



**USAID**  
FROM THE AMERICAN PEOPLE



CONSERVATION  
INTERNATIONAL



the Jane Goodall Institute



The Nature  
Conservancy  
Protecting nature. Preserving life.



WORLD  
RESOURCES  
INSTITUTE



# AFRICA BIODIVERSITY COLLABORATIVE GROUP

## REPORT ON A TRAINING WORKSHOP ON HIV & AIDS AND ENVIRONMENT

Held in Kigoma, Tanzania from 4th to 6th November 2013



NOVEMBER 2013

AFRICA BIODIVERSITY COLLABORATIVE GROUP (ABCG)  
4245 N. Fairfax Drive, Arlington VA 22203, USA

# REPORT ON A TRAINING WORKSHOP ON HIV/AIDS AND ENVIRONMENT, KIGOMA, TANZANIA, 4th-6th NOVEMBER, 2013

Program Title: Biodiversity Analysis and Technical Support (BATS) for USAID/Africa

Sponsored by: United States Agency for International Development (USAID)

Agreement Number: RLA-A-00-07-0043-00

Contractor: World Wildlife Fund, Inc. (WWF)

Date of Publication: 26th November 2013

Author: Daulos D.C. Mauambeta

Produced by: Jane Goodall Institute and Africa Biodiversity Collaborative Group

**Africa Biodiversity Collaborative Group**

4245 N. Fairfax Drive  
Arlington VA 22203  
[www.abcg.org](http://www.abcg.org)

**The Jane Goodall Institute**

1595 Spring Hill Rd  
Suite 550, Vienna, VA 22182  
[www.janegoodall.org](http://www.janegoodall.org)

***Disclaimer***

This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of Cooperative Agreement No. RLA-A- 00-07-00043-00. The contents are the responsibility of the Africa Biodiversity Collaborative Group (ABCG). Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of USAID or the United States Government. This publication was produced by the Jane Goodall Institute on behalf of ABCG.

## ACKNOWLEDGEMENTS

I would like to extend my sincere thanks to the following people who were involved in planning and implementation of the training workshop. First, I would like to thank Mrs. Natalie Bailey, Coordinator of the Africa Biodiversity Collaborative Group (ABCG) for coordinating and facilitating everything. At the World Wildlife Fund- US, I would like thank Ms Krystal Mclafferty for preparing all the financial requirements ahead of time.

At the Jane Goodall Institute, I would like to thank Mrs. Alice Macharia; Ms. Mary Mavanza; Mr Emmanuel Mtiti; Mr. Elias Kasoma; JGI Kigoma IT Officer, JGI Drivers and all support staff for all the logistical support they rendered to me and the workshop group before, during and after the training workshop. I would like also to thank Mr. Jonas Mwanang'ombe, Mr Sylvester Bwasama and Ms. Gloria Nshimanyi who were the Workshop Rapporteurs and indeed captured accurately all the workshop proceedings. The services these people provided were beyond everyone's expectation.

I would like to single out JGI Leadership which was very supportive during the workshop. The personal availability of Mr. Fred Kamaro the JGI Tanzania Interim Director, Mrs. Alice Macharia the JGI USA Director responsible for Africa; Ms Nury Marques the JGI USA Director; Mr Panta Kasoma the JGI Uganda Director; Mr. Shadrack Kamenya the JGI Tanzania Director of Conservation and many more managers signified the importance these people had put to this training workshop. Their individual presence added a great value to the whole workshop process.

Many thanks also go to the twenty participants who responded to the pre-training survey which guided me a lot on what to prepare and train. The workshop would have not been carried out if it was not for the full and active participation of all participants from JGI and partners.

I would like also to thank Judy Oglethorpe, Terri Lukas, Nancy Gelman, Kame Westerman and Julius Zelothe, authors of the newly published manual on *HIV/AIDS and Environment: A Manual for Conservation Organizations on Impacts and Responses* which was the main reference in this workshop.

It is also very befitting to thank USAID. These activities would not have been possible if it was not for the timely and generous financial support that USAID provided.

Daulos D.C. Mauambeta  
**FACILITATING CONSULTANT**

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	II
TABLE OF CONTENTS .....	III
TABLE OF BOXES .....	V
TABLE OF FIGURES .....	V
TABLE OF TABLES .....	V
ABBREVIATIONS .....	VI
EXECUTIVE SUMMARY .....	VII
1.0 INTRODUCTION .....	1
2.0 BACKGROUND INFORMATION .....	3
2.1 Workshop Objectives .....	3
2.2 Workshop mode of delivery.....	3
2.3 Workshop venue and time frame .....	4
2.4 Workshop agenda.....	4
2.5 Workshop Participants .....	4
2.6 Workshop expectations .....	4
2.7 Pre-Workshop Survey Results .....	6
3.0 WORKSHOP PROCEEDINGS.....	8
3.1 DAY 1: 4th NOVEMBER 2013 .....	8
3.1.1 Prayer and announcements.....	8
3.1.2 Opening remarks from JGI-TZ Interim Director, Mr. Freddy Kimaro .....	8
3.1.3 Remarks by ABCG Coordinator, Mrs Natalie Bailey.....	8
3.1.4 Official Opening Address by JGI-Director of East Africa, Mrs Alice Macharia.....	9
3.1.5 Experience sharing on HIV & AIDS Work .....	9
3.1.6 HIV/AIDS Background Information and Global Trends- DDC Mauambeta .....	13
3.1.7 Current Issues in Managing HIV & AIDS, DDC Mauambeta.....	16
3.1.8 Why conservation communities is vulnerable, DDC Mauambeta .....	18
3.1.9 HIV/AIDS and Conservation linkages –impacts, DDC Mauambeta .....	18
3.1.10 End of Day 1, 4th November 2013 .....	22
3.2 DAY 2, 5th NOVEMBER 2013 .....	22
3.2.1 Recap of Day 1.....	22
3.2.2 HIV & AIDS and Environment: Actions to reduce impacts; DDC Mauambeta.....	22

3.2.3 Group work .....	28
3.2.4 Plenary session.....	29
3.2.5 Internal and external mainstreaming- work place policy- DDC Mauambeta .....	33
3.2.6 Workplace policy framework- DDC Mauambeta.....	36
3.2.7 HIV & AIDS Workplace policy, the case of AWF- Pastory Magingi.....	38
3.2.8 Individual Action Planning .....	41
3.2.9 Workshop Evaluation.....	41
3.3 Closing Ceremony of the 1st Two Days Workshop.....	45
3.3.1 Vote of Thanks from ABCG Coordinator – Mrs. Natalie Bailey .....	45
3.3.2 Vote of Thanks from Mary Mavanza – JGI-TZ.....	45
3.3.3 Remarks from the Facilitator, Mr. DDC Mauambeta .....	45
3.3.4 JGI-VP/AP – Ms. Tammy Palmer .....	45
4.0 THIRD DAY, 6TH NOVEMBER 2013, JGI STAFF WORKSHOP .....	46
4.1 Recap of Day 2: .....	46
4.2 Group Work .....	46
4.3 Plenary report back .....	46
4.4 HIV & AIDS Workplace Policy Sub-Committee for JGI.....	46
4.5 Closing Ceremony of Day 3.....	47
4.5.1 Briefing to JGI Management, DDC Mauambeta .....	47
4.5.2 Remarks by JGI Tanzania Director.....	47
4.5.3 Remarks by JGI Uganda Director.....	47
4.5.4 Remarks by JGI Program Director, Mr Emmanuel Mtiti.....	48
4.5.6 Closing remarks by Alice Macharia.....	48
4.5.7 Closing prayer.....	48
ANNEXES.....	49
Annex 1: Workshop Agenda.....	49
Annex 2: List of Workshop Participants.....	52
Annex 3: ILO HIV & AIDS Workplace Policy Framework.....	53
Annex 4: Individual Action Plans.....	58
Annex 5: Workshop Evaluation Form .....	60
Annex 6a: Group 1 Draft HIV & AIDS Workplace Policy for JGI.....	61
Annex 6b: Group 2 Draft HIV & AIDS Workplace Policy for JGI.....	64
Annex 7 Implementation of activities.....	69

## **TABLE OF BOXES**

Box 1 Participants' Expectations.....	5
Box 2 Issues covered in previous HIV & AIDS Workshops.....	7
Box 3 What Participants Liked Most.....	43
Box 4 What participants would like to be improved.....	44

## **TABLE OF FIGURES**

Figure 1 Pre-workshop survey results.....	6
Figure 2 Post Workshop Evaluation Results on Logistics.....	42
Figure 3 Post Workshop Results on Workshop Content.....	42

## **TABLE OF TABLES**

Table 1 HIV & AIDS Statistics for 2001 compared to 2012.....	15
Table 2 Young females (15-24) Prevalence in Sub-Saharan Africa 2012.....	15
Table 3 Results of Post Workshop Evaluation on Logistics.....	41
Table 4 Post Workshop Results on Content.....	43
Table 5 Finalization of JGI HIV & AIDS Workplace Policy Time Frame.....	47

## ABBREVIATIONS

ABCG	Africa Biodiversity Collaborative Group
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARVs	Anti-retroviral
AWF	African Wildlife Foundation
BATS	Biodiversity Analysis and Technical Support
CI	Conservation International
CK2C	Capitalizing Knowledge, Connecting Communities
DAI	Development Alternatives Incorporated
DRC	Democratic Republic of Congo
ELI	Environmental Law Institute (ELI),
EPIQ	Environmental Policy and Institutional Strengthening Indefinite Quantity
HIV	Human immunodeficiency virus
ICAP	International Center for AIDS Care and Treatment Programs
IRG	International Resources Group
IUCN	International Union for the Conservation of Nature (World Conservation Union)
JGI	Jane Goodall Institute
KIVIDEA	Kigoma Vijana Development Association
NGO	Non-Governmental Organization
Ois	Opportunistic Infections
PLWHA	People Living with HIV and AIDS
RC	Congo Brazzaville
STIs	Sexually Transmitted Diseases
TACARE	Lake Tanganyika Catchment Reforestation and Education Program
TNC	Nature Conservancy
Tz	Tanzania
US\$	United States Dollar
USA	United States of America
USAID	United States Agency for International Development
WCS	Wildlife Conservation Society
WRI	World Resources Institute
WWF	World Wildlife Fund

## EXECUTIVE SUMMARY

*A training workshop on HIV and AIDS and Environment was organized for the Jane Goodall Institute and partners in Kigoma, Tanzania from 4<sup>th</sup> to 6<sup>th</sup> of November 2013. This was one of the tasks and deliverables under Task G of the Africa Biodiversity Collaborative Group (ABCG) program called Biodiversity Analysis and Technical Support (BATS) The objectives of the workshop were twofold:-*

- a) To enable participants to share information concerning HIV /AIDS infection, prevention and care.*
- b) To develop the capacity and skills of JGI and partner staff to conceptualize and analyse interactions between the epidemic and the environment, as well as enable them to plan and develop strategies to mitigate the impact.*

*At total of 34 participants successfully participated in the workshop with a total of twenty three JGI staff; two representing from Gombe and Mahale National Parks; three from Nsimbo, Mpanda and Kigoma District Councils; one each from the following NGOs and Programs:- AWF; ICAP Kigoma; KDC Kigoma and KIVIDEA. A total of 14 women and 20 men attended the workshop.*

*The workshop covered a number of issues including the following-the nature and global extent of HIV & AIDS; causes and impacts of HIV & AIDS; reasons why the conservation community is vulnerable; HIV&AIDS and Environment linkages and impacts on conservation organizations; possible actions and responses to mitigate negative impacts of the pandemic. Participants were also taken through issues of mainstreaming of HIV & AIDS internally and externally. One main tool in mainstreaming is an HIV & AIDS workplace policy. Participants were guided on practical steps of developing an HIV & AIDS workplace policy. It should be acknowledged that most of the materials for this workshop were isolated from the HIV &AIDS and Environment Manual for Conservation Organizations published by ABCG in the year.*

*At the end of the workshop, JGI staff developed two draft HIV & AIDS workplace policies which are being consolidated into one. An Internal Committee was chosen to lead this process. Once consolidated, the final product will be shared amongst JGI Management staff for internal review before it can be shared to the wider public.*

*From the post-workshop evaluation survey and the individual action plans, it is evident that the workshop was very successful. This was summarized ably by one of the participants, Julieth Mushi who said:-*

*“I learnt a lot from this workshop. Thank God that I got this opportunity of knowing more about HIV/AIDS and conservation” Julieth Mushi, JGI Kigoma.*



## 1.0 INTRODUCTION

With support from USAID's BATS program, ABCG has been implementing a suite of projects that address emerging and high priority issues affecting biodiversity in Africa since 2008. According to an annual report by ABCG (2012), the BATS program is a multi-partner USAID Bureau for Africa effort that includes International Resources Group (IRG) under the Environmental Policy and Institutional Strengthening Indefinite Quantity Contract (EPIQ II), the USDA Forest Service International Programs under an interagency agreement, Environmental Law Institute (ELI), the Capitalizing Knowledge, Connecting Communities (CK2C) project of Development Alternatives Incorporated (DAI) and the Africa Biodiversity Collaborative Group (ABCG) under a cooperative agreement.

ABCG is a coalition of the major US-based international conservation non-governmental organizations (NGOs) with field-based activities in Africa including African Wildlife Foundation (AWF), Conservation International (CI), the Jane Goodall Institute (JGI), The Nature Conservancy (TNC), Wildlife Conservation Society (WCS), World Resources Institute (WRI) and World Wildlife Fund (WWF). ABCG has extensive experience conducting analysis and sharing lessons learned on high priority conservation issues affecting Africa. ABCG's mission is to tackle complex and changing conservation challenges by catalysing and strengthening collaboration, and bringing the best resources from across a continuum of conservation organizations to effectively and efficiently work towards a vision of an African continent where natural resources and biodiversity are securely conserved in balance with sustained human livelihoods (ABCG BATS Annual Report 2012).

ABCG's BATS activities include a number of tasks and deliverables. One of the tasks is to *“equip governments, NGOs and partners to better address the intersections of global health challenges and biodiversity (Task G)”*. Task G aims at bridging the gap between Global Health and Biodiversity. ABCG would like to enhance the relationship between healthy ecosystems and healthy communities including mitigating risk and impact of emerging diseases especially HIV/AIDS (e.g. reducing risk of disease transfer among wildlife, people and livestock; and mitigating the impacts of emerging diseases on wildlife, the environment, and people).

Under this task, two deliverables specific to HIV/AIDS and Environment were isolated.

These are:-

1. Training materials developed in consultation with HIV/AIDS and environment experts that are appropriate for conservation staff and partners
2. A training workshop is held for conservation staff and partners in South Sudan

Training materials were developed in June 2013; and a training workshop was scheduled to take place for Nimule National Park in Juba, South Sudan. After all logistics and preparatory works were completed, the workshop was cancelled at the last minute at the end of July 2013 due to changes in government and political instability in South Sudan. To make up for this workshop, in August 2013, JGI and ABCG leadership agreed to conduct and hold the workshop in Kigoma, Western Tanzania for JGI staff and partners.

## 2.0 BACKGROUND INFORMATION

The Jane Goodall Institute (JGI) in collaboration with the African Biodiversity Collaborative Group (ABCG) organized a training workshop on HIV & AIDS and Environment which was held in Kigoma, on the western shores of Lake Tanganyika in Tanzania from 4<sup>th</sup> to 6<sup>th</sup> November 2013. <sup>1</sup>The Jane Goodall Institute (JGI) works in western Tanzania to reduce human population pressures and protect chimpanzees and their forest habitat. In 1994, JGI's community-centered conservation approach was developed through the implementation of the Lake Tanganyika Catchment, Reforestation and Education (TACARE) program in the area in and around Gombe National Park. Since then, the TACARE model has been expanded from Gombe National Park to larger and more pristine chimpanzee habitat to the south. Noting the impact of HIV & AIDS on its work force, JGI has developed an HIV & AIDS workplace program which aims to bring an awareness of the pandemic on its work force, partners and beneficiary communities. As part of this initiative, JGI and ABCG organized a training workshop on HIV & AIDS and the Environment for its staff and partners early November 2013.

### ***2.1 Workshop Objectives***

The training workshop was organized in-order to:-

- 1) Share information concerning HIV /AIDS infection, prevention and care.
- 2) Develop the capacity and skills of JGI and partner staff to conceptualize and analyse interactions between the epidemic and the environment, as well as enable them to plan and develop strategies to mitigate the impacts.

### ***2.2 Workshop mode of delivery***

To achieve the above objectives, workshop participants from various organizations shared information concerning HIV & AIDS and the environment. Participants shared their experiences and knowledge through participatory presentations, questions and answers, group work, storytelling and many more methods. Three weeks before the workshop, a pre-training

---

<sup>1</sup> <http://www.janegoodall.org/programs/africa-programs/tanzania>

survey was circulated for all participants to fill in. The survey was meant to understand individual participants' level of knowledge about HIV & AIDS and conservation.

### ***2.3 Workshop venue and time frame***

The workshop was held at the JGI Hall in Kigoma, Western Tanzania from 4<sup>th</sup> to 6<sup>th</sup> November 2013.

### ***2.4 Workshop agenda***

The first two days of the workshop focused on the understanding of HIV & AIDS and its links to the environment. During the first two days, participants shared their experiences on HIV & AIDS infection, prevention and care. They were also taken through presentations on the links of HIV & AIDS and the environment; and what the conservation community can do to reduce the impacts of the pandemic on their organizations and surrounding communities. The two days were open to all participants. The third day, which was exclusive to JGI staff, saw the development of an HIV & AIDS workplace policy by JGI staff. Details of the workshop agenda are provided in Annex 1.

### ***2.5 Workshop Participants***

Participants to the workshop came from JGI Tanzania, JGI Uganda, JGI Democratic Republic of Congo, JGI Congo Brazzaville, JGI USA and JGI partners such as Gombe and Mahale National Parks; District and Regional Government, KIVIDEA and African Wildlife Fund (AWF); ICAP Columbia University and Tuungane Project. The detailed list of workshop participants is included in Annex 2.

### ***2.6 Workshop expectations***

Participants expressed their expectations. Most participants wanted to have an update on HIV & AIDS issues in general; and know more about the linkages of HIV & AIDS and Environment. Others wanted to share experiences while some of the participants wanted to see an HIV & AIDS Workplace Policy for JGI developed. Details of participants' expectations are contained in Box 1.

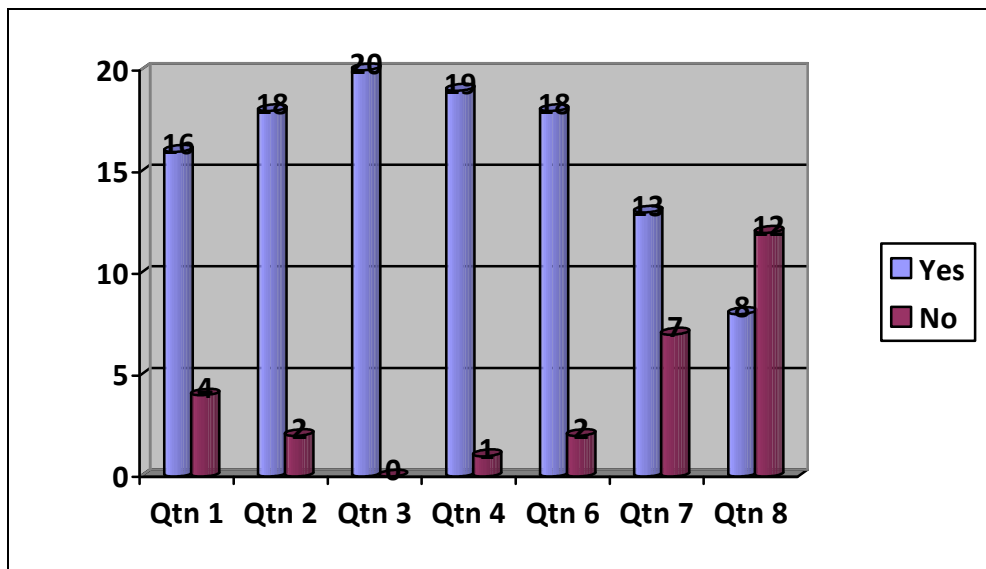
## BOX 1 PARTICIPANTS' EXPECTATIONS

1. Draft HIV/AIDS Policy for JGI developed
2. Learn about what other organizations are doing their work in their HIV and environment
3. Get an overall picture of what's happening on the ground and successes and challenges
4. In depth understanding of the linkages between HIV/AIDS and conservation
5. To learn more how ABCD work
6. To learn more how can main streaming HIV with environment issues
7. To learn what strategies being applied in linking HIV & AIDS to conservation and what has worked and what hasn't worked.
8. To get general knowledge of HIV /AIDS and how people from different places take the situation.
9. To elevate my knowledge for HIV/AIDS
10. To prevent / avoid reduction for HIV related stigma
11. Being clear on the link between HIV and conservation
12. Get update of HIV/AIDS status in Africa
13. Develop HIV /AIDS policy for JGI
14. Shared experience on HIV / AIDS program
15. Policies on conservation and HIV & AIDS formulated
16. Synergies between conservation and HIV & AIDS developed
17. To be an ambassador of HIV/AIDS programmes in my work place, community and the nation at large
18. To broaden my understanding on HIV/AIDS issues and their impact to environment.
19. Share information from each other
20. To get knowledge of AIDS and HIV how to live with it if you have and not to get it if you are not.
21. Learn from each other
22. To know experience on HIV / AIDS prevention strategies from other countries, Congo and Uganda.
23. To know the impact of HIV/AIDS in conservation or environmental issues
24. To learn about the link between HIV & AIDS and conservation and environment
25. Understand how to tackle environmental challenges in our communities where HIV/AIDS is also a threat
26. Come up with a policy to guide environmental issues and HIV situation in our community
27. To learn more on the link between HIV/AIDS and conservation of the environment
28. Current HIV/AIDS update
29. I will add more and more from what I know
30. Better understanding of current HIV / AIDS activities in the region and in nearby countries
31. Being aware of the linkage between HIV/AIDS and conservation (Impacts/threats)
32. To understand more about HIV/AIDS
33. To understand the relationship between HV/AIDS and conservation
34. How to develop an organizational policy on HIV /AIDS

## 2.7 Pre-Workshop Survey Results

The pre-training workshop survey was filled and returned by 20 participants. In general, 80% of the participants were aware about their HIV & AIDS cello status. Ninety (90%) of them were either infected or affected by the pandemic. All of the participants (100%) knew about HIV & AIDS. Ninety five (95%) of the participants had participated in HIV & AIDS training workshops before. Ninety (90%) of the participants knew about the linkages between HIV & AIDS. Sixty five (65%) of the participants were already working with communities on issues of HIV & AIDS. The majority of the participants (60%) indicated that their organization had no HIV & AIDS workplace policy.

**Figure 1 Pre-workshop survey results**



### Legend

- Qtn 1: HIV/AIDS cello status
- Qtn 2: Either infected or affected
- Qtn 3: Knowledge of how HIV/AIDS is caused
- Qtn 4: Training on HIV /AIDS
- Qtn 6: Linkages of HIV/AIDS & Environment
- Qtn 7: Community work on HIV /AIDS & Environment
- Qtn 8: HIV/AIDS work place policy

### **Question 5: Issues covered in previous HIV & AIDS training workshops**

Participants highlighted a number of issues in that were covered in previous workshop training sessions. These included the nature of HIV & AIDS; Causes, Treatment, Prevention and Care. Details of the issues highlighted by the participants are recorded in Box 2. As seen from this box, issues of HIV/AIDS & Environment and Workplace Policy were not covered before.

<b>Box 2: Issues covered in previous HIV &amp; AIDS Workshops</b>	
History and Epidemiology	Counselling and social support
Prevention and care	Home based care
Meaning of HIV & AIDS	Ways of transmission
Prevention methods	Stigma and discrimination
Behaviour change communication	Stigmatization
HIV testing and counselling	HIV / AIDS and its Impact to the Society.
HIV/ AIDS and Entrepreneurship	The 2008 Act on HIV&AIDS prevention
Historical perspectives on HIV/AIDS	Spread and prevention methods of HIV
Guidance and counselling on HIV /AIDS	Basic facts on HIV /AIDS
Rights and responsibilities of PLWHA	

**Box 2 Issues covered in previous HIV & AIDS Workshops**

## **3.0 WORKSHOP PROCEEDINGS**

The first part of the workshop ran from 4<sup>th</sup> to 5<sup>th</sup> November. During this part, participants from both JGI and partners participated. The third and last day, the 6<sup>th</sup> of November was reserved for JGI staff to produce their workplace policy on HIV & AIDS. This section provides details of what was covered during the three days of the workshop.

### **3.1 DAY 1: 4<sup>th</sup> NOVEMBER 2013**

#### **3.1.1 Prayer and announcements**

The first day of the workshop was opened by a morning prayer by one of the Muslim participants. After the prayer, Ms Mary Mavanza made some announcements.

#### **3.1.2 Opening remarks from JGI-TZ Interim Director, Mr. Freddy Kimaro**

The Director welcomed all participants to the workshop. He specifically recognized the presence of JGI participants from Uganda, USA, DRC and Congo Brazzaville. He also recognized in a special way participants from partner organizations and the regional and district governments. He thanked the ABCG Coordinator for financially supporting the workshop. Finally, he wished all the participants effective participation so to meet their expectations at the end of the workshop.

#### **3.1.3 Remarks by ABCG Coordinator, Mrs Natalie Bailey**

In her presentation, the ABCG Coordinator gave a brief background to ABCG and its work. She emphasized that ABCG was working with a number of partners in Africa on various programs and projects. For example, she mentioned of a program on interdisciplinary approaches to deal with competing land and natural resources demands in Africa; Capacity building of wildlife conservation training institutions such as Mweka Wildlife College; and work on HIV & AIDS and the Environment. She said ABCG collaborate, learn and share its work with its partners, namely:- AWF, JGI, WWF, WRI, TINC, WCS, USAID, and CI. She concluded her presentation with a call for all partners to share information either on the ABCG website or partners websites. Full presentation is on the CD which was also distributed to all the participants.



### **3.1.4 Official Opening Address by JGI-Director of East Africa, Mrs Alice Macharia**

Mrs. Alice Macharia acknowledged the presence and participation of all participants with their respective organizations- Gombe NP, Mahale NP, KIVIDEA, JGITZ, JGIUG, JGIDRC, JGIREP, ICAP, Government Departments, ABCG and AWF.

She said it was her Expectation to learn and share information from different organizations so that at the end we all come up with the common objective to understand how conservation works in various places under the HIV/AIDS pandemic situation. With these remarks she declared the workshop opened.

### **3.1.5 Experience sharing on HIV & AIDS Work**

#### ***3.1.5.1 JGI-TANZANIA***

In her brief presentation, she said that an HIV & AIDS started in 2005, with interventions to provide HIV/AIDS education, Care and support. The goal of the program is to prevent new HIV/AIDS infections and improve community welfare. Activities include prevention of new infections, supporting care of AIDS infected and affected people and educating on transmission and risk behavior. The major challenges are large geographical coverage, low number of skilled staff in village dispensaries, inadequate facilities and stigma.

#### ***3.1.5.2 JGI-DEMOCRATIC REPUBLIC OF CONGO***

He said JGI DRC does not have an HIV/AIDS program. They have a family planning where they integrate HIV/AIDS issues. They work with Government Health Zones, where health centres, dispensaries and other health units are. They have community health care volunteers who work in the communities to sensitize and facilitate Family Planning. The Family Planning program supports and monitors the work of Family Planning Service providers. These distribute condoms and disseminate knowledge on FP Methods. His expectation was that after the workshop, JGI DRC will have a workplace HIV & AIDS Policy.

### ***3.1.5.3 JGI-UGANDA***

JDI Uganda does not have a primary HIV/AIDS Program. However, HIV/AIDS education is part of the community integrated programs. Within the integrated programs, JGI Uganda gives solar panels, refrigerators and other facilities. They partner with Government of Uganda on HIV & AIDS issues. They use Roots & Shoots networks to train over 4000 students – peer education programs. They have reached out to over 4000 community members and 60 teachers. They incorporate life skills, early pregnancies, reproductive health and other health related issues in their messages.

### ***3.1.5.4 JGI-GSRC (Gombe Stream Research Centre)- Dr Anthony Collins***

Dr. Collins said Research staff members have been at Gombe Stream Research Centre for a long time ago. Most researchers come from Gombe surrounding villages, but GSRC does not have specific HIV/AIDS interventions. However, GSRC employees were much held by National Parks who shared their education program and on case-by case basis counseling by their nurse midwife. GSRC wanted to conduct general Health Tests but employees were nervous in case they were tested for HIV/AIDS and might lose their job and might be stigmatized.

### ***3.1.5.5 AFRICAN WILDLIFE FOUNDATION (AWF)***

AWF's role is to help community based organization and Government partners to become better stewards of Natural Resources for long term sustainable use for human wellbeing. AWF has formulated an HIV/AIDS Workplace Policy and has policy guidelines for each of its mission offices in Africa. The HIV & AIDS Program provides staff and families with information on prevention and care. They have created partnerships with local HIV/AIDS Organizations and faith based organizations in communities to implement HIV/AIDS prevention programs. They provide education and awareness to over 500 primary school pupils.

### ***3.1.5.6 GOMBE NATIONAL PARK***

Gombe National Park has the goal to help everyone inside and outside surrounding Gombe National Park to have the knowledge about HIV/AIDS. They conduct staff trainings in collaborations with ICAP Columbia University. They sensitize communities around the national park and distribute condoms. They also promote voluntary testing. They have experienced some few cases where some staff members have passed away with HIV/AIDS

related diseases. Some staff have tested HIV/AIDS positive. They do conduct public sensitizations once a year. The major challenge is that they experience difficulties tracking behavior changes due to living life styles in villages.

#### ***3.1.5.7 MAHALE NATIONAL PARK***

Mahale National Park is on the border of Tanzania with Congo. Therefore, the area has many interactions with Congolese. Communities have common issues with intermarriages, polygamy, early marriages resulting in many children. The traditional belief is to recover DRC Congo human population which has been lost as a result of wars in that country. Many people do not have adequate information about either HIV/AIDS or Family Planning. The park has a dispensary responsible for condom distribution, Family Planning facility distributions and is using Community Based Distribution Agents (CBDA) to reach out to communities on issues related to Family Planning and HIV/AIDS. They collaborate with Tuungane project.

#### ***3.1.5.8 UVINZA DISTRICT COUNCIL***

The Uvinza District Council uses district level institutions: CMAC, WMAC and VMAC to carry out HIV & AIDS work. They conduct public meetings. They have guidelines to implement the Tanzania National HIV/AIDS Policy and Act. The District has a District HIV/AIDS Coordinator responsible for HIV/AIDS Projects/activities. They do counseling, education, awareness, facility distribution of condoms, trainings, care and monitoring. They have also built information centers for information and income generation. They use prevention care and enabling environments. The challenges are that people travel far away from their homes to get tested of HIV & AIDS. Other people fear stigmatization.

#### ***3.1.5.9 ICAP COLUMBIA UNIVERSITY***

ICAP started in 2007 with care and treatments of AIDS patients. The goal is to prevent and eliminate HIV/AIDS infections to pregnant women. They have got facilities where infected clients check CD4s and treatments. They also offer cervical cancer trainings to infected people. Pregnant women attending clinics are tested with HIV/AIDS. They do conduct peer education. They also introduced psychosocial groups to improve nutrition and counselling of infected clients. In addition they build capacities to the Kigoma District governments. They have 254 community sites, 10 Health Centers and 5 Hospitals.

#### ***3.1.5.10 PLENARY DISCUSSIONS***

After the presentations, participants made comments, asked questions and discussed the issues.

- (1) People are now aware of HIV/AIDS why do we still experience stigmatization?
- (2) Mythology: Who benefits more from HIV/AIDS, government, non- government organizations, communities/donors?
- (3) Rich people and educated people have higher infection rates compared to poor and less educated ones. Why is this so?

*Answer:* Basically this is because rich people and educated people have the disposable income to entice poor girls and women. This is why infection rates are higher among young girls.

- (4) The emergence of traditional healers who are said to have treated HIV/AIDS in rural areas. For example, the story of some traditional healers in Tanzania using python venom to treat HIV.

*Answer:* In the last ten to twenty years before treatment became free, any story of available medication against the pandemic was taken seriously by people suffering from the disease. People visited traditional healers in desperation, hoping to get treated. However, there is no available evidence where a traditional doctor has treated HIV positive patients mainly because traditional healers protect their medicines for fear of losing their traditional knowledge.

With the availability of proper treatments in the world today, there is need for early detections and the need for follow up programs and be on treatment in good time. There are people who have been on treatment for twenty years and they are just as healthy as anybody.

- (5) Recent studies in Tanzania show that Zanzibar infections are lower compared to other locations in Tanzania. Why is this so?

*Answers:* This could be due to the role of religious beliefs and the Islamic laws in Zanzibar; roles of social networks and geographical settings and early sex education.

- (6) A lot of people think that HIV/AIDS is more of a medical matter than a development issue. This was just a comment. However, there is need for sectors of development to start mainstreaming HIV & AIDS issues.

(7) How to tackle un-touchables on pornographic & IT users?

Answer: Existing regulations and laws on communication and IT should be used regulate the use of pornographic materials. Information Technology and Communication (ITC) is not bad in itself. ITC can be used to disseminate HIV & AIDS information, offer formal and informal education to people on sex education and sexuality issues. However, for those that abuse ITC, then the law must take its course.

In concluding this session, the Facilitator said there was need to empower women financially, control early marriages, provide appropriate sex education, and improve education levels especially among women and the girl child so they can make informed decisions.

The issue of stigmatization requires that leaders at all levels of the social structure (development committees, churches, schools, villages, political parties, organizations and institutions ) start talking about their status openly. Once people start talking in the open, stigma goes away. People must accept people that are living positively.

### **3.1.6 HIV/AIDS Background Information and Global Trends- DDC Mauambeta**

In his presentation, the Facilitator went through a historical mapping of HIV & AIDS since 1999 when there were 34.3 million infected. The level of infection went to 40 million in 2001; and to about 46 million in 2005. Most of the infections were in Sub-Saharan Africa, South of the Equator. However, recent data on UNAIDS Website shows that HIV & AIDS Infections and deaths are dropping throughout the world as a result of education, awareness and treatment. He cited data for 2001 compared to 2012 (see Table 1). He further said that HIV infections were higher among active young women between 15-24 years. Very higher rates were still common in Swaziland, South Africa, Lesotho, Botswana and Zimbabwe. The full presentation is available CD which was distributed to all participants.



**Table 1 HIV & AIDS Statistics for 2001 compared to 2012**

	<b>2001</b>	<b>2012</b>
<b>Adults and children living with HIV</b>	30.0 million (27.2 million-33.1 million)	35.3 million (32.2 million-38.8 million)
<b>Adults and children newly infected with HIV</b>	3.4 million (3.1 million-3.7 million)	2.3 million (1.9 million- 2.7 million)
<b>% Adult prevalence</b>	0.8 (0.7-0.9)	0.8 (0.7-0.9)
<b>Adult and child deaths due to AIDS</b>	1.9 million (1.7 million-2.2 million)	1.6 million (1.4 million-1.9 million)
<b>Young people (15-24)</b>	<b>Male</b>	0.3 (0.2-0.4)
	<b>Female</b>	0.5 (0.4-0.5)

Source: UNAIDS Website

**Table 2 Young females (15-24) Prevalence in Sub-Saharan Africa 2012**

<b>Country</b>	<b>Estimate (%)</b>	<b>Lower Estimate (%)</b>	<b>Upper Estimate (%)</b>
Botswana	6.7	5.8	8.4
Burundi	0.6	0.4	0.8
Congo	1.3	1.1	1.6
DR Congo	0.8	0.7	1.0
Kenya	3.6	3.0	4.6
<b>Lesotho</b>	<b>10.7</b>	<b>9.4</b>	<b>13.0</b>
Malawi	4.5	4.0	5.4
Mozambique	6.6	5.7	8.1
Rwanda	1.3	1.2	1.6
<b>South Africa</b>	<b>13.9</b>	<b>12.9</b>	<b>16.8</b>
<b>Swaziland</b>	<b>20.0</b>	<b>17.2</b>	<b>25.5</b>
Tanzania	3.6	3.1	4.6
Uganda	4.0	3.4	4.9
Zambia	4.6	4.1	5.6
Zimbabwe	6.3	5.6	7.5

Source: UNAIDS Website

He noted that the pandemic was not static, rather it continually and gradually evolves and, therefore, there is need to keep track of the updates in order to develop effective responses.

He also noted that the pandemic varies in different contexts and regions. It is location specific and not the same everywhere. The varying context has to be considered in the development of responses.

In any region there are vast population groups less likely to be reached by either surveillance or other services due to social and political prejudices.

### 3.1.7 Current Issues in Managing HIV & AIDS, DDC Mauambeta

The Facilitator said nowadays, getting infected is neither a miracle nor an accident because there is more information available on how HIV & AIDS is transmitted and how people can prevent infection. With the available information, early detection, testing and treatment, nobody should be infected including those that vulnerable such as unborn babies, raped women and hospital staff who are in contact with HIV infected people. He emphasized that getting infected is rather a choice we make.

He then encouraged all participants for the need to understand AIDS beyond the balance sheet. The current message about HIV & AIDS is getting to Zero with New HIV infections; HIV related death and Discrimination.

There is also a need of working together through ‘**SAVE**’ for a Healthy tomorrow. **SAVE** means Safer Practices; Access to treatment; Voluntary counseling and testing and Empowerment. **SAVE** means save life through education and provision of skills.

*Safer sexual practices need to be practiced.* These are Abstinence; Delayed first sexual experience until marriage; Mutual faithfulness; Correct and consistent condom use; Reduction of sexual partners and Medical male circumcision.

*Access to treatment, care and support include:* Good Nutrition (high nutrient foods given to patients- such as garlic, indigenous/local foods; Medication for Sexually Transmitted Diseases (STIs) Anti-retroviral (ARVs), Opportunistic Infections (Ois); Stress management and continuous education especially to the youth and children.

*Voluntary testing:-* Early detection in asymptomatic stage.





*Empowerment* can be achieved through provision of accurate information to facilitate informed decisions on sex and sexuality issues especially to the youth and children; getting into marriage beyond twenty years when one is financially stable and independent.

When implementing SAVE, the desired outcome is meant to prevent premature death resulting from HIV & AIDS related diseases unnecessary; and prevent poverty which promotes risky behaviours.

*The Bible, Psalms 90 verse 10 says, " the days of our lives are seventy years; and if by reason of strength (**Hope + Courage**) they are eighty years} "*.

There is, therefore, no need to have premature deaths due to AIDS.

### **3.1.8 Why conservation communities is vulnerable, DDC Mauambeta**

The objective of this session was to enable participants to identify and discuss factors which make the conservation sector vulnerable to HIV & AIDS.

The Facilitator highlighted a number of factors which made the conservation sector vulnerable to HIV & AIDS.

Some of the most important factors include:-

- i. Remoteness of staff from home
- ii. Irresponsible tourism
- iii. Transactional sex for resource users such as loggers and fishers
- iv. Search for economic survival among poor households
- v. Project staff with large disposable incomes among poor communities

The full presentation with detailed information and images is on CD which was provided to the participants.

### **3.1.9 HIV/AIDS and Conservation linkages –impacts, DDC Mauambeta**

The objectives of this session were to enable participants to:-

- 1) Identify and describe the linkages between HIV-AIDS and conservation
- 2) Analyse impacts of HIV & AIDS on conservation organisations and natural resources

The Facilitator provided a summary from the Manual on HIV & AIDS and Conservation which aims to raise awareness of the linkages between HIV/AIDS and the environment, and provide guidance to conservation organizations on actions they can take to reduce the impacts on their organizations, the local communities they partner with, and the environment.

### **The Problem**

The HIV/AIDS epidemic is having serious impacts on biodiversity conservation and natural resource management, particularly in sub-Saharan Africa.

### **Impacts on conservation organizations include:**

- **Loss of human capacity:** this seriously affects institutional memory, continuity of programs and operations, and achievement of conservation goals. Conservation staff are particularly vulnerable if they spend time away from their families, where they are more likely to practice risky behavior.
- **Loss of investment in training:** This is particularly serious in Africa, where conservation capacity is already limited.
- **Loss of staff time:** There is increased absence from work when staff members care for their family members with AIDS, attend funerals, or are sick themselves.
- **Diversion of conservation funds for AIDS costs:** Many conservation organizations are covering the costs of medical expenses and other costs, reducing funds for conservation work.
- **Decline in morale:** Successive bereavement saps morale and enthusiasm from even the most committed employees, slowing productivity.

### **Impacts on communities, natural resource management and land use include:**

- **Increased use of natural resources:** As AIDS-affected rural households lose salary earners and agricultural labour, many are turning to natural resources as a safety net;

these uses of natural resources such as bushmeat, firewood and wild foods may not be sustainable and can pose a long-term threat to communities and their wellbeing.

- **Loss of leadership and capacity for community-based natural resource management:** Community-based natural resource management (CBNRM) programs become increasingly vulnerable as communities lose leadership and capacity, and HIV/AIDS-related issues such as caring for the sick or adapting family livelihoods take priority over participation.
- **Loss of traditional knowledge:** The middle generation is most active in land and resource management; if these adults die prematurely; their traditional knowledge of natural resource management and local farming systems is often lost.
- **Impacts on women:** Women are particularly affected by AIDS, and many natural resources managed by women are in higher demand because of AIDS, such as wild foods and fuel wood . As poverty deepens in AIDS-affected households, women may be forced into prostitution, and are often powerless to negotiate safe sex.
- **HIV spread through natural resource extraction:** Occupations such as fishing, logging and trade of natural resources which take men and women away from home often result in higher HIV infection rates.
- **Changes in farming practices:** When agricultural labour is lost and household incomes decline, households often farm more extensively with fewer inputs. This can result in more environmentally damaging techniques including increased use of fire.
- **Land tenure and land grabbing:** In some societies, when the male head of the household dies, the widow and children cannot inherit his land. Land-grabbing results in loss of livelihood base for the immediate surviving family members, and sometimes subsequent land use is not sustainable.
- **Future security and conflict** may also be affected, as children orphaned by AIDS grow up with little indigenous knowledge, weak attachment to the land and resources, and poor education. There is a high risk of over-exploitation of resources. Having a large proportion of young adults in the population with no sound livelihood base can threaten peace and security, with the risk of civil unrest.

The detailed presentation with graphic images was also included on the CD which was provided to the participants.



### 3.1.10 End of Day 1, 4<sup>th</sup> November 2013

The first day ended with another prayer by a Christian participant. Mary Mavanza made logistical announcements once again.

### 3.2 DAY 2, 5<sup>th</sup> NOVEMBER 2013

The second day started at 08:40am with a prayer from Ms Anifa John from GONAPA, a Christian participant. Logistical announcements were made by Mr. Emmanuel Mtiti. The workshop Facilitator, Mr. Daulos Mauambeta, re-welcomed all the workshop participants. Introduction for new workshop attendants did follow up whereby two members introduced themselves: Ms. Sylvia James of JGI/GMU and Mr. Lilian Pinteá from JGI/USA.

#### 3.2.1 Recap of Day 1,

A recap of day 1 was made by Mr Jonas Mwanang'ombe.

#### 3.2.2 HIV & AIDS and Environment: Actions to reduce impacts; DDC Mauambeta

The objective of the session was to share some best practices / solutions that conservation community could promote to mitigate impacts of HIV/AIDS on conservation. The Facilitator made a very detailed presentation on the actions that the conservation community can do to mitigate and reduce HIV & AIDS impacts on their organizations and communities. In general, the presentation touched on the following actions:-

#### **What can be done to reduce impacts?**

Conservation organizations can take action to protect our staff, the communities we work with, and the natural resources and biodiversity we aim to conserve. We can't stop the HIV/AIDS epidemic, but we can play an important role in reducing its impacts.

#### **Actions in the workplace include:**

- **Develop a workplace HIV/AIDS policy:** Workplace policies help both employers and employees in conservation organizations. They set a foundation for HIV/AIDS awareness, prevention and care programs; provide a framework for practices within

the organization; express standards of behavior expected of all employees; inform employees of what assistance is available through work; ensure confidentiality; guide supervisors and managers on how to manage HIV/AIDS issues; and can help mainstream HIV/AIDS into conservation activities.

- **Overcome stigma and avoid discrimination:** promote open discussion about HIV/AIDS and treat employees fairly.
- **Promote HIV/AIDS awareness and prevention:** ensure that all staff members understand how HIV is and is not transmitted, and how to prevent transmission. This is often done through a peer education system. Develop a condom distribution system in the workplace, including in field sites and vehicles. Include rubber gloves in first aid kits.
- **Encourage voluntary counseling and testing:** Encourage employees to have HIV tests, with pre- and post-counseling so they understand the nature of the test and its implications. People are more likely to have tests if they can have access to treatment if needed. It is important that tests are voluntary.
- **Promote wellness programs:** Work with the health sector to promote wellness programs at work; this may be extended to staff's family members.
- **Transfer affected staff to less labor-intensive positions:** When staff whose jobs involve physical exertion develop early stages of AIDS and are less able to work, transition them to less labour-intensive positions such as desk jobs or part-time jobs if possible.
- **Post staff near their families:** Whenever possible, post staff with their families so they are less likely to practice risky behavior.

- **Encourage staff to make wills:** In many countries, existence of a will enables surviving family members to inherit property more easily and allocate any pension and/or benefits.
- **Try to maintain institutional memory:** Document important decisions, meetings, management systems, research and monitoring results and ensure that more than one staff member has good working knowledge of plans, programs, projects, systems, donor relations, etc, to reduce the impact of losing a key staff member.
- **Integrate HIV/AIDS in funding proposals:** Some donors are willing to cover the costs of integrating HIV/AIDS into conservation programs.
- **Mainstream HIV/AIDS into all organizational activities:** HIV/AIDS needs to be addressed on all fronts, ranging from awareness, prevention, treatment and wellness, to staff housing, work assignments and training, to working with local communities on CBNRM, design of conservation programs and activities, and land policy initiatives. Undertake an assessment of existing and likely future impacts, and develop a strategy for action.

#### **Training strategies**

- **Adapt conservation training programs to reduce risk of HIV transmission:** Incorporate awareness and prevention at the start of courses and part of all orientation programs in training institutions, and supply condoms. When sending employees away from home, provide training on HIV/AIDS prevention and provide condoms.
- **Use innovative training approaches and more short courses:** Adapt training approaches to reduce HIV transmission during training: e.g. distance learning, web training, and e-learning. If possible, increase the number of people who receive training in order to create a broad skill base in staff who may have to take on new responsibilities. Train junior staff in leadership skills, and mentor them when they first take them on.
- **Rebuild community conservation capacity:** Provide training and mentoring to rebuild community conservation and natural resource management skills lost due to



AIDS. Include groups such as orphans, youth, elderly, women and men, with appropriate activities given people's changing circumstances.

- **Integrate HIV/AIDS in training curricula:** Incorporate HIV/AIDS aspects in training curricula for natural resource managers, including changes in natural resource use due to the disease and mitigation strategies. Host special short courses on AIDS and the environment.
- **Promote HIV/AIDS prevention, treatment and care at training institutions:** Use signs, displays, posters, articles and prevention materials to foster awareness, tackle stigma, provide testing, give counselling and offer care to students, staff, faculty and neighbouring local communities through college health clinics. Provide condoms discreetly throughout training facilities.

### **Community action**

- **Improve community health:** Improve community access to healthcare, including HIV and AIDS services and information (this is usually done in partnership with the health sector). Improve water supplies, sanitation and hygiene to reduce risk of opportunistic infection in people living with AIDS; and improve indoor air quality through improved energy practices to reduce acute respiratory diseases.
- **Support management of medicinal plants:** Enhanced management of wild stocks of medicinal plants, promoting sound harvesting techniques, improving the extraction of active ingredients; and cultivating medicinal plants domestically when feasible.
- **Ensure food security and nutrition:** promote kitchen gardens and use of nutritious crops, promoting non-labor-intensive methods that young and old people can use, as well as those in the early stages of the disease. Promote sustainable use of nutritious wild foods.
- **Promote access to microfinance:** seek opportunities for small loan programs for distribution in local communities.

- **Conserve indigenous knowledge:** Document indigenous knowledge of local land and resource use. If there is no older generation, mentor the youth and help them apply the knowledge.
- **Seek alternatives to unsustainable resource use:** Work with communities, especially those located close to national parks and protected areas, to promote biodiversity conservation awareness and find appropriate economic, protein, nutritional, and medicinal alternatives.
- **Develop sustainable natural resource-based micro-enterprises:** Seek opportunities with low labor requirements to relieve environmental pressures and support AIDS affected communities (e.g., honey production, agroforestry, ecotourism).
- **Establish community funds to promote alternative livelihoods:** Provide microfinance for communities to tackle HIV/AIDS, develop small-scale enterprises and develop demonstration projects.
- **Empower women:** Support women's leadership and strengthen their capacity for resource management by promoting women's groups and providing training. Arrange access to microfinance for women so the household can better withstand shocks and develop microenterprises. Improve access to family planning and peer support. Support education of girls and women. Strengthen women's rights to land and other essential resources.
- **Support survivors so they can stay on their land:** Encourage adults to write wills when appropriate, so widows and children can inherit the property and land. Promote education for all children – including girls and AIDS orphans – so they can have better opportunities when they get older.

## Scaling up responses

- **Advocate for action:** Look for opportunities to advocate for more action among the wildlife conservation community. For example, a resolution on HIV/AIDS was passed at the 2004 World Conservation Congress in an effort to scale up the response. It requested that the International Union for the Conservation of Nature (IUCN) highlight the disease and the problems it causes, promote solutions, and take action. However, in 2013, a huge amount of work remains to be done. Advocate for more action!
- **Encourage champions to speak out about HIV/AIDS:** Support peer champions who often need reinforcement to effectively influence others. Develop national and international networks of champions to help to spread the word and stimulate action and maintain their activities over the long haul.
- **Pilot new approaches to reduce conservation impacts:** Try out promising ideas; we are still learning about best approaches and where to focus most effectively. Document results!
- **Share experiences and best practices:** Communicate with other organizations what does and doesn't work regarding the linkages between HIV/AIDS and conservation. Share interest and coping strategies through on-line resources such as [www.abcg.org](http://www.abcg.org).
- **Collaborate with other sectors:** Work with the health, development, agriculture and labour sectors. The conservation community cannot and should not fight this battle alone; we need to take part in a multisectoral approach on HIV/AIDS.
- **Advocate for better policies and strategies:** Advocate for better policies where appropriate, such as inheritance policies for land and resource rights.
- **Encourage donors to fund integrated HIV/AIDS activities in conservation programs**

- Express interest in undertaking integrated programs; encourage donors to fund multisectoral approaches to HIV/AIDS.
- **Conclusion:** The conservation community cannot rely solely on the health sector for solutions to HIV/AIDS: it needs to engage actively with partners in a multi-sectoral approach to reduce impacts. This includes measures to try to maintain our capacity, reduce transmission in the areas where we work, and reduce impacts on natural resources and land use. We cannot afford to ignore HIV/AIDS in these parts of the world if we are to achieve our long-term conservation goals. And experience has shown that the sooner action is taken, the more effective it is.

#### *Questions and comments on presentations*

- 1) Fish farming is not sustainable because it is very costly, but advised that one can manage his/her fish pond;
- 2) Stigma is still a problem. So far the trend is location specific depending on the culture and norms of a particular community;
- 3) Some communities still believe that HIV/AIDS is a witchcraft so whenever detected do not take the ARVs but attend to spiritualists to get their medicines, which deteriorate their health and continue to transmit the HIV to others.
- 4) Early diagnosis is important for it put someone in a right path/lifestyle;
- 5) There is a problem on national level to control the issues related to HIV/AIDS myths e.g. many clients stopped from taking their ARVs and moved to Loliondo to get traditional medicine from Babu.
- 6) There might be some of HIV/AIDS specialists falsify HIV/AIDS status results

### 3.2.3 Group work

The workshop participants were split into three groups with each group assigned to discuss in details one of the following questions:-

- 1) Why do you think the conservation community is vulnerable to HIV & AIDS? What are the challenges that the conservation community are facing in your impact areas?

- 2) What are the major impacts you have noticed of HIV & AIDS on conservation institutions and communities in your impact areas?
  
- 3) What can conservation organizations do to mitigate negative impacts brought by HIV & AIDS

The idea was for the participants to share their own experiences and knowledge in these issues.

### **3.2.4 Plenary session**

After the group work, presentations were made in plenary. The following issues were reported by each group.

#### ***3.2.4.1 GROUP 1: Why is conservation vulnerable to HV / AIDS***

- 1) Paid conservation staff with income work in poor areas, which is a power / income imbalance and could lead to risky behaviour.
- 2) Some staff leave away from their families /spouses which leads to risky behaviour
- 3) Abuse of power (example, park ranger finding someone collecting firewood illegally-risky).
- 4) Unwillingness to be tested for fear of losing jobs
- 5) Scarcity of resources (education, funding, condoms)
- 6) Stigma
- 7) Local communities- often poor- are part of conservation community- low income risky

### **Challenges for conservation**

- 1) Cultural / religious beliefs
  - a. Against condom use
  - b. “cure” of sleeping with young girls
- 2) Lack of workplace policy
- 3) Lack of access to resources
- 4) Losing skilled labour / institutional memory expertise
- 5) Media messages can conflict with good health practices and community beliefs
- 6) Inadequate HIV education in local communities
- 7) Loss of / reduced institutional capacity

- 8) Poverty
- 9) Increase demand for natural resources
  - a. Burial places
  - b. Medicinal plants
  - c. Wildlife
  - d. Timber
- 10) Competing priorities for government funding- roads, industry, education, health, conservation
- 11) Slowing down pace of community development
- 12) Lack of health facilities / lack of medical personnel
- 13) Increased vulnerability to climate change with loss of natural resources.
- 14) Local communities- often poor- are part of conservation- low income – risky.

#### **3.2.4.2 Group 2: HIV & AIDS Impacts conservation**

##### **(A) Institutions**

###### **(a) Social**

- 1) Loss of trained staff who are hard to replace since there are few people trained to conservation work.
- 2) Poor performance by staff members who are positive

###### **(b) Economic Impacts**

- 1) Extra costs of training or recruiting a new staff to replace the dead person.
- 2) Extra costs fir staff and organizational time especially if the positive person is living in denial

###### **(c) Environmental Impacts**

- 1) Delayed or no work done since funds might be diverted from project work to treating the sick staff especially if there is no fund put aside for that.

##### **(B) Impacts of Communities**

- a) Increased poverty
- b) Increased street kids
- c) Increased school drop out

- d) Loss of property by immediate family members
- e) Increased crime in the community
- f) Use of illegal drugs
- g) Loss of cultural and religious values
- h) Witchcraft which spreads wrong information such as rape and human sacrifice.

**(C) Impacts on Conservation**

- i. Encroachment on the protected areas by families that have lost property
- ii. Illegal off take of natural resources through poaching
- iii. Illegal fishing, deforestation, wildfires to look for survival
- iv. Loss of species of both plants and animals that are used by witchcraft purportedly to cure HIV

***3.2.4.3 GROUP 3: What can conservation organizations do to mitigate negative impacts brought by HIV/AIDS***

**Internally (within the conservation organization)**

1. Education and Awareness among staff to inform them on HIV/AIDS information, prevention and treatment
2. Establish a HIV/AIDS policy is important to strategize prevention options, time off work, and treatment for staff.
3. Transparency amongst staffs in the organizations is very important to reduce stigma.
4. To establish On-Work and Off work time periods so as to allow staff to have time staying with their families.
5. To control workload by ensure that staff are enough to account all duties and responsibilities at a required time period. This will allow staffs to accomplish their duties and go to stay with families at enough hours

6. To recruit locally from surrounding communities, people like extension workers to work in parks
7. For the case of National Parks, they can directly invest in communities surrounding the park so that their staff are able to move with families and have access to improved socio-economic opportunities.
8. Have a workplace general health checks of which HIV/AIDS testing is one of many tests provided to staff. That way there is no stigma on getting tested.
9. To integrate HIV/AIDS as part of monitoring and evaluation strategies
10. To clearly communicate the linkage between conservation and HIV/AIDS internally to staff to understand this, and externally to donors and other partners.
11. To ensure partnership between health organizations to facilitate training and not spread ourselves too thin.

**Externally (for partners and stakeholders)**

1. Education and Awareness externally to inform all the communities we work with on HIV/AIDS information, prevention and treatment
2. To establish community outreach programs to communities in order to intervene HIV/AIDS impacts by involving Media, using media, magazines, etc.
3. To involve CBDs and other community conservation groups in prevention programs.
4. To mainstream HIV/AIDS into all interventions being implemented by the conservation organization, e.g., fire management, forestry training, fuel efficient stoves, and village governance meetings.
5. Targeting youth to be involved in prevention activities, especially by conducting life skills trainings, festivals, gatherings, dances, peer education, etc



6. Build local capacity for support and implementation of HIV/AIDS work
7. For the case of National Parks, they can directly invest in communities surrounding the park so that their staff are able to move with families and have access to improved socio-economic opportunities.
8. To equip communities in with services that could be obtained from areas of conservations, e.g. energy facilities, water services, etc.
9. To integrate HIV/AIDS as part of monitoring and evaluation strategies
10. To clearly communicate the linkage between conservation and HIV/AIDS internally to staff to understand this, and externally to donors and other partners.
11. To ensure partnership between health organizations to facilitate training and not spread ourselves too thin.
12. Utilizing internal existing tools, structures to disseminate information to targeted groups, for example using tablets and mobile phones currently in use by Forest Monitors to also disseminate information (short videos, etc.) on HIV/AIDS.
13. To integrate HIV/AIDS policies and other conservation policies – bring together different district and national level government players to discuss and learn from experience on integration of HIV/AIDS and conservation. Example district steering committees of the Greater Katavi, Mahale and Gombe Ecosystems

### **3.2.5 Internal and external mainstreaming- work place policy- DDC Mauambeta**

The Objective of the session was to enable participants to define a workplace policy and the process of developing it.

The Facilitator started with a definition of policy. He said, it could mean any of the following statements:-

- a) He said, it was a plan or course of action, as of a government, political party, or business, intended to influence and determine decisions, actions, and other matters.  
*American foreign policy; The Company's personnel policy; AWF HIV/AIDS Workplace Policy etc.*
- b) A course of action, guiding principle, or procedure considered expedient, prudent, or advantageous: *Honesty, trustworthy and openness is the best policy to maintain healthy and happy families.*

There are written and unwritten policies.

### **Why have a policy on HIV & AIDS**

There are many good reasons for having a workplace policy.

- 1) A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It: makes an explicit commitment to corporate action
- 2) One of the components in the Legal Frame of an organization
- 3) Ensures consistency with appropriate national laws 4) Lays down a standard of behaviour for all employees (whether infected or not)
- 4) Gives guidance to supervisors and managers
- 5) Helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing.
- 6) Helps to stop the spread of the virus through prevention programmes.
- 7) Assists an enterprise to plan for HIV/AIDS and manage its impact, so ultimately saving money.
- 8) Comprises issues of human rights, legislation, endorsement, communication, confidentiality, education, safety and support.
- 9) Guides daily practices and activities.
- 10) Framework for decision making
- 11) Workplace Policy can help in the management of HIV

### **Aims of Workplace policy**

- 1) Educate employees on issues of behavioral change
- 2) Motivate employees to know status
- 3) It provides the basis for putting in place a **comprehensive workplace programme**, combining prevention, care and the protection of rights.

### **Factors influencing success of a workplace policy**

- 1) High level commitment especially of top leadership.
- 2) Holistic view of components covered
- 3) Careful and detailed planning
- 4) Advocacy

### **The ideal workplace policy**

- 1) Caters for employees and their families
- 2) Encourage workers to know and disclose their status
- 3) Acceptable by both the policy makers and recipients
- 4) Participatory process
- 5) Buy in of employees
- 6) Living document

### **Process in Policy Development**

- 1) Identification of Needs by studying existing policy
- 2) Draft the policy
- 3) Comment by employees
- 4) Evaluation of the draft and feedback
- 5) Finalization of the Policy document
- 6) Ongoing review (living document)

### **Benefits of a workplace policy**

- 1) Increased work productivity by staff.

- 2) Reduced stigma amongst staff and community.
- 3) Cost cutting on the organization.
- 4) Ownership of the policy by employers and employees.

### 3.2.6 Workplace policy framework- DDC Mauambeta

The objective of the session was to provide participants with a framework of a workplace policy.

The Facilitator emphasized that there are many workplace policy frameworks out there. The organisation should choose by itself which format to use. The general principles and items include the following. A detailed format of a workplace policy (obtained from the International Labour Organization) is provided in Annex 3.

#### **GENERAL STATEMENT**

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:

- i. The reason why the organization has an HIV/AIDS policy
- ii. A statement about how the policy relates to other organization policies
- iii. Policy compliance with national and local laws and trade agreements

#### ***Sample language***

*Company or public sector workplace X recognises the seriousness of the HIV/AIDS epidemic and its impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.*

#### **POLICY FRAMEWORK AND GENERAL PRINCIPLES**

The policy establishes some general principles as the basis for specific provisions:

#### ***Sample language***

*Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognises that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection*

*and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.*

## **SPECIFIC PROVISIONS**

The policy should include provisions in the following areas:

- 1) The protection of the rights of those affected by HIV/AIDS*
- 2) Prevention through information, education and training*
- 3) Care and support for workers and their families.*
- 4) Stigma, discrimination and rights*

No rights - from confidentiality to access to benefits - should be affected by an individual's HIV status, real or suspected. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

## **IMPLEMENTATION, MONITORING AND EVALUATION**

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

### ***Sample language***

- i. Company X has established an HIV/AIDS committee [or responsible officer, in a smaller workplace] to coordinate and implement the HIV/AIDS policy and programme.*
- ii. In order to plan and evaluate its HIV/AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data and regular risk and impact assessment studies.*
- iii. This policy, and related information on HIV and AIDS, will be communicated to all Company X employees and the wider public using the full range of communication methods available to the company and its network of contacts.*
- iv. This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.*

## **BUDGET AND FINANCE**

Companies should make every effort to establish a budget for HIV/AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV/AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance to conduct surveys may be sought through UNAIDS.

### **3.2.7 HIV & AIDS Workplace policy, the case of AWF- Pastory Magingi**

Mr Pastory Magingi shared an example of the AWF Workplace Policy. The major components of the AWF Workplace Policy include:-

#### **Purpose**

- 1) To officially acknowledge the seriousness of the HIV/AIDS epidemic in Africa.
- 2) To ensure an open and fair approach in addressing HIV/AIDS in the workplace.
- 3) Provide organizational guidelines for management of HIV-positive employees.
- 4) Comprehensive, proactive HIV/AIDS workplace programs, and leadership in implementing such programs.

#### **Contents**

- 1) Preamble to the institutional policy review or workshop to generate the policy
- 2) Summary of institution's workplace policy on HIV & AIDS
- 3) Policy statement(s) on awareness in the workplace
- 4) Policy statement(s) on staff education and training on HIV & AIDS
- 5) Policy statement(s) on Prevention of HIV/AIDS
- 6) Policy statement(s) on disclosure, openness and confidentiality regarding zero-status by employees
- 7) Policy statement(s) on protection against stigma and discrimination
- 8) Policy statement(s) on employment and job security
- 9) Policy statement(s) on employees benefits
- 10) Policy statement(s) on HIV&AIDS and Gender

- 11) Policy statement(s) on grievance procedures
- 12) Policy statement(s) on community involvement
- 13) Policy statement(s) on institution's HIV&AIDS workplace policy review
- 14) Policy statement(s) on implementation and monitoring of the HIV&AIDS workplace policy impact

### **Summary of Institution's Workplace Policy**

- 1) AWF does not discriminate against employees with HIV/AIDS
- 2) Safe healthy work environment; recognition that HIV is not transmitted through casual contact.
- 3) Treat HIV/AIDS the same as other illnesses in terms of employee policies and benefits.
- 4) HIV-positive employees are allowed to work as long as they are able to perform their duties.

### **Implementation principles**

- 1) Recognizing the need for all employees to be accurately informed about HIV/AIDS, AWF will take a leadership role in facilitating continuous HIV/AIDS education and awareness.
- 2) Non-discrimination policy by co-workers towards employees who are HIV-positive.
- 3) Confidentiality concerning HIV status of employees will be strictly adhered to.
- 4) AWF maintains an "open door" policy encouraging our staff to approach management to discuss concerns and obtain information.

### **Employee Benefits**

- 1) Work with health care providers, for better coverage or explore "self-insured" options
- 2) Explore sharing of "sick" leave
- 3) Review policies for "family" leave
- 4) Stipend for funeral allowance
- 5) Continuous training and education programs allowance

### **Awareness and education**

- 1) Every office has to work with local partners to provide HIV/AIDS education training to staff
- 2) Educational materials visible in every office
- 3) Condoms available in each office
- 4) Encourage testing but have an established framework for counselling and support
- 5) HIV/AIDS specialist identified and available locally to meet with staff as needed

### **Links with Partner Organizations**

- 1) To fund and “program” HIV/AIDS activities into our work with local communities
- 2) Work to build infrastructure systems (staff housing) in parks which allow families to live together
- 3) Work more closely with health and development sector

### **Integration**

- 1) Workplace HIV/AIDS Programs
- 2) Integrating HIV/AIDS into NGO Programs

### **“Committed words”**

**EQUAL OPPORTUNITY EMPLOYER:-** African Wildlife Foundation is committed to recruit and hire qualified staff and **to treat its employees equally** in all respects, without regard to race, colour, religion, sex or national origin, age, marital status, personal appearance, gender identification, sexual orientation, family responsibilities, physical handicap, **HIV status**, matriculation and political affiliation, disability, or any other classification **considered unlawfully discriminatory under any applicable law.**

### **“Posters”**

Any good posters to fill blank pages.



### 3.2.8 Individual Action Planning

Participants were requested to develop individual actions that they would implement once back to their various bases. Details of the individual actions are provided for in Annex 4.

### 3.2.9 Workshop Evaluation

A workshop evaluation form for the first two days was given to all participants to fill. The evaluation form and questions asked are provided in Annex 5.

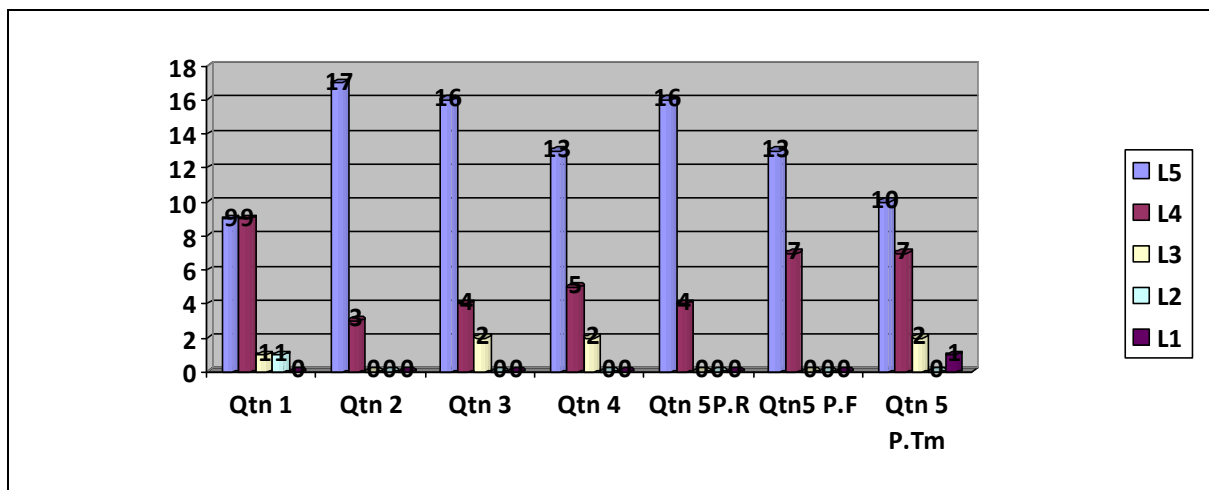
While the workshop was attended by 33 participants, only a total of twenty participants filled the form. The results of the evaluation on logistics were analysed and are shown in Table 3 and Figure 2. In general, participants were happy with communication before and during the workshop. They were also happy with the workshop venue, food and drinks and transport arrangements. On presentations, most participants felt that the presentations were relevant; facilitation and time management were very good.

**Table 3 Results of Post Workshop Evaluation on Logistics**

Area	5	4	3	2	1	Total
Communication before the workshop	9	9	1	1		20
Communication during the workshop	17	3				20
Workshop venue	16	4				20
Food and Drinks	13	5	2			20
Transport arrangements	8	8	4			20
Presentations						
Relevance	16	4				20
Facilitation	13	7				20
Time management	10	7	2	0	1	20

Key: 5- Very good; 4- Good; 3- Satisfactory; 2- Less than satisfactory; 1- Unsatisfactory

**Figure 2 Post Workshop Evaluation Results on Logistics**



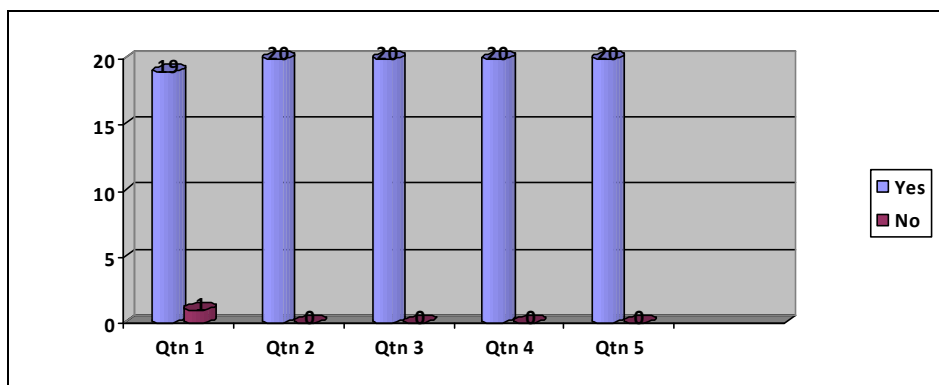
Legend: L5- Very Good; L4- Good; L3- Satisfactory; L2- Less Satisfactory; L1- Unsatisfactory

Post workshop results on content of the workshop showed that all participants were now willing to take an action on all issues, and had gained new knowledge, See Figure 3 and Table 4. All participants except one were now willing to know their HIV status.

All participants had gained knowledge on:-

- ✓ how HIV & AIDS was caused;
- ✓ linkages of HIV & AIDS and Environment;
- ✓ were willing to work with communities and other partners on HIV&AIDS and the environment;
- ✓ and were ready to introduce an HIV & AIDS workplace policy in their organizations.

**Figure 3 Post Workshop Results on Workshop Content**



**Table 4 Post Workshop Results on Content**

No	Question	Yes	No
1	Are you now willing to know your HIV & AIDS status?	19	1
2	Do you now have knowledge on how HIV&AIDS is caused?	20	0
3	Do you now understand how HIV & AIDS and the environment are linked?	20	0
4	Will you now work with local communities and other partners on issues of HIV & AIDS and the environment?	20	0
5	Is your organization / project now ready to have an HIV & AIDS work place policy?	20	0

**What did you like most?**

On the question of what they liked most, the following were mentioned.

**Box 3 What Participants Liked Most**

- 1) I like to prevent spread of HIV in work place and nearest villagers
- 2) Knowledge is power and if you teach someone once he/she will never learn it.  
This workshop should be repeated more and more time
- 3) I liked the way participants paid cooperation. It was wonderful
- 4) I liked when the facilitator help us to understand the Linkages between HIV & AIDS and Conservation.
- 5) I really like to have frequent meetings and seminars for HIV & AIDS Issues.
- 6) HIV & AIDS environmental Impacts.
- 7) Contributions from various members to various issues raised as well as the way presenters was well organized
- 8) Procedures of formulating workplace policy and Linkages between HIV/AIDS with Environment.
- 9) Presentations' contents very good.
- 10) Experience sharing from different parts of Africa
- 11) Involve our manager on the importance of HIV/ AIDS policy.
- 12) The formulation of workplace HIV/AIDS policy
- 13) The linkage between HIV/AIDS and the environment.
- 14) Sharing knowledge and experiences from different places.
- 15) HIV & AIDS and Conservation linkages- Impacts and why conservation community?
- 16) It was a participatory workshop / very interactive
- 17) To know how HIV/AIDS policy is caused and its importance to organizations
- 18) Knowledge on how HIV & AIDS and Environment affect each other.
- 19) Presentation flow, well arranged & in a participatory way.
- 20) All presentations- I added more what I know on HIV / AIDS
- 21) To live in a community that is free from HIV / AIDS

**Box 3 What Participants Liked Most**

### **What can be improved?**

On what can be improved, the following issues were mentioned. However, most of the participants wanted to workshop time to be increased.

#### **Box 4: What participants would like to be improved?**

- 1) By hard working, health education (counselling and Testing HIV) under collaboration of CCS in Mahale National Park
- 2) Not only HIV /AIDS but also other areas of life
- 3) Food and drinks
- 4) Workshop time, too short
- 5) Time for the workshop compared to the topics was not enough
- 6) Medical personnel should be invited for clinical clarification on HIV / AIDS pandemic
- 7) Time management- short time
- 8) Opportunities for practical learning both on HIV/AIDS and conservation
- 9) Include HIV & AIDS Video Presentations on real evident cases
- 10) Sharing the organization experience, if organizations present could be informed to make a proper presentation.
- 11) Workshop time to be increased
- 12) Local leaders to be invited
- 13) Development of HIV & AIDS Policy in organization.
- 14) Next time a medical doctor should be invited to provide more information on HIV/AIDS
- 15) Increase time of the workshop
- 16) Increase number of participants within JGI and outside JGI
- 17) Time management- too short
- 18) Training days should be increased up to five (5) days

#### **Box 4 What participants would like to be improved**

### ***3.3 Closing Ceremony of the 1st Two Days Workshop***

The first day of the workshop was closed at 5:00pm. The following spoke at the closing ceremony:-

#### **3.3.1 Vote of Thanks from ABCG Coordinator – Mrs. Natalie Bailey**

She hoped that skills on HIV/AIDS and Conservation have been acquired. She said she was very grateful for the good cooperation shown by all partners and participants. She then distributed workshop reading materials and encouraged each to share and utilize the resource materials with others.

#### **3.3.2 Vote of Thanks from Mary Mavanza – JGI-TZ**

She said she was so grateful and appreciated the work done by the Facilitator, ABCG and the donor for their support. She commended that the workshop was very successful and helpful. She was grateful to all participants for attending the workshop and the good cooperation and insisted that they should let others learn from them.

#### **3.3.3 Remarks from the Facilitator, Mr. DDC Mauambeta**

He thanked and acknowledged the presence of all participants from all partner organizations. He said he enjoyed being part of this group and encouraged them to keep in touch with him.

#### **3.3.4 JGI-VP/AP – Ms. Tammy Palmer**

Mrs. Palmer said she was very grateful and appreciated all who attended the workshop and their contribution towards success. She hoped that this will not be the last moment partners joined JGI. She promised that JGI will continue engaging various partners in these issues. With these remarks, she declared the workshop closed.

The workshop was closed with a prayer by one of the Muslim participants.

#### **4.0 THIRD DAY, 6TH NOVEMBER 2013, JGI STAFF WORKSHOP**

The third day started with a prayer from one of the Muslim Participants. After the prayer, Ms Mary Mavanza welcomed all participants to the workshop.

##### ***4.1 Recap of Day 2:***

Recap of Day 2, was written jointly by Gloria Nshimanyi and Sylvester Bwasama.

Presentation was done by Sylvester Bwasama.

##### ***4.2 Group Work***

The participants, all from JGI, were divided into two groups. Each group was given the task of developing an HIV & AIDS Workplace policy for JGI. Examples of other policies from other organizations were given to the two groups.

##### ***4.3 Plenary report back***

The two groups came up with two draft HIV & AIDS Workplace Policies for JGI. These are presented in Annexes 6a and 6b. The workshop agreed that a small committee be selected to lead the process of merging the two draft policy documents into one.

##### ***4.4 HIV & AIDS Workplace Policy Sub-Committee for JGI***

The following members were chosen from the group:-

Mary Mavanza:	Assistant Project Director, GMU; Chairperson
Japhet J. Mwanang'ombe,	Arusha- Roots and Shoots Coordinator
Sania Lumelezi	JGI Health Coordinator, Gombe-Masito-Ugalla Program
Silvia James	Community Development Officer, GMU Program
Iddi Lipende	Veterinary Officer, Gombe Stream Research Project
Alice Macheria	Program Director, JGI USA

The participants agreed on a time frame by when to finalize the JGI Workplace Policy.

**Table 5 Finalization of JGI HIV & AIDS Workplace Policy Time Frame**

Action	Due Date	Responsible
Merge two policies into one & circulate to all members	16 <sup>th</sup> November 2013	Sub Committee led by Mary Mavanza
Receive comments from all members	22 <sup>nd</sup> November 2013	All members send comments to Mary Mavanza
Finalize and circulate document to all and JGI Leadership	22 <sup>nd</sup> November 2013	Sub Committee led by Mary Mavanza

#### ***4.5 Closing Ceremony of Day 3***

A number of people spoke at the closing ceremony.

##### **4.5.1 Briefing to JGI Management, DDC Mauambeta**

The Facilitator, Mr.Mauambeta made a briefing of what had been achieved during the last day of the workshop. He said the participants were able to produce two draft HIV & AIDS Workplace policies and had chosen a committee to take lead in producing one stand-alone document. He further presented the post workshop results to the participants.

##### **4.5.2 Remarks by JGI Tanzania Director**

The JGI Tanzania thanked all participants for participating in the development of the HIV & AIDS Policy. He noted that the policy would assist to JGI to deal with issues of HIV & AIDS in Tanzania and the other countries. He thanked a number of people for their active participation, in particular Mary Mavanza and Mr Emmanuel Mtiti and all other administration staff. He wished participants a safe trip back home.

##### **4.5.3 Remarks by JGI Uganda Director**

The JGI Uganda Director said he was very happy to have participated in this workshop. He indicated that JGI Uganda would consider seriously in coming up with Workplace Policy based on the work that was done in Kigoma. He encouraged participants to work together and share notes so that the work was successful. He thanked all those involved in logistics and financial support for the support provided to them.

#### **4.5.4 Remarks by JGI Program Director, Mr Emmanuel Mtiti**

Mr Mtiti acknowledged the assistance of so many people including Mary Mavanza, ABCG Coordinator, Mrs Natalie Bailey and Mrs. Macharai. He announced transport logistics for those travelling to Gombe National Park and Burundi by road. He also welcomed all participants to a dinner which was to be held within the JGI premises starting from 07:00p.m.

#### **4.5.6 Closing remarks by Alice Macharia**

Mrs Alice Macharai thanked all participants for their active participation in the workshop. She thanked ABCG for the financial support that enabled the implementation of this workshop. She also thanked the Facilitator for a job well done. She finally wished all participants a safe journey back to their respective work places and countries. She then closed the workshop at 05:00.

#### **4.5.7 Closing prayer**

A closing prayer was made by one of the Christian participants.



## ANNEXES

### Annex 1: Workshop Agenda

#### HIV&AIDS AND ENVIRONMENT WORKSHOP

Kigoma, 4<sup>th</sup> to 6<sup>th</sup> November 2013

#### Agenda

Day	Activity	Time	Responsible person
4 <sup>th</sup> November 2013 Morning Session	Registration and logistics	08:00-08:30	JGI, Mary Mavanza
	Opening prayer	08:30-08:35	One Muslim Participant
	Welcome remarks	08:35-08:45	JGI TZ Director, Mr Freddy Kimaro
	Opening remarks	08:45-09:15	ABCG Coordinator, Mrs Natalie Bailey
	Official opening by Guest of Honour	09:15-09:30	JGI, Director for East Africa Programs, Mrs. Alice Macharia
	Introductions, Expectations and Norms	09:30-10:00	All participants, in pairs
	Workshop Objectives	10:00-10:10	D. Mauambeta
	Group Photograph	10:10-10:15	All participants
	Health break	10:15-10:30	All participants
	Experience sharing and testimonies:	<b>10:30-13:00</b>	
	JGI Tanzania	10 min	
	JGI Democratic Republic of Congo	10 min	
	JGI Republic of Congo	10 min	
	JGI Uganda	10 min	
	Tanzania Government Representative	10 min	
	AWF Representative	10 min	
	KIVIDEA	10 min	
	ICAP Columbia University	10 min	
	Tuungane Project	10 min	
	Gombe National Park	10 min	
Mahale National Park	10 min		
Plenary: Common lessons, issues & challenges	40 min		
4 <sup>th</sup> November 2013 Afternoon Session	Lunch Break	<b>13:00-14:00</b>	
	Reviewing HIV and AIDS: Causes, Prevention & Care (Discussions, Q&As)	14:00-14:45	Individuals
	HV & AIDS Current Global Trends & Issues	14:45-15:30	D. Mauambeta
	Health break	15:30-15:45	All participants
	HIV & AIDS and Conservation Linkages- Impacts & Why conservation communit	15:45-17:00	D. Mauambeta
	Announcements and logistics etc		
	Closing prayer		
	End of day one		

HIV&AIDS AND ENVIRONMENT WORKSHOP

Kigoma, 4<sup>th</sup> to 6<sup>th</sup> November 2013

Agenda

Day	Activity	Time	Responsible Person
5 <sup>th</sup> Nov 2013; Morning Session	Registration and logistics	8:00 -8:10	Mary Mavanza/Emmanuel Mtiti
	Prayer	8:10-8:15	One Christian Participant
	Recap of day 1	8:15-8:45	Rapporteurs of day 1
	HIV & AIDS and Conservation- Actions	8:45 10:15	D. Mauambeta
	Health break	10:15-10:30	All
	HV & AIDS and Conservation – Group Work	10:30-11:30	3 Groups
	Plenary- HIV & AID and Conservation Linkages	11:30-13:00	Group representatives
	Lunch break	12:30-14:00	
5 <sup>th</sup> Nov. 2013 :Afternoon Session	HIV & AIDS Mainstreaming- Work place policy	14:00-14:30	D. Mauambeta
	Work place policy framework & example 14	14:30-15:00	D. Mauambeta
	An Example of Workplace Policy	15:00-15:30	AWF
	Health break	15:30-15:45	All participants
	Individual Action Planning	16:45-17:00	All participants
	Closing remarks	17:00-17:15	Mrs Natalie Bailey, ABCG Coordinator
	Closing remarks for the first part of the workshop	17:15-17:30	Mrs Tammy Palmer , JGI President Africa Programs
	Announcements on logistics & evaluation	17:30-17:45	Emmanuel Mtiti
	Closing prayer	17:45-17:50	One Muslim Participant
	End of part one & departure of partners		

HIV&AIDS AND ENVIRONMENT WORKSHOP  
Kigoma, 4<sup>th</sup> to 6<sup>th</sup> November 2013  
Agenda

Day	Activity	Time	Responsible Person
6 <sup>th</sup> Nov 2013; Morning Session	Opening prayer	8:00-8.05	One Muslim Participant
	Recap of day	2 8.05-8:30	Selected participant
	Developing an HIV & AIDS work place policy for JGI: General Statement, general principles & specific provisions	8:30-10:15	JGI Participants
	Health break	10:15-10:30	All
	Developing an HIV & AIDS work place policy –Implementation of activities, and budgets; monitoring and evaluation	10:30-12:30	JGI Participants
	Lunch break	12:30-14:00	
6 <sup>th</sup> Nov 2013; Afternoon Session	Putting pieces together- drafting work place policy for JGI Programme	14:00-16:00	JGI Participants
	Health break	16:00-16:15	JGI participants
	Presentation of draft work place for JGI Programme	16:15-16:45	JGI participants
	Way forward – action plan for JGI	16:45-17:00	JGI TZ Director
	Remarks by other participating JGI countries	17:00-17:10	JGI Uganda Director
	Announcements & evaluation	17:10-17:20	Emmanuel Mtiti
	Closing remarks	17:20-17:30	Alice Macharia
	End of Day workshop & departure		

## Annex 2: List of Workshop Participants

No	Name	Organization	Title	Email
1	Panta Kasoma	JGI Uganda	Executive Director	<a href="mailto:panta@janegoodall.ug.org">panta@janegoodall.ug.org</a>
2	Alice Macharia	JGI USA	Program Director	<a href="mailto:amacharia@janegoodall.org">amacharia@janegoodall.org</a>
3	Nury Marques	JGI USA	Director	<a href="mailto:nmarquez@janegoodall.org">nmarquez@janegoodall.org</a>
4	Peter Apell	JGI Uganda	Program Manager	<a href="mailto:peter@janegoodallug.org">peter@janegoodallug.org</a>
5	Festo Nemes	KIVIDEA	Child Officer	<a href="mailto:festomrina@yahoo.com">festomrina@yahoo.com</a>
6	Anifa John	Gombe N. Park Park	Ecologist	<a href="mailto:gonapachimps@yahoo.com">gonapachimps@yahoo.com</a>
7	Chausiku Shengelo	Mahale N. Park	Senior Nurse Midwife	<a href="mailto:tanapa@habari.co.tz">tanapa@habari.co.tz</a>
8	Pastory Magingi	AWF	Program Officer	<a href="mailto:pmagingi@awf.org">pmagingi@awf.org</a>
9	Jumanne D Raphael	KDC Kigoma	CDO	<a href="mailto:Raphaeljd30@yahoo.com">Raphaeljd30@yahoo.com</a>
10	Lilian Pintea	JGI USA-UP	SCIENCE	<a href="mailto:lpintea@janegoodall.org">lpintea@janegoodall.org</a>
11	Deus Mjungu	JGI TZ- GSRC	RESEARCH	<a href="mailto:dmjungu@janegoodall.org">dmjungu@janegoodall.org</a>
12	Sylvia James	JGI TZ – GMU	CDO	<a href="mailto:sjames@janegoodall.or.tz">sjames@janegoodall.or.tz</a>
13	Aristides Kashula	JGI TZ – GMU	Program Forester	<a href="mailto:akashula@janegoodall.or.tz">akashula@janegoodall.or.tz</a>
14	Fadhili Mlacha	JGI TZ – GMU	LUP Coordinator	<a href="mailto:fabdallah@janegoodall.or.tz">fabdallah@janegoodall.or.tz</a>
15	Hamis Y Mnubi	Nsimbo District Council	CHAC	<a href="mailto:hamymnubi@gmail.com">hamymnubi@gmail.com</a>
16	Sania Lumelezi	JGI TZ – GMU	Health Coordinator	<a href="mailto:slumelezi@janegoodall.or.tz">slumelezi@janegoodall.or.tz</a>
17	Jumanne Kikwale	JGI TZ GSRC	Administrator	<a href="mailto:jkikwale@janegoodall.or.tz">jkikwale@janegoodall.or.tz</a>
18	Mary Nkoranigwa	JGI TZ – GSRC	Field Assistant	<a href="mailto:mncoranigwa@yahoo.com">mncoranigwa@yahoo.com</a>
19	Patricie Poaty	JGI – Congo BZA	Education Officer	<a href="mailto:Nicpaty64@yahoo.fr">Nicpaty64@yahoo.fr</a>
20	Julieth Mushi	JGI TZ – GMU	Volunteer	<a href="mailto:Juliethmushi22@gmail.com">Juliethmushi22@gmail.com</a>
21	Bitarabeho Rachel	JGI – Uganda	R & S Coordinator	<a href="mailto:Rachel@janegoodallug.org">Rachel@janegoodallug.org</a>
22	Kasara K Bulemo	Mpanda District Council	CDO	<a href="mailto:kasarabulemo@yahoo.com">kasarabulemo@yahoo.com</a>
23	Laus Nkoronko	JGI TZ	AIC	<a href="mailto:lnkoronko@janegoodall.or.tz">lnkoronko@janegoodall.or.tz</a>
24	Desire Safari	JGI – DRC	Health Manager	<a href="mailto:Desire_jgidrc@yahoo.fr">Desire_jgidrc@yahoo.fr</a>
25	Sylvester Bwasama	JGI TZ – GMU	Education Officer	<a href="mailto:sbwasama@janegoodall.or.tz">sbwasama@janegoodall.or.tz</a>
26	Gloria Nshimanyi	JGI TZ	Office Manager	<a href="mailto:gnschimanyi@janegoodall.or.tz">gnschimanyi@janegoodall.or.tz</a>
27	Perpetua Stephen	ICAP KIGOMA	Registered Nurse	<a href="mailto:psbyakaama@yahoo.com">psbyakaama@yahoo.com</a>
28	Emmanuel Mtiti	JGI TZ – GMU	Program Director	<a href="mailto:emtiti@janegoodall.or.tz">emtiti@janegoodall.or.tz</a>
29	Freddy Kimaro	JGI TZ	Interim ED	<a href="mailto:fkimaro@janegoodall.or.tz">fkimaro@janegoodall.or.tz</a>
30	Shadrack Kamenya	JGI TZ	Director of Conservation	<a href="mailto:skamenya@janegoodall.or.tz">skamenya@janegoodall.or.tz</a>
31	Natalie Bailey	ABCG	Coordinator	<a href="mailto:nbailey@abcg.org">nbailey@abcg.org</a>
32	Mary Mavanza	JGI TZ GMU	DPD	<a href="mailto:mmavanza@janegoodall.or.tz">mmavanza@janegoodall.or.tz</a>
33	Alberto Ntumbala	Kigoma District Council	CHAC	<a href="mailto:albertoloyal@yahoo.co.uk">albertoloyal@yahoo.co.uk</a>

## **Annex 3: ILO HIV & AIDS Workplace Policy Framework**

### *Why have a policy?*

A workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact. It: makes an explicit commitment to corporate action

- a) ensures consistency with appropriate national laws
- b) lays down a standard of behaviour for all employees (whether infected or not)
- c) gives guidance to supervisors and managers
- d) helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing
- e) helps to stop the spread of the virus through prevention programmes
- f) assists an enterprise to plan for HIV/AIDS and manage its impact, so ultimately saving money.

It provides the basis for putting in place a **comprehensive workplace programme**, combining prevention, care and the protection of rights. Depending on the particular situation, it may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be a short statement of principle.

The *ILO Code of Practice on HIV/AIDS and the world of work* provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. It is complemented by an education and training manual. These encourage a consistent approach to HIV/AIDS, based on ten key principles, while being flexible enough to address the different needs of individual workplaces.

Policies should be shaped by local needs and conditions - no single policy is relevant to all situations - but the components below can usefully be included. Language you may like to consider and adapt is shown in lighter (yellow) panels. Please insert 'Ministry', 'department', 'hospital' or other word as appropriate if your workplace isn't a private sector company.

### *The policy*

#### **1. GENERAL STATEMENT**

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:

- i. The reason why the company has an HIV/AIDS policy
- ii. A statement about how the policy relates to other company policies
- iii. Policy compliance with national and local laws and trade agreements

#### **Sample language**

Company or public sector workplace X recognises the seriousness of the HIV/AIDS epidemic and its impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease.

The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV/AIDS [*where relevant - otherwise insert 'existing laws on discrimination, working conditions, and safety and health'*] and with the ILO Code of Practice on HIV/AIDS and the world of work.

#### **2. POLICY FRAMEWORK AND GENERAL PRINCIPLES**

The policy establishes some general principles as the basis for specific provisions:

### **Sample language**

Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognises that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company's commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.

### **3. SPECIFIC PROVISIONS**

The policy should include provisions in the following areas:

- 1) *The protection of the rights of those affected by HIV/AIDS*
- 2) *Prevention through information, education and training*
- 3) *Care and support for workers and their families.*
- 4) *Stigma, discrimination and rights*

No rights - from confidentiality to access to benefits - should be affected by an individual's HIV status, real or suspected. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

1. *The protection of the rights of those affected by HIV/AIDS*

#### **Sample language**

1. *Rights of employees who are HIV-positive.* HIV-positive employees will be protected against discrimination, victimisation or harassment. Normal company disciplinary and grievance procedures shall apply equally to all employees, as will the provision of information and education about HIV and AIDS.
2. *Employment opportunities and termination of employment.* No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. *[A collective agreement could spell out the grounds for dismissal].*
3. *Testing.* Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling (VCT) for all employees.
4. *Epidemiological testing.* Testing programmes for epidemiological purposes will be subject to appropriate consultation with recognised employee representatives and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with accepted international standards on pre-and post-test counselling, informed consent, confidentiality and support.
5. *Confidentiality.* The Company recognises the sensitive issues that surround HIV/AIDS and undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his or her status to management, the Company will keep the identity of such person confidential. However in line with the Company philosophy on the virus, the employee will be encouraged to be open about his or her HIV status.

2. *Awareness-raising and education*

In the absence of a vaccine or cure, information and education are vital components of an AIDS prevention programme. Because the spread of the disease can be limited by informed and responsible behaviour, practical measures such as condom distribution are also important means of supporting behaviour change within the workplace community.

### **Sample language**

1. Appropriate awareness and education programmes will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against infection by HIV. Some of these will include the families of employees and the local community.
2. The company recognises the importance of involving employees and their representatives in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.
3. Practical measures to support behaviour change and risk management will include the treatment of sexually transmitted infections (STIs) and TB [*or - where impossible - referral to STI and TB treatment services in the community*], sterile needle and syringe exchange programmes [*if relevant to the local situation*], and the distribution of male and female condoms.
4. Training shall be arranged for key staff including managers, supervisors, and personnel officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.
5. Reasonable time off will be given for participation in education and training.

### **3) Care and support for workers and their families**

It is in the interest of both enterprise and employees if infected individuals are assisted to remain at work as long as possible.

### **Sample language**

- 1) *The promotion of employees' well-being.* The Company will treat employees who are infected or affected by HIV/AIDS with empathy and care. The Company will provide all reasonable assistance which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effect.
- 2) *Work performance and reasonable accommodation.* It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation in the workplace for those infected with HIV. Employees may continue to work as long as they are able to perform their duties safely and in accordance with accepted performance standards. If an employee with AIDS is unable to perform his or her tasks adequately, the manager or supervisor must resolve the problem according to the company's normal procedure on poor performance/ ill health.
- 3) *Benefits.* Employees living with HIV/AIDS will be treated no less favourably than staff with any other serious illness/condition in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.
- 4) *Healthcare [this paragraph will need to be amended according to the size of the company and resources available for medical care].* The occupational health service will offer the broadest range of services to prevent and manage HIV/AIDS, including the provision of anti-retroviral drugs (ARVs), treatment for relief of HIV-related symptoms and for opportunistic infections (especially TB), reproductive and sexual health services, and advice on healthy living including nutritional counselling and stress reduction. The dependents of employees will also be eligible for medical treatment. Appropriate support and counselling services will be made available to employees. *Possible alternative Healthcare.* This Company will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups if required. Reasonable time off will be given for counselling and treatment.

## **4. IMPLEMENTATION AND MONITORING**

If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.



### **Sample language**

- 1) Company X has established an HIV/AIDS committee *[or responsible officer, in a smaller workplace]* to coordinate and implement the HIV/AIDS policy and programme. The committee consists of employees representing all constituents of the company, including general management *[spell out constituents, e.g. staff committee, medical service, human resource department etc.]*. The committee/ responsible officer will report regularly to the executive board
- 2) In order to plan and evaluate its HIV/AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data and regular risk and impact assessment studies. The studies will include knowledge, attitudes and behaviour/ practices (KAB/P). Studies will be carried out in consultation and with the consent of employees and their representatives, and in conditions of complete confidentiality.
- 3) This policy, and related information on HIV and AIDS, will be communicated to all Company X employees and the wider public using the full range of communication methods available to the company and its network of contacts.
- 4) This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.

### **Budget and finance**

Companies should make every effort to establish a budget for HIV/AIDS activities but should bear in mind that many interventions can be put in place at little or no cost; that smaller companies can work together to share costs; that services and resources may exist in the community or may be sought, for example through the local UN Theme Group on HIV/AIDS or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance to conduct surveys may be sought through UNAIDS.

### **Source:**

#### **ILO Programme on HIV/AIDS and the world of work**

International Labour Office

4 route des Morillons,

1211 Geneva 22

Switzerland

Tel. +41 22 799 6486

Email: [iloaids@ilo.org](mailto:iloaids@ilo.org)

Web: [www.ilo.org/aids](http://www.ilo.org/aids)

### Annex 4: Individual Action Plans

Action	By	organization
I will share this workshop and results in a newsletter to my organization's partners and network	Nataile Bailey	ABCG
Help in the formulation on HIV/AIDS policy at my work place and support all staff members to know their HIV status and get help where necessary	Rachel	JGI Uganda
Reduction of the impact of HIV / AIS among KIVIDEA staff and their family members during the KIVIDEA Family Day Party.	Festo Nemes	KIVIDEA
Promote nutrition education with PLWAs. To change HIV/AIDS awareness strategies in an area by coming up with different outreach programmes by involving all age groups through songs, traditional dances, comedy and watching cinema.	Anifa John	Gombe National Park
Report workshop results to management	Charsiku A. Shengela	Mahale N Park
Request date for meeting with other staff to teach/advice how about HIV/AIDS spread in our workplace and nearest villagers		
Outreach for home basic care health education to village leaders and community		
Collection of monthly quarterly and annual reports of HIV / AIDS and to send to DMO office for evaluation		
Do an evaluation of the existing policy if is well implemented	Pastory Magingi	AWF
Organize staff meetings to explain what I have learnt	Japhet Jonas	JGI
Advise the management to formulate HIV/AIDS policy for workplace		
To coordinate implementation on the going activities and mobilize community participation in new interventions both on HIV/AIDS and conservation	Aristides Kashula	JGI Tanzania, Kigoma
At the end of the year 2013, I must go for HIV test	Sylvia James	JGI Tanzania, Kigoma
To develop my own policy on behaviour change		
To create awareness to any clients in my work Place (community members) on insisting them to know their status		
Continue to read more about HIV/AIDS and environment	Fadhil Abdalah	
Educate people who are closely related and co-workers	Hamis Y. Minub	
To propose to my organization to prepare HIV/AIDS workplace policy		
To prepare workplace interventions training in my organization		
To implement the developed policy of JGI on HIV/AIDS prevention	Mary Mkoranigusi	JGI Gombe
I take the ideas I got from the workshop to my fellow friends about HIV/AIDS	Jumane Kikwale	
I shall educate them how to leave with the HIV/AIDS if positive and not to get if negative		
I have visit them every month for awareness		
Preparation of a organization policy on HIV/AIDS	Alberto Ilvinzaa	DC
Education on HIV/AIDS on definition, causes and preventative measures to staff members after planning with the boss	Samia	
Sensitize and encourage members for voluntary counselling and testing		
HIV / AIDS policy to be implemented in our work place		
Insist of a family day so that members can share and change ideas		

## Annex 4: Individual Action Plans

Action	By	organization
Introduce HIV / AIDS programme in my environmental education program.	Patricia Poaty	JGI, Congo Brazzaville
Report this workshop to staff		
Contact HIV / AIDS NGO in order to have an activity on the 1st day of December at my workplace		
Provide a work place policy on HIV / AIDS		
To educate the members of our family the importance of knowing their health status, even our people in our work place	Julieth Mushi	JGI Kigoma
I will not stigmatize the people with HIV/AIDS and sensitize others or not to stigmatize people with HIV/AIDS	Julieth Mushi	
Sensitize the community members on the effects of HIV/AIDS on our environment as it leads to deforestation and other environmental destruction as it used for making coffin, loss of man power		
To develop and put in action a framework at a work place policy on HV and AIDS	Kasara K. Bulemo	
To take care of my health through body checking so that to be safe all the times of my life		
To share the knowledge of HIV/AIDS and the environmental conservation with others so as together we can protect our environment.		
I will continue to away with risky area and risky behaviours. I will also continue sharing information on HIV / AIDS with my family and friends and community around me.	Laus Nkoronko	
To educate all members of my family and neighbours about the benefits of voluntary testing on HIV to know their status so that they start early precautions / plans	Gloria Nshimanyi	JGI- Dar es Salaam
Advice my church leaders to educate the members on HIV/AIDS in regards to the Bible teaching so that each can take steps to obey to the health and Christian norms		
Sensitization on testing HIV/AIDS, prevention and management (ongoing process)	Perpetua Stepan	APC
Collaboration with other NGOs, management, Government leaders to put more effort so that HIV/AIDS to decrease up to zero (0) on-going process		
Prepare our HIV/AIDS policy in our workplace		
To increase efforts in awareness programs especially in matters related to linkage between HIV/AIDS and conservation as well as monitoring the impacts that would bring about new set ups and best practices.	Bwasama, S.S	
To regularly check health status especially HIV/AIDS status		

*Annex 5: Workshop Evaluation Form*

**WORKSHOP ON HIV & AIDS AND ENVIRONMENT  
THE JANE GOODALL INSTITUTE, KIGOMA, TANZANIA  
4<sup>th</sup>-6<sup>th</sup> NOVEMBER 2013  
WORKSHOP EVALUATION FORM**

Instructions: Please rate the conference in the areas indicated by putting a tick (v) in the appropriate box. Use the rating key provided below.

Key: 5- Very good; 4- Good; 3- Satisfactory; 2- Less than satisfactory; 1- Unsatisfactory

AREA	5	4	3	2	1
Communication before the workshop					
Communication during the workshop					
Workshop venue					
Food and Drinks					
Transport arrangements					
Presentations					
- Relevance					
- Facilitation					
- Time Management					

Please tick where appropriate.

No	Question	Yes	No
1	Are you now willing to know your HIV & AIDS status		
2	Do you now have knowledge on how HIV & AIDS is caused		
3	Do you now understand how HIV & AIDS and the environment are linked		
4	Will you now work with local communities and other partners on issues of HIV & AIDS and the environment?		
5	Is your organization / project now ready to have an HIV & AIDS work place policy?		

What did you like most?

---



---



---

What can be improved?

---



---



---

**Thank you for participating in this workshop**

## *Annex 6a: Group 1 Draft HIV & AIDS Workplace Policy for JGI*

### **GENERAL STATEMENT**

HIV/AIDS epidemics have significant negative impact contributions at workplace. JGI Tanzania intends to develop and have in place policy to ensure well-being of her staff and their families. JGI Tanzania HIV/AIDS workplace policy is an integral part of the national efforts in endeavoring to reduce impacts of HIV/AIDS in the country. JGI TZ supports the national efforts to reduce the spread of infection hence committed to ensure that the developed policy is implemented to achieve the desired goals.

Through HIV & AIDS workplace policy and programs, JGI TZ seeks to foster a work environment that promotes awareness to employees, prevention and support for people living with HIV and encourages employees and their dependents to maintain a personal lifestyle in which they will not put themselves or others at risk of infection.

The purpose of this HIV&AIDS Workplace Policy is to ensure a uniform and fair approach to the effective prevention of HIV&AIDS among employees and their families, and for the management of the consequences of HIV&AIDS, including the care, treatment and support of employees living with HIV.

This policy will be implemented in consultation with employees at all levels and is in compliance with the United Republic of Tanzania National Policy on HIV&AIDS of 2001 as well as other existing laws in the country relating to discrimination, working conditions, health and safety.

#### **General Principals of JGI TZ's HIV/AIDS workplace Policy**

JGI TZ will not in any way conduct pre-employment screening for HIV&AIDS as a pre-requisite for employment.

JGI TZ will endeavor to educate all employees about HIV&AIDS prevention, transmission and treatment. HIV/AIDS education and awareness will be made available to all employees through organizing of regular training sessions to be sourced from Vendors.

JGI TZ encourages its members of staff and their families to find out their HIV status through official suitable facilities and to make use of available support services including medical and counselling services.

Credible and cost-effective vendors when necessary for such services will be communicated to staff, which will be able to use such services discreetly. Vendors or such service providers may not and will not be asked to disclose names or information of JGI TZ employees using their services. All medical records will be kept confidential. It is up to the employee to release information concerning his/her HIV status if he/she chooses to.

HIV infection, in itself, does not constitute lack of fitness to work, so an employee cannot and will not be dismissed simply because he/she is HIV-positive. Appropriate disciplinary action will be taken against any member of staff who is found to have deliberately disclosed the HIV/AIDS status of an employee to a third party.

HIV /AIDS will be treated like any other medical condition when it comes to medical aid or insurance cover

Granting of sick leave will not be treated like other medical conditions. JGI employee who has disclosed his/her HIV+ status will be provided six months full pay and six months half pay before considering his/her contract termination.

If an employee is unable to work because of an AIDS-related illness, reasonable alternative working arrangements will be made where possible.

HIV-positive staff members will be governed by the same contractual obligations as other employees and shall enjoy health and social protection just like any other member of staff living with a progressive or debilitating illness.

JGI Tanzania is obliged to appoint programs' HIV focal person to ensure implementation of the policy at each program level. The focal person will liaise between employees and program leadership in implementation of the policy.

Deliberately, JGI Tz will ensure that measures are taken to protect any member of staff against stigmatization and discrimination in the workplace. Disciplinary action will be taken to employee found discriminating or stigmatizing a fellow infected or affected at workplace.

## **POLICY IMPLEMENTATION**

### **1.0 STAFF AWARENESS AND INFORMATION COMMUNICATION ON HIV/AIDS**

The Jane Goodall Institute recognizes the fact that many employees come from different academic disciplines, with no pre-requisite knowledge about the HIV/AIDS. Also employees live with their dependents who need to benefit from the general HIV/AIDS knowledge which the organization seek to provide. The Institute therefore directs the need to:

- 1.1 To conduct internal employees HIV/AIDS awareness workshops at least twice per year in each JGI's programme offices
- 1.2 Each new employee OF JGI shall be supplied with a copy of HIV/AIDS work placement Policy
- 1.3 JGI will participate in all HIV/AIDS related National events

### **2.0 PREVENTION, CARE AND SUPPORT**

- 2.1 To promote VCT
- 2.2 To provide first aid and condom kits in each JGI Vehicles and field sites
- 2.3 To provide special care to infected staffs
- 2.4 To establish JGI's HIV/AIDS endowment fund
- 2.5 Basing on nature of work the management will need to encourage employees to take leave at least twice a year

### **3.0 DISCLOSURE, OPENNESS AND CONFIDENTIALITY REGARDING EMPLOYEES**

- 3.1 JGI Shall ensure that all health status for her staffs are kept confidential
- 3.2 Staffs will be encouraged to disclose their health status

### **4.0 PROTECTION AGAINST STIGMA AND DISCRIMINATION**

- 4.1 The policy directs that positive staffs (HIV/AIDS) to be protected from stigmatization and discrimination at all levels of JGI
- 4.2 None stigmatizing language should replace stigmatizing language to protect the rights of staffs living with HIV/AIDS

## **5.0 EMPLOYEMENT AND JOB SECURITY**

- 5.1 JGI will consider exemption of infected employees from their duties following medical advises
- 5.2 The policy recognizes and complies to the National existing government policies and legislations regarding recruitments and labour laws
- 5.3 JGI shall cover burial activities, and a 3 months' salary support to spouse
- 5.4 Sick employee shall be entitled

## **6.0 HIV/AIDS AND GENDER**

- 6.1 JGI will maintain a workplace environment where all forms of sexual harassment are not acceptable

## **7.0 COMMUNITY INVOLVEMENT**

HIV/AIDS is a global issue which affects all of us. Collaboration with other organizations will help to promote HIV/AIDS prevention, care and treatments, non-discrimination and stigma reduction. It will therefore be necessary to control the disease and mitigate its impacts through:

- 7.1 Establishment of JGI annual Family days
- 7.2 Engagement of professional s from various disciplines such as legal, welfare organizations, human rights, medical specialists

## **8.0 HIV/AIDS WORK PLACEMENT REVIEW**

The policy can be reviewed depending on the needs of JGI-TZ

## **9.0 IMPLEMENTATION AND MONITORING OF HIV/AIDS WORKPLACEMENT POLICY IMPACT**

JGI Tanzania is obliged to appoint programs' HIV focal person to ensure implementation of the policy at each program level. The focal person will liaise between employees and program leadership in implementation of the policy. In this case:

JGI-TZ's will design and enforce the implementation of this policy to measure progress and impacts for the betterment and welfare of the organization

## **10.0 BUDGET**

- 10.1 Each year 1% of JGI's annual budget will be set to implement JGITZ HIV/AIDS Policy

10.2 JGI-TZ will establish specific endowment fund in support of the implementation of the policy

### ***Annex 6b: Group 2 Draft HIV & AIDS Workplace Policy for JGI***

#### **GENERAL STATEMENT:**

The Jane Goodall Institute Tanzania (JGI-TZ) recognizes the seriousness of HIV epidemic and its impacts on the workplace. JGI-TZ supports national efforts to reduce the spread of infection and minimize the impact of the disease. The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV among employees and their families and to ensure the management of the consequences of HIV including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is with compliance with existing law regarding HIV (THE HIV AND AIDS (PREVENTION AND CONTROL ACT), 2008 and the ILO Code of Practice on HIV/AIDS and the World of work.

#### **GENERAL PRINCIPLES:**

JGI-TZ does not discriminate or tolerate discrimination against employees or job applicants on any grounds including HIV/AIDS status. While JGI-TZ recognizes that there are circumstances unique to HIV/AIDS infection this policy rest on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. We take into account the fact that employees with HIV may live full and active life for a number of years. JGI-TZ's commitment to maintain a safe and health work environment for all employees is best on the recognition that HIV/AIDS is not transmitted by casual contacts.

#### **SPECIFIC PROVISIONS:**

##### **1. Rights of employees:**

- a) JGI-TZ will protect HIV positive employee against discrimination, stigmatization, victimization or harassment. Employees who discriminate against harass or victimize colleague who is HIV positive will be disciplined effectively and appropriately.
- b) Staff who decides to disclose his/her HIV positive situation will be given privileges for free medical and special arrangements to be made by the management.
- c) Employee who has HIV positive but healthy are free to continue to work and will be treated like any other associate with regard to training, promotion, transfers, disciplines and other social welfare.
- d) JGI-TZ will provide reasonable accommodations for employees with HIV related illness for such time as it determined to be reasonable by JGI-TZ management. This could include but not limited to: re-arrangement of working time, time off for medical appointments, flexible sick leave, part time work and return to work arrangements.
- e) JGI-TZ will not dismiss employee purely on the basis of his/her HIV/AIDS status.
- f) Where an employee with AIDS related conditions is too ill to continue to work and where alternative arrangements including extended sick leave have been exhausted the



employment relationship may cease in accordance with anti-discrimination labour laws and organizational policies and procedures.

## **2. Equal opportunities:**

- a) JGI-TZ will not discriminate during recruitment or employment on the basis of known or assumed HIV & AIDS status. Neither during recruitment or employment will the employee or dependents be required to take a test for HIV/AIDS but are advised to take one as stated under the legal standards Tanzania's HIV Act.

## **3. Awareness & prevention at a workplace:**

- a) JGI-TZ acknowledges the desire and ability of HIV positive employees to work. It therefore guarantees the employees living with HIV may continue to work as long as they are able to perform their duties in accordance with job requirement impose no health risk to themselves or to their co- workers.
- b) JGI-TZ will provide HIV/AIDS education materials and training sessions to all employees, which will include: communicating the contents of this policy and its general principles of fairness, sensitivity and non-discrimination. Training sessions will also provide a forum for employees to have their questions and concerns answered in a safe environment.
- c) Condoms and printed information about the importance of using them will be provided in all wash rooms and in all vehicles.
- d) JGI-TZ will provide First Aid Kits in offices, field stations, vehicles, boats and motor cycles which will contain disposable gloves for use by the first aiders when dealing with cuts and abrasions so that they cannot be infected. Employees providing assistance should wash their hands thoroughly with disinfectants soap and water afterwards and destroy the gloves.

## **4. Voluntary counselling and testing:**

- a) JGI-TZ rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, JGI-TZ promotes and facilitates access to voluntary, confidential and testing with counselling for all employees with the objective to assist the employee in obtaining the appropriate support and care.
- b) JGI-TZ will facilitate the availability of HIV testing for staff and their families at the approved testing centres that offer pre and post-test counselling.

## **5. Disclosure and confidentiality:**

JGI-TZ will strive to create an environment in which employees living with HIV can feel secure in disclosing their HIV status if they so wish. To this end, JGI-TZ will:

- a) Ensure that HR maintains accurate but confidential records relating to the health status of each member of staff.
- b) JGI-TZ will take appropriate disciplinary measure against any member of staff who is found to have deliberately disclosed the HIV & AIDS status of an employee to a third party.

- c) JGI-TZ will protect any member of staff against stigmatization and discrimination in the work place and to promptly ensure that any employee found discriminating or stigmatizing a fellow worker who is infected or affected will face disciplinary action.

- d) Disclosure shall be through consent of the infected person. It is important for the employer and employees to promote disclosure and share confidentiality to create room for support in the form of materials and workload adjustment.

#### **6. Care and support of workers and their families.**

- a) JGI-TZ will treat HIV & AIDS the same way as other illnesses in terms of all employees' policies and benefits including health and life insurance, disability benefits, leave sharing, leaves of absence.

#### **7. Community involvement:**

- a) JGI-TZ will collaborate with other organizations in Tanzania where it works to promote HIV & AIDS prevention, care and treatment, non-discrimination and stigma reduction, and greater resource commitment for people living with and people affected by HIV/AIDS.
- b) JGI-TZ encourages its employees to share information about HIV/AIDS with family members and through formal and informal groups to which they belong.
- c) JGI-TZ will lend its organizational name and support as appropriate to advocacy and collaborative activities with other groups in strengthening local and national responses to HIV & AIDS.

#### **8. Review and updating.**

- a) JGI-TZ will ensure the review of the HIV & AIDS policy as appropriate to meet the changing nature of the HIV & AIDS epidemic, development of new information and changes in the national policies and laws.
- b) This policy shall be reviewed jointly by the HIV & AIDS committee and interested employees under the supervision of an expert identified and engaged for this purpose by the committee.
- c) Employees living with or affected by HIV & AIDS, and those who have any related concerns to the person concerned or their supervisor to discuss their concerns and obtain information.

#### **9. Implementation and monitoring of HIV and AIDS at the workplace**

- a) JGI-TZ has established an HIV& AIDS committee to coordinate and implement the HIV & AIDS workplace policy. The committee consists of employees from all sections of the organization and the chairperson of the committee will regularly report to the JGI-TZ management.
- b) JGI-TZ shall ensure that regular study on risks and impacts assessment of the pandemic on the organization shall be conducted. These studies will be conducted in order to assess knowledge, attitudes and behaviour as well as actual practice patterns of employees.
- c) This policy and related information on HIV & AIDS will be communicated to all the employees of JGI-TZ and the wider public using the full range of communication methods available to JGI-TZ and its range of contacts.



### *Annex 7 Implementation of activities*

Activities	Estimate Budget	M&E Methods	Time
Education and awareness - JGI-TZ Office - Community	1%	- Presence of materials at the front desk - Reduction of risky behaviours	Semi annual
Expert hire & testing - Testing & counselling - Review of the policy	5%	- Number of person attended the VCT Clinic	Annual
Supply of protection materials - JGI-Tz Office - Community	2%	- Availability of supplies in respective places	Quarterly
Care & treatment - JGI-TZ Staff	5%	- Medical insurance paid	Regular
	13%		