

Acknowledgements

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The manual has been field-tested in the past year by AIDS Care Trust, the Chamber of Mines and the Walvis Bay Multi-purpose Centre to train workplace co-ordinators, peer educators and outreach health educators in targeted workplaces.

FHI organised two participatory workshops in April and September 2002 where staff members from the above organisations and workplace co-ordinators actively participated in revising the original manual. Based upon their experiences in the field, their comments and recommendations have been incorporated into this edition of the manual. The layout of this manual allows for periodic updates and revisions.

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This manual is partially based on the Ghana and Kenya Peer Educator Manuals developed by Family Health International. Additional manuals and documents consulted are listed below :

- Peer Education Training Module on STD/HIV/AIDS. Draft Manual, Ghana Police Service AIDS Control Programme. FHI/Ghana. Accra, Ghana. 2001
- Participatory Peer Education for HIV and AIDS Prevention, Family Health International and PATH, Nairobi, Kenya, 2001
- Life Skills Manual, Peace Corps, July 2000.
- Stepping Stones: A Training Package on HIV/AIDS, Communications and Relationship Skills. Actionaid/TALC, Uganda
- STD/AIDS Peer Educator Training Manual, AIDSTECH, AMREF and the National AIDS Control Programme, Tanzania, August 1992
- AIDS Law Training Manual (draft), AIDS Law Unit, Legal Assistance Centre, Windhoek, Namibia, 2003
- Wills and Inheritance, AIDS Law Unit, Legal Assistance Centre, Windhoek, Namibia, 2002
- Reproductive Health, Gender and Human Rights: A Dialogue, Program for Appropriate Technology in Health (PATH), 2001

Foreword

Successful business relies on a productive labour force. Where the number of AIDS deaths continues to rise, businesses feel the financial pinch. Some studies have projected losses of up to 56 percent of annual profits for selected companies in sub-Saharan Africa as a result of the HIV/AIDS pandemic.

Companies incur many added expenses when employees or their families succumb to AIDS. Absenteeism soars as workers grow weak, attend funerals, or tend to ailing relatives. Productivity plummets because of their absence, and the pool of available labour shrinks. Health care costs rise since companies need more healthy staff and have to pay higher medical insurance costs, life insurance premiums, disability benefits and pensions. In addition, they must hire and train new workers to replace disabled employees while covering burial costs and death benefits.

Although the business sector alone cannot end the spread of HIV/AIDS, businesses are well positioned to contribute resources and skills, help influence employee attitudes and sexual behaviour and provide clinical services. The workplace offers a structured environment for sharing information, reinforcing notions of acceptable behaviour and implementing interventions. Businesses have learnt that community outreach through involvement in HIV/AIDS prevention and care not only meets community needs but also enhances a company's image and helps sustain the work force.

While there is no single workplace model, lessons learned from programmes around the world suggest appropriate responses are:

Leadership commitment demonstrated within the workplace and beyond.

This is to ensure that HIV/AIDS prevention leadership at all workplace levels is evident to all employees and their dependants.

It can involve:

- Training managers, especially human resource and supervisory managers, to address and respond to HIV/AIDS issues and concerns in the workplace.
- Provide adequate annual financial and logistical investments to assure that programmes run effectively and efficiently.
- Committing to programmes in the community, thereby demonstrating recognition that HIV/AIDS does not stop at the company gates.

Comprehensive responses within the workplace:

Piecemeal programmes, programmes for a single category of workers, outdated information, responses that cover prevention but neglect post-infection needs, all these convey a lack of employer commitment and tend to diminish employee commitment.

Clear, consistent and up to date information:

This should include information on the disease, workplace issues relating to the disease, and the employer's response to the epidemic.

- Employees want regular information, especially given the changing nature of the epidemic, and research on aspects of the disease.
- Employees want to feel comfortable to get information and consult with workplace managers and/or peers on issues related to HIV/AIDS.

Workplace policies:

Employees and unions should be actively involved in the development of the HIV workplace policy through a participatory process.

These should clearly target specific employee groups, such as senior staff or dependants, and be consistent with and support workplace prevention and care programmes. Workplace policies should also be as consistent as possible across employee groups in order to avoid the perception of discrimination.

HIV/AIDS prevention and care initiatives:

These should be available to employees and dependants within the workplace or readily accessible outside the workplace, and should include:

- Up-to-date information.
- Male and female condoms.
- Sexually Transmitted Infection (STI) diagnosis and treatment.
- Care & support (including flexibility in work schedules and assignments).
- Access to all appropriate drugs (employers are increasingly recognising the value of providing antiretroviral drugs).
- Legal advice and care and support for dependants of infected employees.
- Annually updated information on employee benefit.

A pro-active commitment to avoid stigma and discrimination and maintain confidentiality:

Special training for managers and peer educators on these issues is part of the commitment.

Employee involvement:

Employees should be involved at all levels and in all aspects of workplace responses to the epidemic, including:

- Involvement in designing or revamping workplace policies and programmes.
- Selection of peers within the workforce who can provide information, counselling and prevention supplies to colleagues.
- Peer educators among middle and senior management.

Monitoring and review:

The effectiveness of HIV/AIDS initiatives should be monitored and reviewed regularly, with a willingness to adapt programmes and policies accordingly and as the epidemic and employee needs evolve.

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