005–2006) and the end line (mid 2009) Knowledge, Attitude, Behaviour and Practice surveys

the following improvements in key indicators:

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

ii) Training and peer education

The ILO assisted corporate partners in conducting training of 'master' trainers, who in turn go on to train more peer educators at plants or unit levels, using the ILO approach and communication and training materials. The ILO has trained over 600 master trainers from the 12 corporate groups through a number of two or three-

day training programmes.

A kit has been developed for master trainers containing the following items:

- An ILO manual for workplace master trainers/peer educators ;
- A suggested HIV company policy;
- An ILO card game about HIV;
- A CD containing key audio-visual presentations prepared by the ILO;
- A red HIV ribbon;
- A T-shirt with an HIV message.



H.S Dua, Assistant Vice President, Human Resources, Chemical Business, SRF Limited, Bhiwadi, says, "For us, the best part of the programme has been that we have developed a cadre of highly enthused and committed volunteers from among our employees, who are self-motivated and trained by the ILO. They are doing a great job in terms of spreading awareness. They have created their own e-mail network and





are constantly upgrading their skills with new knowledge, to maintain their effectiveness as peer educators and master trainers.”



A training session at Apollo Tyres

“The interactive methodology of the ILO training, and the focus on keeping it simple, were the keys to its success,” says Kishore Parikh, from Apollo Tyres. “When I attended the training for master trainers, I thought what new information will I get? But the training refreshed my knowledge on HIV. I learnt the technique of communicating about HIV in a simple and systematic way that could be easily understood. It gave me ideas for the training I was going to do myself.”

Balwant Singh, master trainer at the Channo Plant of PepsiCo says, “I take HIV sessions in my plant as well as outside in the community. An employee had stopped coming to work after getting diagnosed with HIV. When we came to know, we visited him and seeing the discriminatory attitudes of the community we took a session with

them. Now our colleague is on treatment and is back at work. It gives us so much satisfaction.”

Keeping master trainers and peer educators motivated is always a challenge in the BCC programme. Corporates have developed their own systems and approaches. SRF’s Bhiwadi unit in Rajasthan, printed ‘Master Trainer on HIV/AIDS’ on business cards of their master trainers, in addition to their functional title. This resulted in getting recognition and credibility for the trainers inside as well as outside the workplace. One good practice developed by PepsiCo is to make work on HIV an integral part of the Key Performance Areas (KPA) assessed by the company. “We have a system in place through which we reward our employees for their contribution to the HIV programme,” explains Mridula Asthana, Manager Human Resources & Administration, PepsiCo.

iii) Good use of communication materials and new approaches

Corporate partners used the materials provided by the ILO and also developed their own BCC materials and approaches. Here follow some examples of good practice:

- **Ambuja Cements Limited** has installed an Interactive Voice Response

System (IVRS) at its sites in Darlaghat, Himachal Pradesh State; Ambuja Nagar, Gujarat State and Chandrapur in Maharashtra State. This unique system has 30 pre-recorded messages in a question and answer format in English and Hindi. This system is accessible to the employees, their families other workers and community in and around the plant site. In strict confidence the caller can listen to the information that he or she requires; if not satisfied, the caller can record a question and leave his or her contact number for the counsellor to respond. The caller can also dial a number to contact the counsellor during working hours. Around 70 to 80 calls per month are received across the three locations.

- **at PepsiCo**, the master trainers developed a short drama show on HIV and discrimination and used it in their programme with employees and spouses. They also developed a cartoon strip called, 'hum-tum', on the basic facts of HIV. The questions from



the ILO card game were used in the strip. PepsiCo also provided HIV information to its employees through screen savers, video spots at the cafeteria, posters in regional languages and quiz programmes.

- **at Apollo Tyres**, materials were developed and master trainers devised short dramas, songs and poems in their local languages to communicate with their fellow colleagues. For example, in Kochi plant, the company had a campaign with the theme, "Mission Prathyasa," meaning "Mission Hope".
- **Crompton Greaves Ltd.**, developed sets of poster on HIV awareness. These posters alongwith the policy statement and a letter from the Managing Director was sent to all employees in the company.

iv) Organizing special events

Corporate partners often hold special events, particularly around the annual World AIDS Day.

Hindustan Unilever Limited (HUL) plants in the Northern region, set up information booth for truckers and community on HIV/AIDS using material/posters from ILO and State AIDS Control Society. The HUL master trainers in Orai, Barotiwala and Baddi plants organize awareness sessions followed by distribution of IEC material and condoms around the plant area.

In 2008 on World AIDS Day, master trainers from Apollo Tyres joined a talk show broadcast by a TV channel in Baroda, Gujarat. The show included questions and answers from the ILO card





game giving information about HIV. Apollo's master trainers join a TV talk show in Gujarat on World AIDS day.

Lessons learned:

- Advocacy with management in the initial stages workplace programme is very helpful.
- Short advocacy sessions with senior management helped to clarify myths and misconceptions. When they



Apollo's master trainers join a TV talk show in Gujarat on World AIDS day

became convinced that people living with HIV can have a long, productive life and can work effectively, it became easier for them to commit to work against discrimination and to put an HIV policy in place.

- The involvement of people living with HIV was extremely useful in advocacy, training and awareness-raising efforts.
- The direct participation of management in training and awareness-raising programmes gave a strong signal of management commitment and was a useful strategy for keeping the peer educators motivated.

- The existing talent and expertise within the companies can be harnessed and used effectively in the BCC programme.
- The nodal persons appointed by the companies played a key role in the success of the programme.
- The BCC effort played a key role in imparting correct knowledge about HIV, developing non-discriminatory attitudes and increasing the use of condoms in casual sexual encounters.
- Innovative methods need to be found to keep the peer educators motivated. Getting some recognition from the management from time to time is essential.
- Regular training (including refresher training) of peer educators is essential at the enterprise level. This helps in managing the drop-out of peer educators which keeps happening due to variety of reasons such as- transfers, changing of jobs in some cases not being able to do peer educators work due to work pressure/ lack of interest.
- Refresher trainings keep knowledge of peer educators updated and also allow them opportunities to improve their skills.
- Combined meetings and training sessions organized by the ILO involving different companies were useful in facilitating cross-learning and also in keeping the peer educators motivated.

6

Reaching out to supply chains

HIV/AIDS initiatives of
corporates in supply chains



A large number of workers are engaged in supply chains of corporate groups in their network of retailers, distributors, transporters, storage facilities and suppliers. The network may include small, medium as well as large companies in today's world of inter-connectedness of business operations. Large corporate groups can influence and support their supply chains in responding to issues such as HIV and AIDS. Though a relatively new trend in India, some corporate have taken the lead and expanded their HIV programme to their supply chains. Read on...

Apollo Tyres:

Apollo Tyres has a network of 4500 dealers all across India and an initiative is being taken to reach them with the HIV/AIDS programme. In addition, the company is targeting small & medium business partners and helping them start their HIV programme.



Advocacy was the first step. Apollo conducted an advocacy meeting, presented its HIV/AIDS programme and also invited ILO to address the group. Going a step further, Apollo included HIV in the code of ethics

which forms one of the criteria for selection of the supply chain companies.

As a follow up of the advocacy event, Apollo targeted small and medium companies in the first phase, and developed a plan to cover eight such companies each year. Apollo followed the ILO's model and materials, engaged its master trainers to conduct peer educators' training in their supply chain companies. Apollo has successfully covered 15 supply chain companies, which together cover some 3500 workers. Apollo team has trained over 300 peer educators in these companies. The Apollo trainers feel good to be associated with the supply chain programme. "This Initiative has earned

us respect from the suppliers,” says Mayank Malhotra, Apollo Peer educator who is engaged in their supply chain programme.

The companies where Apollo team has conducted the programme are seeing the benefit too. “Our participants in the HIV/AIDS programme thoroughly enjoyed the workshop and returned with plenty of knowledge on the subject. We are grateful for the trust you (Apollo) have shown in us,” says N. Holani, Managing Director, Acmechem Ltd., Kolkata

Apollo is also engaging its sales team with the dealer network through the 120 sales offices. “The potential of reaching out to the vulnerable population is huge through this network,” said Satish Sharma, Chief of India Operations, who chaired the sensitization programme organized for the unit heads and zonal heads of sales. Participation of top Apollo management and their emphasis on HIV/AIDS in their vendors meetings and internal meetings, has been the key in the success of this effort.

PepsiCo reaches out to its bottle supplier

“...I have realized in the process (of training on HIV/AIDS) that HIV is still a taboo subject in India. Women can certainly play a very major role in

spearheading this initiative”, says Nisha Khanna, one of the Master Trainers at PepsiCo India, who has been involved in the companies effort of expanding the workplace programme to the supply chain and other companies.

PepsiCo mobilized the management of Hindustan National Glass, HNG, a major vendor for PepsiCo and a leader in the Container Glass Industry in India, for initiating a workplace HIV/AIDS programme. HNG has a workforce of 5000



and has a pan-India presence with six manufacturing plants.

“Having some confidence through our workplace programme, we are now expanding our programme to our suppliers in a phased manner,” says Pavan Bhatia Executive Director HR at PepsiCo.





As a first pilot, the Pepsi team narrowed down to the Northern unit of HNG, located at Bahadurgarh in the state of Haryana. This unit has a workforce of 1500, mostly young men who have migrated from neighboring states. It took a well planned effort to convince the HNG management about the need for the Programme. Pepsi team gave the example of its own programme and also suggested a Knowledge, Attitude, Practice and Behaviour survey.

“When the initial idea came from Pepsico, we had reservations about the success of such a programme in our company. But the Pepsico team clarified our doubts. The training of our people went very well. We were surprised to see the difference between pre and post workshop test questionnaire. A few of our people have really carried forward the messages very well,” says Somnath Basu, Manager HR, Hindustan National Glass, Bahadurgarh

The ILO model of initiating workplace programme was followed and a KABP survey among the employees was undertaken. The survey revealed that around 40% employees lacked correct knowledge about routes of HIV transmission. Discriminatory attitudes existed as 40% were not willing to share toilet with a HIV positive worker at the workplace. About 5.7 percent of the employees reported having had sex with

non-regular and commercial sexual partners and inconsistent condom use.

These survey findings convinced the HNG management about the need for the programme.

The PepsiCo team of master trainers along with one trainer from ILO and a person living with HIV conducted a two day trainers' training programme for HNG. The training had 22 participants, who were given material like ILO card game, posters and the other audio-visual aids to help them conduct regular awareness programmes for the HNG employees.

The participants found the training very useful. *“This training has opened up new directions for me. I got answers to so many questions,”* says Sanjay Singh. , *“I am confident of giving HIV education to others now,”* adds K.K. Gupta. Both Sanjay and Gupta are now peer educators in HNG. The company has put together a regular programme and intends to cover the truckers as well.

Crompton Greaves Limited (CGL):

“Supply-chain of CGL involves interaction with large population of vulnerable professions like Truck Drivers/helpers, Service Technicians and semi-literate/illiterate employees of the dealers. Therefore, need was felt to make them

aware about HIV/AIDS and the risks associated with it” say K.K Mehta, Senior Regional Marketing Manager, Commercial Motors, Northern Region and Master Trainer for HIV/AIDS.

CGL, one of the leading manufacturers of electrical products has 22 locations across India and a workforce of 5100. It has a huge supply chain that consists of large as well as small and medium companies, Clearing and Forwarding (C&F) agents and other vendors. The senior management of CGL is fully committed to the HIV/AIDS programme it is reflected in the commitment of the master trainers who are taking the programme to the supply chain.

CGL master trainers follow a methodical process in carrying out the programme with Supply Chain workers. They identify the number of vendors and its employees and select a batch of 25-30 participants for the programme. The ILO card game,



A session at the C&F Agents' location in Lucknow, Uttar Pradesh

posters, material are used for these awareness programmes. During the period 2006-2009, more than 2000 supply chain workers have been reached across different units.

“Response from the participants was quite over-whelming. In fact most of them requested for increasing the frequency of such programmes. There was appreciable difference in the level of knowledge/awarenes of these persons after attending the programme”, adds Mehta

Ballarpur Industries Limited (BILT) reaches out to small suppliers/ vendors:

“We believe that this will add value in terms of developing a good relationship with the suppliers and filling a much needed gap, where small business do not have the capacity to take up such initiatives.” says Lalita Mahajan, nodal person of BILT’s HIV/AIDS programme.

In 2007, BILT extended HIV/AIDS workplace interventions to its small and medium suppliers in Ballarpur and Yamunanagar.

The process began with initially sending a letter to the small and medium suppliers (workforce ranging from 10-100 workers) inviting them to join hands on HIV/AIDS.





This was followed by a needs assessment on safe and healthy work practices. The assessment revealed that most of the suppliers were willing to provide logistical support if BILT started the programme.



Almost 50 suppliers in Yamunagar and Ballarpur showed interest in the topic of HIV/AIDS. They were then called for a meeting with the Commercial Department where the need for HIV programme was discussed. Based on their interest, a team of counselors and employee volunteers followed up with the suppliers and conducted awareness programmes on HIV/AIDS.

In Yamunagar, the programme was extended to the workforce of local suppliers. In 2007-08, sixteen local suppliers and 425 workmen including management staff at their worksites were reached through awareness sessions. In 2008-09, the programme shifted its focus from suppliers to adjoining industries in

Yamunagar. Nine such programmes were conducted reaching our 420 workmen and senior management staff.

‘BILT is doing this great job of spreading the message on HIV and they should continue to conduct such programme in surrounding areas’- says a supplier at Yamunagar.

Lessons Learned:

- Supply chain varies from company to company. It includes not only small and medium companies but large companies as well. Hence, the approach to reach them varies.
- A large company having a workplace programme can influence the programme in other large companies associated with its business. For example, HNG supplies bottles to Pepsi but is a large company having around 5000 employees in multiple locations. So, Company to company advocacy, followed by offer of HIV training through its own peer educators is a good practice.
- Supply chain initiatives of large companies provide a good channel to reach out to workers in the small and medium industries, who are otherwise difficult to reach.

- Apollo's example of including HIV/AIDS in the code of ethics/ terms of engagement with the supply chain partners, backed with technical support for HIV/AIDS programme, is a good practice in mobilizing dealers/suppliers for initiating a workplace response to HIV.
- Extending the HIV/AIDS workplace programme to supply chain generates good will among vendors/ suppliers and is good for the corporate image of companies.
- Direct participation of management in advocacy meetings with supply chains is effective.
- Confidence of a successful workplace programme (policy, trained peer educators) was the main factor enabling companies to expand their programme amongst their supply chains.



7

Public Private Partnership in HIV Prevention

The National AIDS programme envisages Public Private Partnerships (PPP) in HIV prevention and enhancing access to HIV care and treatment. ILO is partnering with 12 large corporate groups for workplace programmes. Some of them have moved beyond workplace programmes and set up good models of PPP

The prevalence¹ of HIV is 2.5% and 3.6% among truckers and migrant workers respectively. Thus, reaching out to these bridge populations is a key focus of the National AIDS Control Programme in India. Both truckers and migrant workers are associated with industries in some way or the other. Therefore, developing public private partnerships for reaching them, in addition to the interventions carried out by NGOs, are being envisaged in the national programme. Read on...

“.. I never used condoms, but now I have started. I have also learnt about sexually transmitted infections, HIV and AIDS after participating in the sessions, organised by the company,” says Ashik Khan, a 28-year-old truck driver, who is being reached through SAB Miller India’s HIV intervention programme for truckers at their brewery in Neemrana, Rajasthan.

Just like Ashik Khan, many truck drivers are being covered in the HIV prevention efforts of companies, set up under different models of Public Private Partnerships (PPP).



Bala Devi, a lady peer educator speaks to the truckers at Sanjay Gandhi Transport Nagar, Delhi





Bala Devi runs a dhaba (small tea/food shop) at Sanjay Gandhi Transport Nagar in Delhi. She is now a peer educator, who educates truckers who come to her dhaba as part of an intervention set up by the Apollo Tyres. Her perception about HIV has changed. *“Initially, I would not allow Apollo’s workers to sit and discuss HIV and condoms at my dhaba. I thought it was shameful. But now I myself have become a peer educator. I talk about HIV with truckers who come to have tea at my shop, and distribute pamphlets on HIV and condoms. I also refer people to the Apollo tyres clinic for in-depth discussions/treatment of sexually transmitted infections.” she says.*

Tyre manufacturing companies like **Apollo Tyres and JK Tyres** consider their HIV intervention amongst truckers an investment. *“At Apollo Tyres we believe that our work in the community, especially the trucking community, is an investment and an opportunity to create a difference in the lives of our stakeholders and customers. Considering its importance to what we do, for us it is just like any other business process. Naturally, here too we set ourselves tough targets and ensure that they are achieved,”* says Neeraj Kanwar, Vice Chairman and Managing Director, Apollo Tyres Ltd.

a) Apollo Tyres Limited

The company started its work modestly in early 2000 when it set up a health care centre for truckers in the Sanjay Gandhi Transport Nagar in Delhi. This was with initial support from the British Government’s Department for International Development (DFID), and was later continued with support from Care India. The initiative included HIV awareness work in the area, treatment for sexually transmitted infections (STIs) and distribution of condoms.

Three years later, Apollo took complete charge of funding, managing and running its own clinic. In the middle of 2006, the company also started its partnership with the ILO, setting up workplace programmes in all four locations where it operates. Apollo’s confidence grew with each successful intervention and the company expanded its work with truckers, seeking different partnerships with Indian State AIDS control societies, international nongovernmental organizations (NGOs) and other corporate partners.

As a result, Apollo Tyres had set up nine health care centres in strategic trucking hubs across India by the middle of June 2009, and the company has plans to add five more centres in Tamil Nadu State. Three of the nine clinics are financed

completely by Apollo. To date these interventions have reached about 800 000 people; more than 12 000 cases of STIs have been treated and 5000 people have been tested for HIV.

b) JK Tyres Limited

JK Tyres started its intervention with truckers in November 2005, linking with the Transport Corporation of India Foundation, supported by the Bill and Melinda Gates Foundation. JK Tyres set up three clinics on National Highway-8 (NH-8) at Indore (Madhya Pradesh State), Dhanbad (Jharkhand State) and Vishwa Karma Nagar (Maharashtra State). The company created awareness about STIs, HIV and AIDS among truckers and provided treatment for STIs through clinics. 'Infotainment' *melas* (fairs) were organized around clinics, combining HIV awareness sessions with entertainment.

Having gained some experience, JK Tyres set up a clinic named 'Jeevan Kiran', fully funded by the company at the Transport Nagar based in Jaipur. The company partnered with a local NGO, *Vatsalya*, which specializes in the field of HIV/AIDS and manages the day-to-day work.

JK Tyres began its partnership with the ILO in January 2008, setting up a comprehensive HIV workplace programme

in all its operating locations. The company is still expanding its interventions among truckers and opened another *Jeevan Kiran* clinic in May 2008 at Shahpura on NH-8, near Jaipur.

Up to the end of June 2009, about 40 000 people have attended the five JK Tyres clinics that offer treatment for all health related problems including HIV. Around 10 000 people, mostly truckers, have been treated for STIs. The clinics have established links with government facilities and refer patients for HIV counselling and testing.

The company began its partnership with ILO in January 2008 for a comprehensive workplace programme in all locations . The company gives equal importance to the HIV/AIDS programme at and beyond the workplace *"Our products move the transport business and we care for the people who actually move the transport – the Truckers. Five clinics on the National Highways – supported by us – help truckers to protect them from the HIV / AIDS. We are happy that many of them are availing of this facility. Not forgetting our own employees,an initiative in col-laboration with ILO is aimed at awareness among our employees spread all over India, Mr. A K Bajoria – President, J K Tyre.*

In addition to the tyre manufacturers, other





companies have also started interventions with truckers as part of their corporate social responsibility (CSR) efforts.

c) Ambuja Cements Limited

“We at Ambuja Cements Limited constantly strive to mitigate the impact of HIV not only at the workplace, but also in the neighbouring communities as well as with truckers. We strive to create awareness and reduce HIV-related stigma and discrimination,” says Suresh Neotia, Chairman, Ambuja Cements Limited.

While truckers are reached through the general interventions around the plants and nearby villages,, they have been targeted specifically at company locations in Ropar, (Punjab), Chandrapur and Panvel in Maharashtra. These programmes have been carried out in partnership with State AIDS Control Societies and other agencies. The company is working with about 6000 truckers. Recently, Ambuja Cements’ Foundation partnered with Uttarakhand State AIDS Control Society to develop an intervention with a migrant population of about 3500 at their plant in Roorkee, Uttarakhand.

d) Transport Corporation of India (TCI) Limited

“...Being a leader in the transport sector, I feel more responsible to work for the prevention of HIV and AIDS among the most at risk and vulnerable population

like truckers and the wellbeing of their families. TCI Foundation has partnered with National AIDS Control Organization in scaling up the truckers programme across India and is advocating with several organizations in the sector about HIV AIDS”, says D.P Agarwal, Vice Chairman & Managing Director, Transport Corporation of India Limited

TCI started its intervention amongst truckers in December 2003 under ‘Project Kavach’, through the TCI Foundation (TCIF), with funding support from Avahan Project of the Bill and Melinda Gates Foundation. TCIF set up 17 interventions in the commercial transshipment locations (TSLs) and check posts covering 766000 truckers at TSLs and 451000 long distance truckers.

In the phase-III of the National AIDS



Control programme, the TCI Foundation is collaborating with NACO and is offering its experience and learning of the Kavach Project to the benefit of the national programme.

e) Ballarpur Industries Limited (BILT)



An HIV awareness session with truckers at BILT, Ballarpur, Maharashtra.

BILT has six manufacturing plants across four states in India. Most of its sites are located in remote areas. Around 850 to 900 truck drivers visit BILT plants daily.

BILT started with a small HIV pilot project on HIV education for employees at its Yamunanagar plant in the state of Haryana. Encouraged by its success, the company launched a comprehensive programme that included truckers coming to the plant. BILT formed a partnership with the ILO so that employees across all its locations could benefit. Support from the International Finance Corporation (IFC) enabled BILT to offer HIV interventions to truckers in all locations. BILT also contributed resources from its CSR programme which now gives high priority to HIV.

counseling at the medical facility of BILT, located at its units. Education and awareness-raising about HIV, STIs and condom use is provided by a team of peer educators. BILT has also set up 17 condom vending machines, through which condoms are available not only to truckers, but to the nearby communities as well.

f) SAB Miller India Limited

The company started its truckers' intervention in Neemrana, Rajasthan State in October 2007. "We at SAB Miller India have a strong focus on our HIV workplace programme for employees and their families. We are also equally committed to reach out to our supply chain (truckers). We believe that spreading the right



information goes a long way in dealing with myths and stigma related to HIV," says Jean Marc, the Managing Director.

56 The truckers can access STI treatment/



SAB Miller launched a programme for



truckers, named 'Humsafar', in partnership with Humana People to People, an NGO. The entire cost of the intervention is borne by the company. Partnership with the Rajasthan State AIDS Control Society (RSACS) gave access to communication materials, condoms and facilitated referral linkages.

Approximately 40 trucks visit the plant in Neemrana every day. Since the launch of the programme, 1000 truck drivers have been contacted through a system of interpersonal communication. "Humsafar is a very innovative programme that raises awareness of HIV through sports events; it is very interesting. The newly installed condom machine is also very beneficial to us," says Joginder Singh, a 36-year-old truck driver.

The success of the programme encouraged RSACS to set up a condom vending machine at the plant. Approximately 3500 condoms have been distributed in this location to date.

Corporates join hands for truckers' intervention

Apollo Tyres and Ambuja Cement have given a new dimension to PPP by coming together to provide prevention care and support to truckers. In perhaps the first of its kind partnership, Ambuja Cement Foundation (ACF) and Apollo Tyres



Foundation (ATF) have showcased a model where the two corporate have equally shared the costs of the intervention for truckers at Dhulagarh Truck Terminal, Sankrail, Howrah in the state of West Bengal.

The project reaches out to more than 5000 truckers plying on National Highway-6. The intervention involves behaviour change communication, condom education and diagnosis and treatment for sexually transmitted infections (STI). Condoms are distributed free of cost, as well as socially marketed. A clinic was set up in February 2009. Till April 2009, a total of 428 people had registered at the clinic. One hundred and sixty eight people, mostly truckers, were treated for STIs. Looking at the need, a partnership with the West Bengal State AIDS Prevention and Control Society is being looked at to set up an integrated counseling and testing centre at the clinic.

Lessons learned:

- Different models of PPP are emerging:
 - Interventions funded jointly by companies and an international organization.
 - Interventions totally funded by companies, implemented by an NGO or the company's own foundation, with technical assistance/material support from organizations like State AIDS Control Societies/the ILO.
 - Interventions funded jointly by corporates that set up their own interventions at strategic points.
- Companies get into PPP for different reasons: For instance, tyre companies view their involvement with truckers as a strategic investment; while other companies start a PPP as part of their commitment to CSR. Either way, experience shows that the interventions proved to be very good for business relations and improved the corporate image of the companies.
- Interventions with truckers provided an opportunity for companies to become part of the National AIDS Control Programme, which prioritizes this group. Both BILT and Apollo Tyres were nominated to become representatives of the private sector on the Country Coordination Mechanism, set up under the Global Fund to Fight

AIDS, Tuberculosis and Malaria.

- Usually, interventions started with some funding from international organizations. As companies got more involved and gained confidence, they started putting their own funds into the programmes.
- Confidence from a successful workplace programme triggers PPP initiatives and vice versa. Apollo Tyres, JK Tyres and Ambuja Cements were already running interventions with truckers before they started their HIV workplace programmes. SAB Miller got involved with truckers after they had started their workplace intervention.
- The ILO's approach of partnering with corporate groups and encouraging them to develop workplace policies and programmes that included their contractual staff has been very useful. In particular it has helped companies to understand the need for interventions in and around their business areas and major trucking points.
- Technical support is the key to triggering PPP. The ILO's training gave companies the confidence to venture into initiatives beyond the workplace.



8

Public Private Partnership in HIV Care and Support

Corporate groups & public sector companies
set up HIV counseling and testing centers and Anti Retroviral
Treatment centers in partnership with government

“My hope for life has increased,” says Ram Kumar (name changed), a Mumbai Port Trust (MbPT) employee who is living with HIV.

Ram Kumar is one of 195 employees who are getting antiretroviral therapy (ART) from the company, as part of its policy to take care of staff and their families.

PPP in HIV care and support broadly includes services related to HIV counselling, testing and treatment. Under the National AIDS Control Programme, public and private sector companies can form partnerships with their State AIDS Control societies. This enables them to access support to train their doctors and counsellors; set up Integrated Counselling and Testing Centres (ICTC), and also antiretroviral treatment centres.

a) PPP for integrated counselling and testing centres

i) Mumbai Port Trust (MbPT)

MbPT is an autonomous body under the Ministry of Shipping, Road Transport and Highways. It has access to a population of 200 000 made up of 20 000 employees and their dependants together with 35 000 retired employees and their spouses.

Based in Mumbai, a city with high HIV

prevalence, MbPT was one of the first companies in India to provide care and support to its HIV-positive employees way back in 1999. The company began providing second line ART in 2002.



Elize D'Silva, Health Officer at MbPT conducting a session.

MbPT has a comprehensive workplace programme, including a workplace policy, developed with assistance from the Mumbai District AIDS Control Society (MDACS) and the ILO. A cadre of master trainers for HIV has been developed in the MbPT.

“Creating awareness about HIV and disseminating our policy helps. We want





to protect our people and don't want to increase the number of infected employees. We already have quite a few to whom we are providing treatment," says Elize D'Silva, Health Officer, MbPT, who is one of the master trainers in the organization and conducts regular sessions.

The company set up an Integrated Counselling and Testing Centre (ICTC) in the MbPT hospital in Mumbai in collaboration with MDACS in October 2006. The centre is open to employees, their dependants and the community. Under this collaboration, MbPT provided the space needed to set up the ICTC centre and MDACS supported the personnel, (counsellor and laboratory technician). MDACS also provided training for the medical officer, nursing staff and laboratory technicians; testing kits; information, education and communication (IEC) material; condoms and mobile vans to reach the employees and their families with voluntary counselling and testing (VCT) services. MbPT is creating awareness about the ICTC services both among its employees and the community. In an average month, 235 MbPT employees and dependants come to be tested. Between October 2006 and July 2009 more than 7000 people were tested at the centre. One hundred MbPT employees have tested positive (65

men and 35 women). The prevention efforts of MbPT seem to be making an impact. From December 2008 up to June 2009, none of the employees tested have been HIV-positive.

ii) The Central Coalfield Limited (CCL), CCL in Ranchi is a subsidiary of Coal India Limited and has set up a partnership with the Jharkhand State AIDS Control Society (JSACS) to provide HIV workplace interventions.

A doctor and patient consultation at the ICTC in CCL Ranchi



CCL has a workforce of nearly 60 000 people spread across a mining area of 150 km in Jharkhand and parts of neighbouring Bihar State.

The medical facility of CCL caters to employees and their dependants - a total of approximately 300 000 people. CCL developed its workplace policy and programme in collaboration with the ILO, using the ILO Code of Practice on HIV/

AIDS and the World of Work; it was the first public sector coal company in India to develop an HIV workplace policy. The company committed to creating a non-discriminatory environment within the workplace and to providing HIV prevention, care, treatment and support to its employees and their families.

In 2007, CCL collaborated with JSACS to set up a network of ICTCs within the company's existing hospitals. These already had blood banks and a tuberculosis (TB) treatment centre. By the middle of 2009, a total of 13 ICTCs had been set up in the CCL hospitals under this collaboration.

Following the national guidelines, CCL provided the infrastructure and space for the ICTCs, this included its staff (a doctor, technician and staff nurse). JSACS provided training for the ICTC staff together with testing kits and condoms

The ICTC facilities of CCL are open to everyone, not just company employees, in order to enhance access to HIV testing and counselling services. However, at the time of writing it is largely employees and their dependants who use the services provided. CCL plans to create more awareness about the facility in the nearby communities to increase the number of users. On average, 10–15 employees and their dependants come to

the area hospitals for ICTC services every month. So far, two workers and two dependants have tested positive at CCL.

iii) Jubilant Organosys Limited (JOL)

JOL is a pharmaceutical industry company that has also set up ICTCs at its units in Nanjangud (Karnataka State) and Gajrola (Uttar Pradesh State).

The initiative stems from a commitment by the management. "Jubilant, as a responsible corporate citizen, is committed to play its contributory role in the HIV awareness and prevention programmes," says Shyam Bang, Executive Director of JOL.

The facility at Nanjangud, Karnataka is only for the employees and is run completely by the company, while the one at Gajrola was set up in collaboration with Uttar Pradesh State AIDS Control Society (UPSACS).

At Nanjangud, the employees requested an HIV testing facility after attending HIV education programmes, and as a result it was incorporated into the company's existing Occupation, Safety and Health (OSH) centre. Since October 2007 1000 employees have taken HIV tests and three people have tested positive. The day to day running is organized by the company with technical support from the Karnataka State AIDS Control Society





(KSACS). The testing kits are procured by the company while the doctor and counsellor have been trained by KSACS. The company is now looking at ways to expand its facilities to the wider population with further support from KSACS.

The company continues to provide preventive education about HIV and one of the employees, who is HIV-positive, has been trained as a master trainer.

The ICTC at Gajrola was set up in March 2009 in partnership with the UPSACS as a result of the company's successful TB treatment programme, and also because of its involvement with the ILO's HIV workplace programme.

“Encouraged by our work on TB, the World Health Organization (WHO) and the Uttar Pradesh health department officials suggested that we add an ICTC facility to our health centre in Gajrola,” says Vivek Prakash, nodal person of the HIV programme of Jubilant Organosys Limited.

The Gajrola unit is located in an industrial area on one of the national highways crossing Uttar Pradesh. Previously the nearest ICTC was 22 km away so the new centre provides much better access to workers and the nearby community.

The company pays the costs of a doctor, a laboratory technician and a counsellor,

while UPSACS provides training, testing kits and condoms. Although this is a recent initiative, 19 people have been referred for testing to date and three have tested positive. JOL is working to increase the uptake of ICTC services by creating awareness through the company's HIV master trainers.



b) PPP for enhancing access to treatment: setting up antiretroviral therapy centres

“I am one of the first who came to the Ballarpur ART centre. Earlier I used to go to the Nagpur centre which is 150 km away from my place. This is a big help. Thanks to BILT for setting it up here,” says Priya Devi (name changed).

BILT set up the centre in partnership with the National AIDS Control Organization (NACO) and the Confederation of Indian Industry (CII) with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.(GFATM)

BILT is a paper manufacturing company operating in six locations across India with a workforce of more than 10 000. All of BILT's units are in remote locations where large numbers of migrants are working as contract labourers. Four of these locations are in Maharashtra and Andhra Pradesh States, where HIV prevalence is high but there were no care or support facilities easily accessible to those affected.

“BILT has a comprehensive anti-HIV programme, which has affected over 60 000 lives. BILT's ART centre at Ballarpur, Maharashtra, is nationally and internationally recognized as a pioneering effort to tackle the threat of HIV at the community level,” says R.R. Vederah, Managing Director of BILT

Two ART centers have been set up at Ballarpur, Maharashtra and Koraput, Orissa, while the third in Andhra Pradesh is yet to come up. The motivation came from the fact that both the districts are high prevalence districts, and there were no care and support facilities for HIV positive people in those areas. The nearest ART centers to Ballarpur was 150 kms away in Nagpur, while in Orissa, the nearest centre was in Barhampur which is more than 400 kms from Koraput. This caused a lot of inconvenience to PLHIV, including the loss of daily wages.

The ART center at Ballarpur, the first centre under PPP in Maharashtra, was set up in August 2007. This is also the first centre which was set up inside the company premises but made open to the community. Currently 537 people (309 men and 200 women and 28 children) are enrolled in this ART centre.

Most of the people are from neighbouring districts, while some come from Andhra Pradesh. The majority are daily wage earners; a few are in government services and some work in neighbouring industries. Presently the HIV positive employees hesitate to avail services at the workplace.



Blood sample collection at ART laboratory.

The company is creating an enabling environment to overcome this situation by doing regular sessions with employees and disseminating its HIV/AIDS workplace policy. The Ballarpur ART centre also provides CD4 testing for the government ART centre at Chandrapur and Gadchiroli in Maharashtra





The second ART Centre was set up at the Koraput District Hospital in Orissa, in March 2009. For this centre, BILT is partnering with the district administration that provides space, electricity and water while the cost of the laboratory equipment and human resources is met by BILT. Already around 200 patients have registered of which 120 are on ART.

Both the centers have a part time medical officer, a full time counsellor, a lab technician, a pharmacist who also works as a data entry operator. NACO has trained the staff. BILT's experience has been quite positive and the staff working in the ART centers are very enthusiastic. "Working in the ART centre has been a very enriching experience, I feel very happy when I help so many patients." says one of the nodal officers of BILT

BILT is also making efforts to educate private practitioners in the area. Referral linkages have already been developed with networks of people living with HIV and local NGOs working in this field.

Lessons Learned:

- Workplace programmes are a good entry point for PPP.
- It is important to have an interface agency that can provide a neutral



platform for brokering partnerships and creating mutual trust between partners.

- Public sector companies like MbPT and CCL, who have existing large medical/ occupational health and safety set ups, can incorporate ICTC and ART centres in partnerships with their respective State AIDS Control Society. These models have a huge potential for scaling up the national programme.
- The private sector can help to increase access to services under the PPP model. The models of private companies like Jubliant and BILT can be replicated.
- Initially employees may hesitate to access ICTC/ART services at the company facility. An enabling environment needs to be created for which the effective dissemination of HIV workplace policy and regular awareness efforts are necessary.

- ICTC and ART centres, set up by companies (whether public or private), should be open to the wider community, but this requires a planned effort to raise awareness about the facility. Partnerships with local NGOs and networks of people living with HIV can be very useful here.
- PPP for HIV care and support provides opportunities for HIV counselling, testing and treatment to contract workers and migrant labourers who work with industries.



9

Development, Dissemination and Implementation of HIV/AIDS workplace policies

HIV/AIDS workplace policy and its implementation demonstrates management commitment to ensure HIV prevention among workers, creation of discrimination free environment, which is necessary for workers living with HIV. Over 400 HIV/AIDS workplace policies, based on the ILO of Practice on HIV/AIDS and the World of Work, were developed by public and private sector enterprises with technical support from the ILO Project. This documentation captures good practices as well as lessons in development, dissemination and implementation of policies. Read On...

“Initially employees resisted information on HIV... they took it lightly, but the policy with the chairman’s signature changed it all,” says Dilip Burade, Executive, CSR Ballarpur Industries Ltd, talking about the positive impact of having a policy. HIV education is taken seriously by employees.

Policy, however, means much more to companies who have employees living with HIV, no matter how small their number is. “We are providing treatment to one of our employees. He is able to work now. We are happy too because we could help him get proper counselling and treatment. A good example of implementing our policy,” says Balwant Singh, Assistant Human Resource Manager at the Channo plant of PepsiCo.

Development of Policy:

When Jubilant Organosys Limited (JOL) first encountered a worker with HIV, they were completely unprepared and did not know what to do. They felt the need to put in place systems to address such situation and take care of their employees.

“We came to know about an employee infected with HIV. We were unable to react at that moment. The need to be prepared to deal with such a situation provoked the need,” says Ashok Ghose, Chief, Environment Health and safety (EHS) & CSR, Jubilant Organosys Limited. Collaboration with ILO led to development of a comprehensive workplace policy and programme in Jubilant in all locations.





Advocacy by ILO and chambers like CII/ FICCI led several companies to think about the need for policy. In case of multi national companies like SAB Miller and PepsiCo, the motivation came from their global programme. They took ILO's help to build their capacity and implement the policy/programme in India. ILO also assisted some public sector companies in collaboration with the Ministry of Labour and Employment and Standing Conference of Public Enterprises (SCOPE), who was one of the signatories of the Indian Employer Statement of Commitment on HIV/AIDS. "As around two-third of workers in the formal economy, some 20 million, work in the public sector in India, we felt that a national policy would be more effective. So, we assisted the Ministry of Labour and Employment to develop a National Policy on HIV/AIDS and the World of Work," says S. Mohammad Afsar, Technical Specialist and National Programme Coordinator at ILO Subregional office for South Asia in New Delhi.

Developing policy through a consultative process, through internal committees involving trade unions is recommended by the ILO Code. Public Sector companies like Mumbai Port Trust (MbPT) in Mumbai, and Bharat Heavy Electrical

Ltd in Bhopal set up representatives committees involving unions. In the experience of MbPT, this transparent process opened channels of communication between employee and management and has resulted in increasing participation of employees in HIV prevention, care and support services.

Management commitment was the key to development of policies. The launch of policy by the Chairman or the Managing Director at the corporate level and by unit heads at the plant level was found to be very effective.

In case of Apollo Tyres, even when the policy was still being drafted, the management offered full support to an employee who was HIV positive and needed counselling and treatment. The worker had stopped coming to work after facing discrimination. When this was brought to the notice of Mr Pawar, the Human Resource Head in Baroda plant, he visited the worker's home and assured him of all support for him and his spouse. This response by the management not only helped to reinforce the confidence amongst the workers but also motivated others to voluntarily disclose their status and seek help from company.

Dissemination of Policy:

After the policy is developed, the next important step is to disseminate it effectively amongst employees at all levels.

Several mechanisms are being used by the corporates to disseminate information on the policy. This includes the circulation of hard and soft copies, uploading it on the company intranet, putting policy on bill boards/notice board, printing it in the



newsletter and in-house magazines. Policies are also translated into regional languages.

Information on policy is being given in induction programmes, health and safety training or during awareness sessions.

“Our employees are aware of the policy...it has helped them to know what action the company is taking on this

issue,” says V Chandrasekhar, Senior Officer, Jubilant Organosys, at Nanjangad, Karnataka. Jubilants’ approach of printing the main points of their policy in pocket size cards and sharing it with the employees during the training sessions is a good way to disseminate the policy

PepsiCo uses skits and role-play method to disseminate their policy. In awareness session, the peer educator shows the policy on screen and then explains the clauses one by one. Another good practice of PepsiCo, is sharing of company policy by the unit heads either in the beginning or the end of the awareness sessions.

“The best time to share the company policy in its awareness programme, immediately after the session on stigma and discrimination in which we strongly recommend an interface with a person living with HIV. This way, employees better appreciate the rationale for policy and get the message of non- discrimination effectively” advises Afsar, ILO.

Implementation of Policy:

The overall responsibility of ensuring implementation of policy is with the internal committees set up management and the nodal persons nominated to coordinate the programmes. In the case of





public sector companies, the policy is mostly integrated within the departments of Occupational Health and Safety (OHS), Medical and Welfare departments. In case of private companies, the responsibility is given to different departments like Human Resources, Corporate Communications or Corporate Social Responsibility. Some good practices emerging in implementation of policy are as follows:

As depicted by PepsiCo, engagement of Human Resource Department in programme implementation is always useful. This ensures inclusion of HIV policy in the induction programme of companies. This is also useful in getting allocation of budgets for the programmes. This also ensured inclusion of the HIV/AIDS work of company's peer educators in their performance appraisal system (Key Result Areas).

Inclusion of HIV in existing policies is an effective way. Mumbai Port Trust (MbPT) has included HIV in maintenance Grant Policy. Under this policy, MbPT has a provision for a maintenance grant, which allows for two years of leave with a small financial support of Rs. 1200 per month to employees suffering from diseases such as TB, Paralysis, Cancer and Leprosy. In December 2005, HIV was included in this list. This is a good way of implementing the recommendation of the

ILO Code which recommends treating HIV like any other illness. Similarly, SRF Ltd. has included HIV within their death and disability policy to ensure compensation to their employees if they succumb to the disease.

HIV/AIDS Master Trainers and Peer educators by companies played a key role in policy dissemination. The identification of one key person as Nodal Person from the companies has been instrumental in keeping the organisation's focus on the issue and ensured effective implementation of the policies.

Involvement of people living with HIV/AIDS in awareness and training sessions by companies has proven to be a useful strategy in changing discriminatory attitudes. The message was well received by workers.

Companies like Bharat Heavy Electrical Ltd. (BHEL), Mumbai Port Trust and PepsiCo have made concerted efforts to cover family members of their employees as well. This has helped in breaking down barriers and promoted the acceptance of employees infected with HIV. Experience from all companies shows that implementation of policy, and provision of care and support boosts the confidence of those infected by assuring them of security of their jobs. As a result,

more employees come forward and voluntarily disclose their HIV status.

Maintaining the confidentiality of HIV positive employees remains a challenge. Organisations are taking measures to address this in their own ways. Mumbai Port Trust has a practice of counselling employees on the consequences of disclosing their status, as well as counselling colleagues who are practicing discrimination. This seems to be working well. Jubilant Organosys and Brihanmumbai Electric Supply and Transport Company have looked into procedures of medical reimbursements and strive to keep the HIV status confidential.

Building effective referral linkages to facilitate access to services in partnership with State AIDS Control Societies/other organizations is being done by several companies. Companies have installed condom vending machines, set up Integrated Counselling and Testing Centres (ICTC)/ Anti Retroviral Treatment (ART) Centres. This is a trend that is picking up and good models of Public Private Partnerships are emerging.

Lessons learned:

- Management commitment is necessary in all levels of policy development, dissemination and implementation.
- Developing policy through a consultative process (internal committees, involving unions) ensures better understanding of the policy by key stakeholders in the company, which results in better implementation. This may take time but it is good to go through this process.
- Engagement of Human Resource Department ensures effective implementation of the HIV/AIDS workplace policy.
- Advocacy and engagement of PLHIV in policy advocacy. ILO advocacy tools and direct presence of ILO team along with a PLHIV was found to be very effective.
- Policy should be part of an overall HIV/AIDS work plan of the company. HIV/AIDS nodal person within organizations and presence of motivated trainers play a very important role in policy development, dissemination and implementation.
- Implementation of policy is linked with the capacity of organizations and preparedness to handle different





issues, particularly care and support measures.

- Cost of implementing HIV/AIDS policies and programmes is not much, including the costs incurred for care and support. Companies are seeing the benefit of starting prevention programmes early
- Effective dissemination of policies helps in building trust and gaining the confidence of the employees.



10

Supporting State AIDS Control Societies

to expand their workplace programmes

The ILO Project was initiated when India was implementing the second phase of the National AIDS Control Programme. The project assisted the National AIDS Control Organizations (NACO) in developing guidelines for HIV/AIDS policy and programmes in the world of work and assisted selected State AIDS Control Societies (SACS) to effectively integrate workplace interventions in their response. In addition to the technical support in terms of training and communication materials, the key was that ILO assisted SACS to hire a dedicated staff and provided necessary technical back stopping to the person. This approach triggered a number of workplace interventions in these states. Read on...

Dr. Anjana Shanbagh is a known name in Mumbai amongst enterprises, unions and labour department officials. They vouch for her contribution when they mention the success of their workplace programmes. Same is the case with Nidhi Rawat in Delhi, Manorama Bakshi in Goa and Ashish Verma in Jharkhand. They all received training from ILO and worked in respective SACS as Workplace Coordinator with support from the ILO project.

Anjana was hired by the Mumbai District AIDS Control Society in 2002 with support from the ILO Project. Based on encouraging results of this modest beginning in Mumbai, ILO replicated this model in other states, which enabled

these states to expand their workplace interventions.

ILO initiated its collaboration with Mumbai District AIDS Control Society (MDACS) in 2002. Within a few months, it was realized that the programme was not moving ahead. “We found two reasons responsible for this. One, SACS did not have a dedicated staff to work on workplace interventions; and second, there were no guidelines from NACO to SACS on undertaking workplace interventions, though it was meant to be covered under a component called inter-sectoral coordination,” says S.Mohammad Afsar, the ILO Technical Specialist and National Programme Coordinator.





MDACS and ILO discussed this need and based on the request of the MDACS, ILO provided financial and technical support to MDACS for hiring a staff to coordinate the workplace interventions.

Dr. Anjana Shanbagh, joined MDACS as their workplace coordinator, received sufficient training and handholding from the ILO team, and MDACS was able to start a number of good interventions.

Based on the initial success in Mumbai, ILO proposed similar approach to the SACS of other five states where it was working. The SACS from Delhi, Jharkhand, Goa and later Tamil Nadu requested for similar assistance from ILO. ILO assisted these SACS develop a clear work plan, offered its communication and training materials, and also assisted in several advocacy and training efforts at the state levels. SACS contributed budget allocated to them by NACO.

As there was a need for guidelines from NACO to SACS on Workplace interventions, the ILO assisted NACO in developing guidelines for strengthening HIV/AIDS programme in the world of work. Director General, NACO issued these guidelines in April, 2006 to all State AIDS Control Societies.

ILO supported SACS from 2002 till March

2007 on this model, and later this position became part of SACS structure in the third phase of the National AIDS Control Programme (NACP-III). SACS in India have a position called Mainstreaming Consultant, who is responsible for workplace interventions. "Initially, we had no person to look after the workplace programme, We approached ILO and they assisted us to hire a staff, and provided all other technical support. Now, this programme has been mainstreamed into SACS programme and this post has become our post," says Dr. A.K.Gupta, Additional Project Director, Delhi State AIDS Control Society.

Key achievements under the model:

Mumbai:

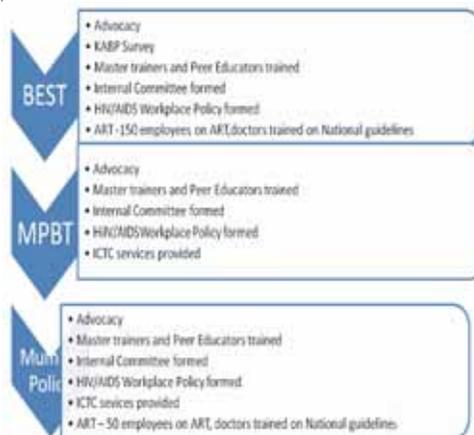
- MDACS translated ILO posters and card game into Marathi and used in

Mr. Sandeep Ghosh, Chief General Manager, RBI displays the policy immediately after the formal launch



their programme.

- In the organized sector, MDACS succeeded in establishing workplace policy and programmes in large public sector institutions like the Mumbai Municipal Corporation, (MMC), Brihanmumbai Electric Supply and Transport Ltd. (BEST), Mumbai Police, Reserve bank of India (RBI), Mumbai Port Trust, Railway police, Mumbai State Road Transport Corporation and customs department. Notable feature of this partnership was that companies supported the cost of treatment for their infected employees, and MDACS offered training of their doctors and helped set up Integrated Counseling and Testing Centers at Mumbai Police hospital and Mumbai Port Trust. Collaboration with some private sector companies like Tata Power, ICICI Source One, Crompton Greaves was also initiated by MDACS.
- In the informal sector, interventions were initiated among construction workers in collaboration with Nirman Mazdoor Sangathan, a trade union.
- Knowledge, Attitude, Practices and Behaviour Studies were undertaken among Jail employees and prison inmates, BEST and construction workers



Goa

ILO's collaboration with Goa State AIDS Control Society (GSACS) began in February 2005 with a stakeholders' meeting at Goa Chamber of Commerce and Industry. Manorama Bakshi worked as the Workplace Coordinator in GSACS. ILO conducted a training of NGO-partners of GSACS and some GSACS staff and shared its approaches/tools. GSACS reprinted the ILO posters in local languages and used its programme. As Goa is a major tourist destination, the focus was on developing workplace interventions in the hospitality sector.





Key achievements:

- Knowledge, Attitude, Behaviour, and Practices Surveys were conducted, in the tourism and other sectors, covering both formal and informal workers. The findings became the basis for developing the workplace response to HIV/AIDS in the state.



Training of Master Trainers at Hotel Sun Village Arpora, in Goa

- **Highlights of the work in hospitality sector in Goa:**

GSACS/ILO undertook advocacy, involving Travel and Tourism Association of Goa (TTAG). An action plan was developed for reaching hotel employees and staff from 15 hotels. TTAG was assisted to develop and launch its policy statement on HIV/AIDS, which became applicable to some 300 hotels- the members of

TTAG. GSACS and ILO assisted TTAG and hotels in organizing training of trainers in these hotels, through a local NGO-Rishta.

- The Goa Chamber of Commerce and Industry played a key role in advocacy and launched its policy, “Corporate response to HIV/AIDS-Policy guidelines”, based on the ILO Code of Practice and disseminated amongst its member companies in Goa. Enterprise based work was initiated in nine enterprises. Kingfisher, Salgaonkar group of company, D-link, Marmugao Port trust and Zuari group of industry developed their HIV/AIDS workplace policy, and got their employees trainers on HIV/AIDS. The V.M. Salgaocar Group expanded its programme in four mining areas.
- HIV/AIDS training was provided to the state labour Inspectors/administrators and the representatives from the factories and boilers; as well as trade unions.

Delhi

The Delhi State AIDS Control Society (DSACS) requested for ILO's support and the collaboration was initiated in 2005, when Nidhi Rawat was hired as Workplace Coordinator. The programme was launched with a stakeholders' meeting on 9 May 2006 in which ideas for work plan were generated and DSACS launched the ILO posters printed by it.



Stakeholders' meeting in Delhi, May 2006

Key Achievements

- Workplace interventions in the organized sector were undertaken at North Delhi Power Ltd., Delhi Jal Board & Paharpur Business Centre, following the ILO model as a result of advocacy undertaken by DSACS.
- DSACS supported two interventions of trade unions to cover workers in the informal economy in Delhi. Hind mazdoor sabha (HMS) was supported for Intervention with 1000 railway coolies. and Indian national trade union

congress (INTVC) was supported for reaching out to 1000 zari workers in delhi

- DSACS reprinted the ILO flip book for reaching out to informal sector workers, and used it in its programme of mainstreaming HIV/AIDS in the Integrated Child Development Scheme. ILO helped DACS train a core team from an NGO who rolled out this programme in this scheme. This approach is treated as a good example of mainstreaming HIV in a government scheme of women and child department under the NACP-III.

Jharkhand

The collaboration between Jharkhand State AIDS Control Society (JSACS) and ILO began on a more concrete basis when Ashish Verma joined as Workplace Coordinator joined in 2006. As a result, JSACS was able to effectively follow up with 14 enterprises where the ILO Project had initiated work place interventions, and also initiated a number of other useful partnerships. JSACS developed the action plan, reprinted the ILO posters and organised series of training programmes for labour department, trade unions and enterprises.





Key achievements:

- JSACS undertook regular follow up and provided continued support to 14 enterprises in their workplace initiatives. Five enterprises: MECON, Abdur Razzaque Ansari Memorial Weavers' Hospital, Damodar Valley Corporation, Central Coalfields Limited and Usha Martin developed their HIV/AIDS policy for their employees.
- Support from JSACS also helped enterprises expand their prgrame to nearby communities, particularly in case of Usha Martin, Mecon Limited, Apollo hospital and Damoder Valley Corporation, Panchet.
- JSACS partnered with the Central Coalfields Ltd. and set up Integrated Counseling and Testing Centers in their hospitals, which enhanced access to testing facilities in coal mining areas.
- A state level network of People living with HIV/AIDS (PLHIV) was set up as the state did not have PLHV network. ILO/JSACS also organized training of PLHIV in workplace advocacy. In addition to the state level network, district level PLHIV networks were established in four districts of Jharkhand. This enhanced engagement of PLHIV in the state programmes.

- JSACS provided full support to the two trade unions led interventions supported by the ILO: Hind Mazdoor Sabha (HMS) for interrention amongst migrants in Giridih; and Centre of Indian Trade Unions (CITU) for intervention amongst informal mine workers in Gua & Chiria mines.



HIV/AIDS training at the Jharkhand State Electricity Board

- JSACS was also able to provide HIV/AIDS training and develop partnerships with other departments like the department of Home Affairs, prisons, Jharkhand Police, Social Welfare, Directorate of field Publicity, Jharkhand State Electricity Board etc.



Swami Ramdeo uses the ILO poster and reiterates the message of non-discrimination

- JSACS organized major awareness efforts on occasions like the World AIDS Day, and effectively participated in national campaigns like the Red Ribbon Express. A good example was to use the occasion of a major Yoga camp in Ranchi on 1-2 April 2007. Swami Ramdeo, a well know Yoga guru in India gave strong messages against AIDS related social stigma and discrimination.

Lessons learned:

- It is important to have a dedicated person at the level of State AIDS Control Societies to effectively plan and coordinate workplace interventions. When selected SACS got this support from ILO, several good interventions were initiated and SACS were also able to use their funds meant for this component properly.
- In addition to the person, training and technical handholding of SACS staff is very important, which the ILO project team provided on a consistent basis.
- Another key to the success of this model was that ILO entered into an agreement with the SACS, and not

with the person. The person was selected by SACS, based on the Terms of Reference agreed between ILO and SACS, hired by SACS and contracted by SACS. As a result, SACS showed full ownership of the staff/programme.

The way forward:

In NACP-III, SACS have engaged a staff, Mainstreaming Consultant, who is handling workplace interventions as well. ILO has started the process of training these SACS officials, as its capacity building support, to NACO/SACS to help them effectively integrate Workplace interventions in the national programme.

Anjana shares her experience in training of SACS staff in an ILO Skill building workshop.



11

*Capacity Building and
Engagement of people living
with HIV in workplace advocacy*

Low prevalence of HIV in India poses a major challenge in advocacy efforts. Why should a company develop a workplace policy or programme when it has not seen too many, or even one, employee living with HIV? Stigma and discrimination associated with HIV remain another challenge. People living with HIV (PLHIV) are the human face of the epidemic. When they come forward and tell their personal stories at the workplaces, people do take notice. Building the capacity of PLHIV for workplace advocacy holds the key. Read on....

When Naveen Kumar, an HIV positive man from Delhi, spoke in an advocacy session at the Federation of Indian Chambers of Commerce and Industry (FICCI), it was a real eye-opener for everybody. A manager of a company said after the session, "...Thank you, Naveen. After meeting you and hearing your story, I realize that the problem of HIV/AIDS is real in India."

This is an example of how workplace advocacy by a PLHIV can help. According to Syed. Mohammed. Afsar, ILO Technical Specialist and National Programme Coordinator, "The engagement of PLHIV in advocacy at workplaces enhances the acceptance of the problem. This makes further discussions on workplace policy and programme easier."

ILO built the capacity of PLHIV for workplace advocacy in collaboration with the *Indian Network of People Living with HIV/AIDS (INP+)* then engaged them in advocacy efforts, within the framework of the ILO Code of Practice on HIV/AIDS and the World of Work

The process:

In September 2005, The ILO was invited by the Family Health International (FHI) to take a day-long session on Advocacy at Workplaces, at one of INP+'s workshops in Chennai, in the state of Tamil Nadu. The workshop was attended by over 150 PLHIV from different state-level PLHIV networks, associated with INP+. Key ILO messages that have since become a part of the INP+ broader advocacy agenda are:



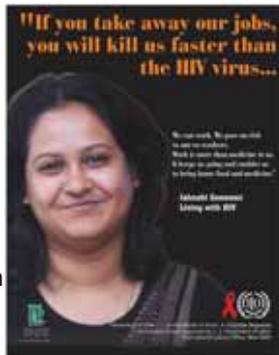


- o A person should be allowed to work/ earn a living as long as he/she is fit to work
- o Work is as important as treatment for PLHIV.

INP+ then endorsed the ILO Code of Practice on HIV/AIDS and the world of work and decided to use this in their advocacy efforts. In January 2006, a delegation of the board members of INP+ visited the ILO Delhi office and interacted with ILO officers and some of the constituents—the representatives of the Ministry of Labour and Employment, trade unions and employers' organizations. INP+ requested ILO's help in building their capacity for workplace advocacy.

Once the tie-up was underway, the ILO supported INP+ in reprinting ILO posters in regional languages. The main poster, translated and reprinted in six regional languages, had on it the face of a state-level PLHIV making an appeal to employers.

ILO also supported INP+ in setting up state level networks in Madhya Pradesh



and Jharkhand. The ILO Project, supported by the US Department of Labor, was being implemented in selected states, and the need was felt for the presence of a PLHIV network in these states to strengthen the advocacy efforts.

ILO designed a training curriculum, and organised a series of training workshops at regional levels for INP+ and their state level networks. The three-day training workshops included:

- a. Concept of workplace advocacy and knowing the audience.
- b. Development of audience-specific



messages.

- c. Presenting personal stories by PLHIV.
- d. Communication skills.
- e. Practical sessions with employers, trade unions and the government.

- f. Experience sharing and feedback after practical sessions.

The methodology of the workshop was much appreciated by the participants, particularly the concept and practical advocacy sessions with employers, trade unions and government officials. The participants were taken to workplaces in groups, where they spoke, shared their stories, and gave audience-specific messages. They handled questions from

“I work with New India Assurance. After detection of my HIV status, I work even harder to prove that PLHIV can work,” Prakash, in a session in ASSOCHAM, Delhi



the audiences and towards the end of the sessions called for action on behalf of the audience. In this way PLHIV got hands-on training.

For trade unions, PLHIV were trained to highlight messages related to their rights and welfare.

The training also taught them how to deal with difficult situations and queries, such as how had they acquired the HIV infection.

A total of 165 PLHIV (65 women & 100 men) were trained from 2006 till May 2009. After the training, PLHIV have been involved in consultations for



“Protect our rights, Mr. Kalan. Some employees are not being regularised due to their HIV status,” Senthil, tells in a trade unions session in Chennai

development of workplace policies and programmes.

ILO also developed a handbook and a training film on workplace advocacy for PLHIV, which contain concepts dealt with in the employment and reduction of stigma and discrimination”, says Abraham. “Several companies have workplace policies now, and we have been regularly participating in their programmes,” says Celina D’Costa, National Advocacy officer of INP+.





“We shall do our best to create a non-discriminatory work environment for PLHIV.”
 - Mr. S.K. Srivastava, Joint Secretary, MOL&E, in Delhi workshop

Some examples of successful workplace advocacy by PLHIV:

“A member of our network was sacked by

A Handbook for
 People Living With HIV
 on
 Advocacy at Workplaces

INDIA: Prevention of HIV/AIDS in the World of Work: A Tripartite Response
 An ILO Project supported by the US Department of Labor/PEPFAR

his employer when they found that he was HIV positive. I went and spoke to the management, and also took a session with workers. The person was given back his job”- Sharad Chand, Uttar Pradesh.

“At first my advocacy sessions were quite boring. But the ILO training made my talking interesting. It also equipped me in handling questions. Slowly a supportive environment is developing in the industry. They even support us in some of our activities now. Previously, I was just working with Reliance. Now I am dealing with so many more companies like Amul, Pepsi, Essar, and BSNL. In fact, on World AIDS day, I was given the platform for positive speaking at the district level at a cultural programme, sponsored by Pepsico.”- Daxa Patel, Gujarat

“I faced discrimination in my company hospital due to my HIV status. I felt it was time to do something. I spoke to INP+ colleagues and we organised a session. We talked about myths and misconceptions associated with HIV, treatment and positive living. Both me and my wife (who is also living with HIV), spoke on that day. The session had a great impact on the attitudes of people. Now we get good care in the

hospital and company management is also very supportive”- Vijay who works in a public sector company in Uttar Pradesh.

Lessons learned:

- Engaging PLHIV in advocacy is an effective strategy in a low prevalence country.
- PLHIV need training to undertake advocacy in different sectors/settings. ILO training provided them with clear concept, audience specific messages and tools to help them undertake advocacy at workplaces.
- Hands-on training and field visits to workplaces give PLHIV the required confidence to go out and speak.
- Engagement of PLHIV regularly by the ILO in the advocacy effort, and facilitating their partnership with key stakeholders was useful. It provided a good platform to PLHIV to put their learning into practice.
- Regular refresher trainings are required for PLHIV as it takes time to hone the public speaking skills, necessary in such advocacy efforts.





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