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microNOTE #45

HIV/AIDS Workplace Policies and Programs for Microfinance Institutions

This microNOTE examines the impact of HIV/AIDS on MFI staff. Specifically, we look at the cost of HIV/AIDS on MFI human resources, the benefits of investing in HIV/AIDS workplace policies and programs, the elements of comprehensive policies and programs, and guidelines for developing workplace policies and programs for MFIs operating in HIV/AIDS prevalent environments.

This note concludes with key considerations for the implementation of successful HIV/AIDS workplace policies and programs with a detailed list of additional resources.

September 2008

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U.S. Agency for International Development
www.usaid.gov

All businesses rely on a productive labor force to succeed. Microfinance institutions (MFIs) are no exception. Staff members are the institution's front line, responsible for promoting the institution and its products, managing client relationships, and ensuring strong financial performance. When employees suffer, the institution suffers as well.

The impact of HIV/AIDS on staff is one of the most important considerations for MFIs. Because MFI employees often live and work in the same communities as the institution's clients, in HIV/AIDS prevalent environments they frequently deal with many of the same social, health, and economic challenges. Some employees may, themselves, be HIV positive. Others may be caring for sick family members, and yet others may find themselves responsible for the children of family members who have died from HIV/AIDS-related illness. Employees face increasing medical, funeral, food, and education expenses as they become responsible for sick family members or the children of deceased relatives. When they become ill or miss work to take care of ailing relatives, employees find it increasingly difficult to maintain full-time employment, often resulting in reduced household income and increased financial vulnerability.

On their own, MFIs cannot stop the spread of HIV/AIDS. However, they can help to protect their staff by providing resources and information to change employees' attitudes and behaviors vis-à-vis HIV/AIDS and by increasing employees' access to medical and other HIV/AIDS support services.

By implementing appropriate workplace policies and programs, MFIs create an open and safe environment for employees to share information and gain access to needed HIV/AIDS support services.

Unlike the other microNOTEs in this series, which focus on the impact of HIV/AIDS on MFI clients and MFI portfolio quality, this note examines the impact of HIV/AIDS on MFI staff. Specifically, this microNOTE looks at the cost of HIV/AIDS on MFI human resources, the benefits of investing in HIV/AIDS workplace policies and programs, the elements of comprehensive policies and programs, and guidelines for developing workplace policies and programs for MFIs operating in HIV/AIDS prevalent environments. This note concludes with key considerations for the implementation of successful HIV/AIDS workplace policies and programs with a detailed list of additional resources.

DETERMINING THE COST OF HIV/AIDS ON MFI HUMAN RESOURCES

Operating in HIV/AIDS prevalent environments, MFIs face increased human resource costs as they try to maintain a well-staffed and productive human resource function. As more and more employees are either affected by or infected with the

disease, institutions experience increased health and life insurance coverage costs, medical assistance costs, and death and funeral benefit costs. Absenteeism increases and productivity declines due to decreased staff morale. Staff turnover increases and the costs associated with staff training rise. When long-time staff members die or leave the institution, an MFI suffers the loss of technical skills and experiential knowledge.

Many MFIs operating in HIV/AIDS prevalent environments recognize that the cost of HIV/AIDS on human resources is great, but are unclear as to just how great. Cost, and consequently the urgency to respond, may vary considerably from MFI to MFI, depending largely upon the prevalence rates of the area in which the MFI operates. On a country level, the urgency to respond may also be significantly different and require a more aggressive effort. For example, in Kenya where the prevalence rate is over 7%, the effort may not be as critical as in Swaziland where the prevalence rate is over 26%.

To determine the impact of HIV/AIDS on their staff, MFIs can use one of three methods. First, to identify trends, institutions can examine internal data about staff members, such as the number of days they have been absent annually,

medical expenses, payout of bereavement expenses and other staff expenses. Family Health International (FHI)'s, "Calculating the Increase in Human Resources Costs Related to HIV/AIDS: Illustrative Format," or USAID's *Defining Options for Strategic and Operational Change: A Workshop for MFI Staff*¹ can be used as guides.

Second, a number of computer-based models have been developed that use country-specific prevalence rates to estimate future human resources costs. The Futures Group has a user-friendly economic and demographic model for this type of analysis that could be of great assistance to MFIs². This tool estimates the direct cost of HIV/AIDS in health, recruitment and benefit costs giving organizations the information necessary to plan and launch a successful prevention and care program. The software however, does not analyze or provide estimates on productivity, absenteeism, labor relations

¹ This training curriculum provides MFIs with a series of exercises and tools to assist them with thinking about and preparing for a more rigorous strategic and operational planning exercise that responds to the economic impact of HIV/AIDS on the communities and households of their client base. http://www.microlinks.org/ev_en.php?ID=7469_201&ID2=DO_TOPIC

² Future Constella's AIDS Impact Model for Businesses (AIM-B) is an online model to help managers analyze the current and projected affect of HIV/AIDS on their business. This tool estimates the main direct cost of HIV/AIDS in health, recruitment, and benefit costs. <http://www.constellafutures.com/aim/>

or workforce morale. Much of this data can be collected from observation (absenteeism, productivity) and analyzed for program planning.

A third method is the use of prevalence surveys of all employee grades and levels to determine the impact on the financial institution. While this type of survey provides the most accurate information for MFIs, it is also often the most expensive and it can increase tension between staff and management when employees are not clear as to how the information will be used by the institution.³ Sometimes it is best to incorporate prevalence surveys in an overall health and wellness questionnaire, minimizing stigma and potential miscommunication. Of the three tools to developing a workplace policy and program, it is recommended that organizations conduct an assessment of staff productivity; in resource restricted settings where internet access is available, determine costs to the organizations by using electronic/internet-based assessment models. If the organization decides to integrate a prevention/training

component, it is essential to have a baseline understanding of staff's knowledge, attitudes, and behavior around general health and well being, including HIV/AIDS. This results in data to help inform the gaps in understanding around health issues to effectively augment behavior change. The cost of administering and then compiling survey data is greater but provides the best level of information for strategic planning.

WHAT IS A WORKPLACE POLICY ON HIV/AIDS? WHAT IS A WORKPLACE PROGRAM ADDRESSING HIV/AIDS?

An HIV/AIDS policy states the organization's position and practice on how the organization will prevent and respond to HIV infection among employees. A policy that is well written and communicated should guide managers' decisions and inform staff members about their rights and responsibilities within the organization.

Policies, which can vary in length from a few paragraphs to a few pages, are not always written. Smaller institutions tend to abide by unwritten policies that have developed through routine

business practices over time. It is optimal for organizations to develop written policies and establish a clear communication strategy for sharing the new policy. This promotes consistency, reduces uncertainty and prevents misinterpretation of staff and managers. Good HIV/AIDS policies define behavior standards for all employees, provide employees with information on what assistance is available and how they might access it, adhere to pertinent local and national laws, and provide the basis for HIV/AIDS prevention and care workplace programs.

It is important to note that not all workplaces, including MFIs, need to implement HIV/AIDS-specific policies. Instead, some choose to issue policies on life-threatening illness more broadly, treating HIV/AIDS like other chronic illnesses including tuberculosis, malaria, and diabetes. In many African countries, for example, HIV/AIDS is not the only major health issue. In many countries in sub-Saharan Africa, malaria kills more people than do AIDS-related illnesses. By making HIV/AIDS part of a broader category of illness, some institutions believe they can reduce some of the stigma associated with HIV/AIDS.

On the other hand, other microfinance institutions believe that HIV/AIDS poses a unique set of challenges,

³ For more detailed information on these three methods, please see *Workplace HIV/AIDS Programs: An Action Guide for Managers*, written by Bill Rau and published by Family Health International, 2002, available on FHI's website. <http://www.fhi.org/en/HIVAIDS/pub/guide/publicsector.htm>

such as affecting working-age adults disproportionately and generating larger amounts of stigma and discrimination, and therefore chose to develop policies specific to HIV/AIDS. Even if policies refer specifically to HIV/AIDS, they should still treat HIV/AIDS in the same way that other serious chronic illnesses are treated, but should seek to limit the stigma and discrimination associated with the disease.

While a policy states the company's position and practice with respect to HIV/AIDS, a HIV/AIDS workplace program goes much beyond this. HIV/AIDS workplace programs provide employees with information about HIV/AIDS prevention and transmission, encourage behavior change, and can provide employees' with access to HIV/AIDS services, including testing, counseling, treatment and support. Both policies and programs are necessary to mitigate the impact on the organization.

THE BENEFITS OF AND CHALLENGES TO IMPLEMENTING HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

Research suggests that by implementing appropriate HIV/AIDS workplace policies and programs, MFIs and other businesses are better

able to help employees and their families remain healthy. A healthy workforce is critical for a healthy business. Also, in some cases, MFIs might be able to negotiate for lower insurance rates based on their implementation of an HIV/AIDS prevention program. According to research conducted by Family Health International (FHI), American International Assurance Thailand provides discounts of up to ten percent on group life insurance premiums to businesses with nondiscriminatory HIV/AIDS

NMB Tanzania's Workplace Program

The National Microfinance Bank of Tanzania partnered with AMREF to develop an HIV/AIDS workplace program for the bank. This included:

- Conducting a knowledge survey of staff and management,
- Rolling out an AIDS prevention education/sensitization course for all employees,
- Developing an ongoing peer education program, and
- Ultimately developing an HIV/AIDS policy for the bank's staff.

In an interview in 2005, the bank's HR managers noted that since implementation there has not been an increase in medical costs as in previous years before the program started. They also noted that no employee had approached the bank about getting tested, being HIV positive, getting access to anti-retrovirals (ARTs) or having ARTs paid for under the bank's policy. This reluctance or access issue may have changed once staff members had more knowledge of the benefits that the banks to staff and families; at the time the bank had not yet translated it policy into Swahili.

programs.⁴

Implementing policies and programs is not easy. Employees and managers do not always agree on what these policies and programs should entail. A MFI can form a small team—including human resources personnel, management, and employee representation—to decide on the components of the workplace policies and programs and to build consensus around these decisions.

Another key challenge is cost, especially for small and medium-sized MFIs lacking the financial resources to implement comprehensive programs on their own. Institutions planning to implement programs have the flexibility to determine the components of their programs, including formal education, informal education, and counseling and support services, and should analyze the costs of offering these components. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed a worksheet that businesses can use to calculate the specific costs of each of the components. A modified version of this worksheet is can also be found in the Defining Options curriculum.

Finding ways to share costs is the best approach for small

⁴ Bill Rau, *Workplace HIV/AIDS Programs: An Action Guide For Managers*

and medium-sized MFIs to afford comprehensive programs. MFIs lacking resources to offer a comprehensive program can partner with government, private, and donor organizations and projects to receive the needed financial resources and technical support. Increasingly there are more public and private resources available to support companies that want to develop workplace programs. MicroNOTE 2 in this series provides MFIs with detailed information on how they might go about forming strategic partnerships with AIDS Support Organizations to deliver services to MFI clients and staff.

ELEMENTS OF COMPREHENSIVE HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

As previously mentioned, institutions, limited by financial and human resources, often chose to implement limited rather than comprehensive policies and programs. However, through effective partnerships, smaller MFIs should be able to offer more comprehensive policies and programs that include:

- **HIV/AIDS information and education activities**—A MFI's education and information activities are the basis for other prevention and care

services offered by the institution as part of its comprehensive workplace program. These activities should clearly convey the institution's stance on HIV/AIDS and the reasons for the policy. Furthermore, MFIs should provide employees with information on how HIV/AIDS is transmitted, how employees can prevent transmission, where employees can go to seek further information, and where they can go to find out about services available through their organization or in their communities.

- **Condom distribution**—Condom usage is effective at reducing the spread of HIV/AIDS. A MFI concerned that condoms are not readily available and affordable may want to consider distributing condoms as part of their workplace prevention and care programs. To maintain employee confidentiality, condoms can be made available in public places within the institution or through peer educators.⁵
- **STI diagnosis and treatment**—Sexually Transmitted Infections (STIs) increase an

⁵ Peer educators are employees similar in age, background, and experience trained by the MFI or an outside ASO to provide HIV/AIDS education services and support to other employees within the MFI.

employee's risk of contracting and transmitting HIV/AIDS. Whether services are funded and provided on location directly by the MFI or through community clinics or other centers where employees receive healthcare, employees and their partners need access to information about STIs and medical services for diagnosis and treatment. Experience reveals that programs that treat both the employee

Banco Oportunidade de Mocambique (BOM) partnered with Health Alliance International (HAI) to deliver quality HIV/AIDS training resources, an initial orientation for MFI staff focusing on HIV/AIDS risk reduction and a study to determine the impact of the trainings on behavior change. Results from phase I of the study indicate that clients and staff who received training in HIV/AIDS reported more frequent condom use and fewer sexual partners. They also demonstrated a greater knowledge of clinics providing voluntary and confidential HIV/AIDS testing.

—*Responding to HIV/AIDS Within MFIs In Mozambique, USAID microNOTE #80, March 2007.*

and his/her partner are the most effective. If the partner is not treated, the risk of re-infection remains very high.

- **Treatment for HIV and associated diseases**—It is widely known that HIV positive people are susceptible to contracting, and subsequently dying from, opportunistic infections, such as tuberculosis. Integrating basic preventative health care in an overall

wellness program minimizes the risk of immunosuppression, premature death; enhances quality of life and increases productivity for those living with HIV.

- **Counseling and testing for HIV**—A MFI should not mandate HIV/AIDS testing for employees and job applicants. Instead, testing for employees and their partners should be made available on a voluntary and private basis, through a partnership with community clinics or health care centers. In addition to receiving testing, employees and their partners need access to pre-test and post-test counseling so that they better understand the purpose of the test and its implications.
- **Mitigation services designed to provide such follow-up activities such as counseling, community support and home-based care**—MFIs often do not possess the human and financial resources to offer mitigation services. They can, however, partner with other providers to offer such services or research the types of services available within their communities and provide this information to their employees through the education/information

activities component of their workplace programs.

The policies and programs must apply to all employees equally and made available at all branch offices and locations. Also, the institution must periodically review and update its policies and adjust its programs.

GUIDELINES TO DEVELOP HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

MFI should not delay establishing HIV/AIDS workplace policies and programs because they believe they do not possess the necessary expertise or human and financial resources. By working with ASOs, donor programs, government agencies, and other businesses with already established programs, MFIs can design appropriate policies and implement successful care and prevention programs. It is the responsibility of MFI management to research possible strategic partners operating in their area and to negotiate mutually beneficial partnership agreements.

As previously mentioned, a first step in developing appropriate policies and programs is to form a team of human resources personnel, management, and employees to decide on the policy and programs offered and to build

consensus. It is this small team or task force that will lead the MFI in reviewing policies and programs already in place, guiding the development and dissemination of new policies and programs, and monitoring policy and program effectiveness.

Review and Development

MFI should first review their internal workplace policies and implement or amend policies to address the specific challenges brought about by HIV/AIDS. It is important to note that local labor laws may already dictate certain policies regarding leave and medical benefits. However, MFIs must determine whether these policies are adequate and whether they need to implement other policies that go beyond those which are stipulated by law. Policies should clearly address staff absence due to funeral attendance, the care of sick family members, and personal illness. In addition to adapting leave policies, MFIs may also need to adjust other operational policies. For example, some MFIs may want to implement policies that allow for decentralized decision-making in the absence of branch managers or senior staff.

Also in addition to adjusting existing policies to accommodate the challenges brought about by HIV/AIDS, MFIs may decide to establish HIV/AIDS-specific policies. The International Labour Organization (ILO) Code of Practice, described in the text box, articulates the principles a MFI should follow when developing HIV/AIDS workplace policies and programs. These principles, originally published by the ILO in 2001 as part of a new Code of Practice on HIV/AIDS, have been accepted by other leading institutions and have guided the development of HIV/AIDS policies worldwide.

Useful Resources

Many organizations have experience and skills in designing, training and implementing programs for workplace interventions. These resources are a great starting point to assist in determining the level of service delivery for your organization:

- **National AIDS Control Program—** Typically, a part of the national government with linkages to in-country AIDS service organizations; may provide access to condoms and prevention related information.

- **International Council of AIDS Service Organizations—(ICASO)** is a network of networks providing support to diverse community organizations across 100 countries globally; regional secretariats include Africa, Europe, Latin America and Caribbean, Asia and Pacific, and North America: www.icaso.org
- **Public and Private Sector Medical Staff—** such as specialists in HIV,

STIs, TB or infectious diseases; often these practitioners can direct you to commodity suppliers, ARV treatment sites, etc.

- **The Global Business Coalition on HIV/AIDS—** a resource of international businesses dedicated to combating the HIV/AIDS epidemic through workplace related action: <http://www.businessfightsaids.org>
- **US Centers for Disease Prevention and Control/**

The ILO's Code of Practice on HIV/AIDS and the World of Work

Several key principles guide the development of successful policies, including:

- **Recognition of HIV/AIDS as a workplace issue—**one that threatens productivity, profitability, and the welfare of employees and their families
- **Nondiscrimination**
- **Gender equality**, based on the understanding that discrimination against and exploitation of women can lead to the increased spread of HIV/AIDS within this population
- **Healthy workplace environment** that supports national and local laws and regulations and that includes measures to reduce the risk of on-the-job HIV transmission
- **Social dialogue** that builds trust and cooperation among government, employers, and employees
- **Understanding that mandatory HIV/AIDS screening is unnecessary and inappropriate** for both job applicants as well as persons already employed by the organization--off-site voluntary and confidential testing and counseling should be encouraged instead
- **Confidentiality**
- **Continuation of employment relationship** even if someone is HIV positive—employees should be able to work as long as they are medically fit
- **Prevention—**HIV infection is preventable and can be achieved through culturally sensitive strategies
- **Communication and leadership—**policies must be communicated in clear and unambiguous terms and the organization's leadership must demonstrate their support for and commitment to HIV/AIDS prevention and care efforts
- **Care and support**, which should be provided to all employees, including those with HIV, either through the organization or through private and public facilities.

Source: <http://www.ilo.org/public/english/protection/trav/aids/publ/code.htm>

CDC’s Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA)

—offers many resources to assist large and small businesses and trade unions meet the challenges of HIV/AIDS in the workplace and the community:
<http://www.hivatwork.org>

- **World Economic Forum’s Global Health Initiative**—is designed to increase involvement of the private sector in the fight against HIV/AIDS, TB, and malaria; website has various resources to help engage companies in the fight against HIV/AIDS, promote good practices and expand corporate advocacy:
<http://www.weforum.org>
- **The International Organization of Employers**—includes the text of its handbook for employers on HIV/AIDS:
<http://www.ioe-emp.org>

A number of resources are available to assist in the development and implementation of workplace HIV/AIDS policies and programs. These resources will help the HIV/AIDS committee in the planning process.

- **Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual**—a

comprehensive guide to effective policy design and program delivery:
<http://www.ilo.org/public/english/protection/trav/aids/pub/manualen.htm>

- **Workplace HIV/AIDS Programs: An Action Guide for Managers**—provides practical guidance for creating or expanding a workplace policy/program:
http://www.fhi.org/en/HIV/AIDS/pub/guide/Workplace_HIV_program_guide.htm
- **The Society for Human Resource Managers**—developed a user friendly toolkit, available online at:
www.shrm.org/diversity/aidsguide
- **HIV/AIDS Policy Compendium Database**—contains over 3,800 annotated citations from policy papers across 50 countries:
<http://64.242.197.201/>
- **Workplace Policy Builder** —Designed by Futures Group, this is a software tool created to assist companies in developing their own workplace policies by a participatory process:
<http://www.constellagroup.com/toronto/software/WPB/PolicyBuilder.pdf>
- **AIDS Impact Model for Businesses**—is an economic and demographic model designed to help

managers analyze how HIV/AIDS is affecting their businesses and project how it will affect them in the future:
<http://www.constellafutures.com/aim/>

- **SEEP Network**—HIV/AIDS and Microenterprise Development Resources and discussion group; a very collaborative resource and information exchange:
<http://communities.seepnetwork.org/hamed>
- **UNAIDS - The Joint UN Programme on HIV/AIDS**—a key source of information with documented best practices:
<http://www.unaids.org>

Dissemination and Implementation

As common sense would suggest, a MFI’s HIV/AIDS policy is only useful if it is widely communicated and understood by all employee types and levels within the institution. It is not sufficient for the MFI to expect all employees to understand the rationale of the policy and the applicability of the policy clauses by posting the policy in a public place. The policy should be introduced through staff meetings at all branch locations to allow employees the opportunity to ask questions. Also, the MFI can distribute hard copies of the policy to all employees via

The ILO's Code of Practice on HIV/AIDS and the World of Work -10 Steps to Implementation

1. Establish an HIV/AIDS committee with representatives of top management, supervisors, workers, trade unions, human resources department, occupational health service, safety and health committee, and persons living with HIV/AIDS; create an equal gender balance among representatives. In smaller workplaces, one person may be assigned the coordinator of activities, but regular reports should be made to the key decision makers in the institution.
2. The HIV/AIDS committee must collectively decide its terms of reference and have this document approved by the currently existing decision making body (board of directors, senior management).
3. Committee reviews national laws and their implications for the MFI going beyond legislation to also include anti-discrimination
4. Committee assesses the impact of the HIV epidemic on the workplace and the needs of workers by carrying out a baseline study for program planning and monitoring. For information/advice, contact a local UNAIDS office for technical assistance; see www.unaids.com.
5. Committee researches current health and information services already available, both at the workplace and in the community and makes alliances/linkages with other NGOs, ASOs, and area businesses.
6. Committee formulates a draft policy in a clear and accessible language: draft circulated for comment then revision before being adopted.
7. Committee draws up a budget, seeking funds from outside sources if necessary and identifies existing resources in the local community. NOTE: The absence of funding should not mean that no action is possible.
8. Committee establishes a plan of action, with timetables and associated tasks, to implement policy. It is important to have at least one named HIV/AIDS focal person/coordinator to champion the effort.
9. Policy and plan of action are widely disseminated and programs are put into place. Focal points and peer educators are trained.
10. Committee monitors the impact of the policy and revises it as necessary.

mass distribution, an internal newsletter—if one exists—and to all new employees as part of their orientation. Because managers will be responsible for implementing the policy, they need more in-depth training. Human resources should organize training sessions for all managers to help them understand how to interpret and apply the policy. Implementation happens when managers use the policy to guide their decision-making in situations that arise within the MFI. If the policy

fails to guide institutional decision-making, it is, in all practicality, useless. To remain effective, policies and programs need to be revised periodically to reflect changes in the MFI's knowledge of and experience with HIV/AIDS, the entrance of additional strategic partners, and the cost of prevention and care.

Monitoring for Effectiveness

To assess the effectiveness of workplace HIV/AIDS programs, MFIs can solicit feedback from employees

both in informal ways, such as asking employees to use a suggestion box or holding casual conversations with a cross-section of employees, or more formal ways, including asking employees to complete response questionnaires or organizing focus groups or meetings to hear what employees have to say. Larger institutions with more resources may even opt to engage an outside organization to evaluate employee behavior change. MFIs can also keep close watch on absenteeism rates, funeral and burial costs, and medical retirements, for example, to track the impact of their policies and programs. Using information gathered through informal and formal means, MFIs can adjust their policies and programs to better meet the changing environment and the needs of their employees.

KEY CONSIDERATIONS FOR SUCCESSFUL HIV/AIDS WORKPLACE POLICIES AND PROGRAMS

For MFIs considering HIV/AIDS workplace policies and programs, there are several key questions to address:

Are the leadership of the MFI upper management and the Board of Directors— committed to the policy and

program? Without the support of the institution's leadership, the HIV/AIDS program will not receive adequate financial and human resources to be effective. Also, it is the leadership that sets the tone. Management commitment means employee commitment.

Are the policies and programs comprehensive and consistent? As previously mentioned, comprehensive policies and programs are more effective at preventing transmission and providing employees with the treatment that they need. Policies and programs must apply to all employees within an institution equally and must be applied consistently. Managers may need additional training in order to understand the policies and the importance of interpreting the policies and implementing programs the same way each time.

What workplace program components will the MFI offer? Understanding that many MFIs lack sufficient resources to provide employees with all the prevention and care services needed, MFIs need to form strategic partnerships with other institutions operating in their areas. A MFI must design its policy and determine which components of the comprehensive program it will offer directly and which components it will need to outsource. One of MFI management's key

responsibilities is to select appropriate partners and negotiate mutually beneficial agreements.

How and to what extent does the MFI involve the employee in the creation of workplace policies and programs? Employees should be very much involved in all aspects of workplace policy and program development. As mentioned in this Note, employees from all levels within the organization can participate on small task forces and teams selected to review and design policies and programs. Also, employees can serve as peer educators, providing information, counseling, and condoms to other employees. Employees' feedback is especially important during the monitoring and evaluation phase of policy and program implementation.

Is the MFI committed to avoiding stigma and maintaining confidentiality? A MFI must make every effort to avoid stigma and maintain employee confidentiality. This means that the institution must not make HIV/AIDS testing mandatory for existing and new employees. Instead, testing should be voluntary and the results of these tests must remain confidential. Furthermore, the MFI should allow all employees, regardless of their HIV status, to continue working for the institution if they are medically fit to do so.

Conclusion

While HIV/AIDS workplace programs target the staff of the MFI and provide a convenient location to dispense and receive services/information, they also serve as a conduit for health promotion dialogue among communities and family members. To be the most effective, a comprehensive and inclusive training program should be designed to address the myriad of drivers fueling the epidemic. These topics include: gender based violence, stigma of marginalized populations and substance abuse; they should be incorporated in a broader sensitization program that focuses on empowering staff with knowledge and skills to make healthy decisions.

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