INCLUSION IS THE ANSWER: UNIONS INVOLVING AND SUPPORTING EDUCATORS LIVING WITH HIV

A TOOLKIT FOR EDUCATORS AND THEIR UNIONS

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This toolkit was written by Scott Pulizzi, Laurie Rosenblum, and Mora Oommen of Education Development Center, Inc. (EDC), Health and Human Development Programs (HHD).

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FOREWORD

The combat against HIV and AIDS can only be effective through the active involvement of those living with the virus. That was the conclusion of the special UN session on AIDS (UNGASS) in 2006. The message was clear and resounded around the globe. But as usual, the key question remained: how to put these good intentions into practice?

Education International (EI), its affiliated unions and partners in the EFAIDS Programme (Education Development Center and the World Health Organisation) have worked closely together to find an answer to this challenge that also applies to the education sector: How to provide better support to teachers living with HIV and AIDS and – secondly - how to make sure that teachers living with HIV and AIDS are fully involved in union activities.

A major step forward was made during the consultation held in Nairobi, in December 2006. Organised jointly by UNESCO, EI and its EFAIDS partners, the meeting convened Ministries, teachers’ unions and networks of teachers living with HIV and AIDS. They jointly concluded that it is only through the full involvement of teachers living with HIV and AIDS that national and local programmes aimed at reducing the spread of the virus will be able to achieve their full impact.

From there on, EDC and EI jointly developed the toolkit “Inclusion is the answer”. The toolkit invites teachers unions to develop and implement a comprehensive package of initiatives, all geared towards the greater involvement of teacher living with HIV and AIDS in prevention, care, support and treatment. These initiatives are divided into the five working areas as per the EFAIDS programme: research, policy development, training, advocacy and publicity.

This toolkit is an important step forward for the education sector and beyond. It gives practical meaning to policy intentions. By implementing the activities of this toolkit and by integrating the interests of teachers living with HIV and AIDS in the day to day union business, teachers’ unions will once again demonstrate that they are a valuable source of support for all of their membership.

Fred van Leeuwen
EI General Secretary

Cheryl Vince Whitman
EDC Senior Vice President
EXECUTIVE SUMMARY

INCLUSION IS THE ANSWER:
Unions Involving and Supporting Educators Living with HIV

Education International, Education Development Center, and the World Health Organisation have developed this toolkit to help educators and their unions support and involve educators who are living with HIV. Emphasis is placed on eliminating stigma and discrimination against people living with HIV in order to enable support and involvement in all union activities. The toolkit will be used by union leaders and educators in the EFAIDS programme in 35 countries around the world.

The first section of the toolkit provides background information on the issues of stigma and discrimination against people living with HIV and greater involvement of people living with HIV. It emphasises the view, “Nothing for us without us.” The section also includes guiding principles for involving educators living with HIV in a union. The main focus of the kit is the tools to help educators and unions conduct activities in the five educator union priority working areas listed below:

- **Research:** Provides tools to collect information necessary to carry out the other working areas, including learning about the needs of educators who live with HIV and ways to support them, and finding out about the groups and organisations that provide relevant services.
- **Union Policy Development:** Focuses on development of union HIV and AIDS policy, including greater involvement of people living with HIV, in order to demonstrate leadership and commitment to all union members on these issues.
- **Advocacy:** Provides information on engaging the government and learning institutions to affect policy change.
- **Publicity:** Helps create a strategy to reach all union members and the larger community with key messages on eliminating stigma and discrimination and providing support for and greater involvement of people living with HIV.
- **Training:** Provides three training activities on key issues related to stigma and discrimination, accessing treatment services, and supporting oneself and others through testing and treatment. Also discusses the importance of capacity building for people living with HIV to enable them to contribute more to HIV and AIDS work. Focuses on developing skills so that educators can also affect learners.

It is the integration of the five working areas as a coherent package that makes them most effective. Implementation of these tools will enable unions and educators to create change that leads to elimination of stigma and discrimination in educators’ unions, greater support for educators living with HIV, and greater involvement of these educators in union activities at all levels.
KEY INFORMATION
KEY INFORMATION

Introduction

Educators are vulnerable to HIV infection just like everyone else. Since only a small number of educators with HIV have revealed their status, and most remain in silence due to fear of stigma and discrimination, HIV prevalence among educators is not known in most countries. However, we can estimate that the prevalence of HIV among educators is similar to that of the general population.

Over the last decade, educators’ unions have shown their commitment to collectively addressing the HIV and AIDS epidemic. Members of the international federation of educators’ unions, Education International (EI), have worked with their constituencies to raise awareness and assist educators with addressing HIV and AIDS in the learning institution setting. In January 2006, EI launched the EFAIDS Programme, an initiative of EI and its partner organisations World Health Organisation (WHO) and Education Development Center, Inc. (EDC). EFAIDS programmes focus on providing HIV and AIDS education, mitigating the effect of HIV and AIDS on education systems, and increasing the number of learners who complete a basic education.

Unions can support educators living with HIV by:

- Creating a union policy that protects educators who have HIV from stigma and discrimination. If an HIV and AIDS policy already exists, work on improving it.
- Developing partnerships with groups, organisations, and networks of people living with HIV and advocating to the government and the public for the rights and interests of educators infected with and/or affected by HIV.
- Providing assistance to networks and/or groups for educators who have HIV, whether the groups are within or outside of the union. If no groups exist, (including support groups), helping form them.
- Involving educators who are living with HIV in union HIV and AIDS programmes.
- Providing publicity and training on HIV- and AIDS-related issues to eliminate stigma and discrimination.

This toolkit is designed to assist educators’ unions in supporting educators who are living with HIV. It describes some basic principles and how to implement them in a union through five union priority working areas of Research, union policy development, advocacy, publicity, and training.

The first section of the toolkit provides key information on the issue of HIV and AIDS in the education sector, stigma, discrimination, and greater involvement of people living with HIV. It also suggests guiding principles for involving educators who have HIV in a union. The following sections, which contain the tools in the kit, discuss ways to support educators who live with HIV through each of the five union priority working areas.
Background

The concept of engaging people with HIV in responses to the epidemic was developed in the early years of the AIDS epidemic as a call for protecting the human rights and dignity of people living with HIV. In 1983, participants at a national AIDS conference in Denver, Colorado in the United States developed the Denver Principles to further strengthen this resolve by setting forth specific standards for human rights and self-empowerment of people living with HIV. It denounced stigma and discrimination, called for increased involvement of people living with HIV at all levels of decision-making, and demanded privacy and confidentiality of medical records and disclosure.

At the 1994 Paris AIDS Summit, the first international summit meeting of governments to address AIDS, representatives of 42 national governments from around the world agreed to the principle that greater involvement of people living with or affected by HIV and AIDS is critical to an ethical and effective response to the epidemic.

The Greater Involvement of People living with or affected by HIV and AIDS (GIPA) provides an overarching principle to consciously and meaningfully engage and involve people living with or affected by HIV to work in mutually beneficial partnerships with institutions responding to the epidemic. It calls for strengthening the capacity of people living with and affected by HIV and AIDS so that they can participate fully at all levels (local, regional, national, and global) and help create a supportive political, legal, and social environment.

In 2001, at the United Nations General Assembly Special Session on AIDS (UNGASS) in New York, the principle of GIPA was further confirmed when participating nations signed an international declaration supporting and encouraging the involvement of people living with HIV.

Although the concept of GIPA has existed for more than 20 years, evaluations and reports have shown limited implementation of the principle. GIPA is not applied systematically and at all levels. Applying the GIPA principle has not been simple because stigma and discrimination have kept people in general, and educators in particular, from disclosing their HIV-positive status, speaking out about it, and becoming involved in efforts to respond to the epidemic. Furthermore, although people with HIV have unique experiences in the issues that need to be addressed, they may not necessarily have project management, advocacy, and communication skills. With limited resources, organisations involved in HIV and AIDS responses, in the absence of technical and practical tools, find it difficult to engage and simultaneously build the capacity and skills of people living with HIV and their networks.

Although many international documents, policies, and declarations have begun to include language that advocates for GIPA, very few how-to manuals exist that can guide organisations to take steps towards institutionalising GIPA. The meaningful implementation of GIPA requires an understanding by all organisations (civil society, governmental, and/or international organisations) of the challenges and success factors in the implementation of the GIPA principle.

As of today, there are very few documented examples of educators’ unions and their constituencies that have put GIPA principles into practice, making explicit efforts to involve people living with HIV in their work to address the impact of HIV and AIDS in schools and communities. This toolkit is a first step in helping educators’ unions to accomplish this goal.
Levels of Involvement

What Does Involvement of People Living with HIV Mean?

Involvement means allowing and encouraging people living with HIV to use their experience in living with HIV and the challenges they face in their communities to have an impact on the design and implementation of responses to the epidemic through a variety of roles at different levels. For teachers’ unions, the goal is to have people living with HIV (teachers and non-teaching staff) involved in all the different aspects of HIV and AIDS work in the union at all levels, including speaking and educating, committee membership, policy development, planning, decision-making, implementing, and evaluating.

Below is a diagram that shows one model of what may be different levels of increasing involvement of people living with HIV in HIV and AIDS work. At the bottom of the pyramid are those who are simply recipients of services. At the top are decision-makers who have the greatest levels of input and involvement. Involving people living with HIV is a process that takes time. Ideally, people would work their way up the pyramid to greater levels of involvement. In reality, involvement does not necessarily occur in that order. Below the diagram are explanations of each level.

Figure 1: Levels of Involvement in HIV and AIDS Work

- **Target Audience**
- **Contributors**
- **Speakers**
- **Implementers**
- **Experts**
- **Decision Makers**

Source: “From Principle to Practice: Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA),” UNAIDS, 1999.
**Decision-makers:** People living with HIV participate in decision-making or policy-making groups. Their input is valued equally with all the other members of these groups. It would be valuable to have some people with HIV on some union decision-making bodies. However, it is not advised to have mandatory seats on decision-making bodies such as the Executive Board if that circumvents the union’s democratic process.

**Experts:** People living with HIV are recognised as important sources of information, knowledge, and skills who participate on the same level as professionals in the design, adaptation, and evaluation of interventions. Educators who have HIV and relevant expertise should be involved at this level.

**Implementers:** People living with HIV carry out important roles in interventions (e.g., carers, peer educators, outreach workers). However, they do not design the intervention, and they have little say in how it is run. Educators with HIV should be involved as trainers and peer educators.

**Speakers:** People living with HIV are used as spokespersons in campaigns to change behaviours or are brought into conferences or meetings to share their views, but they do not participate otherwise. (This is often seen as ‘token’ participation, where the organisers are conscious of the need be seen as involving people living with HIV but do not give them any real power or responsibility.) Educators with HIV should be involved as speakers on HIV and AIDS.

**Contributors:** People living with HIV are involved only marginally, generally when they are already well-known (e.g., pop star on a poster).

**Target audiences:** People living with HIV are not providing any input about HIV- and AIDS-related issues or services.

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**South African Union Member with HIV Involved at Several Levels**

Nonavitsheka Vivi Jekwa, mother of three and an educator at Lutshikini Junior Secondary School in Mont Frere, in the Kokstad Region of the Eastern Cape, was diagnosed with HIV in 2002. Since then her life has wholly changed. She is now an HIV and AIDS activist working in several different capacities. In Mont Frere she is the Secretary of the Masibambisane Kwabaca HIV and AIDS project. Furthermore, in August 2004 she was trained by SADTU (South African Democratic Teachers’ Union) and became a Master Trainer on the EI/WHO/EDC HIV/AIDS Prevention in Schools project. Since then, she has helped numerous people, ranging from educators to community members. As an AIDS ambassador she has helped SADTU with the issues of dealing with stigma and discrimination as well as care and support. Vivi, as she is better known, is looking forward to a future of helping people and the community at large.


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Note that some types of work related to HIV and AIDS in educators’ unions may occur at different levels. For example, advocacy to learning institutions or the government could be done at any of the following levels:

- Sharing one’s perspective as a speaker
- Implementing an advocacy intervention
- Providing expert information on an issue
- Making decisions about how to advocate for an issue and developing a plan of action

The roles of policy and programme development, implementation, and evaluation are part of the decision-maker level of involvement. It is important to involve educators living with HIV at this level within the union structures or to create specific structures and platforms for their involvement.
Benefits and Challenges of Involving People Living with HIV

“GIPA enables highlighting the true picture and ground reality that people living with HIV/AIDS experience. It also helps steer activities in the right direction. Nobody understands our needs better than ourselves.” Udita Devi Salam, India (Source: GIPA in Action: Personal Stories, 2004.)

HIV- and AIDS-related programmes can better serve and advocate for people living with HIV when they have input from people living with the virus. People living with HIV are the ones who know their needs best and can provide valuable information and insights to make programmes more relevant, responsive, and effective. Their motivation may contribute greatly to the effectiveness of programmes in providing education and services. At the same time, their involvement can also help them to build self-esteem, become empowered, and cope better with their own illness.

Involvement of people living with HIV increases contact and understanding between them and other people and sends a message of acceptance. When people living with HIV become more visible in positive ways, they serve as role models for others with the virus, encouraging them to live positively, disclose their status, and become involved in HIV and AIDS work. Teachers with HIV who disclose their HIV-positive status and are involved in delivering HIV and AIDS programmes serve as role models for their students, colleagues, and communities at large. All of the above help reduce stigma and discrimination.

Achieving greater involvement of people living HIV is challenging because of the lack of knowledge about HIV and AIDS and the high degree of fear, stigma, and discrimination that surrounds the disease. Many people are afraid of people who are living with the virus, especially if they lack a clear understanding of how HIV is transmitted. Judgemental attitudes also occur when HIV and AIDS are associated with breaking away from moral values and with key populations who are socially excluded and marginalised by communities because of behaviour that may be considered culturally unacceptable (e.g., men who have sex with men, injecting drug users, sex workers).

Stigma and discrimination also cause people living with HIV to avoid seeking treatment, care, and support services. They also prevent people with HIV from disclosing their status and discourage them from speaking out because of the fear of the negative consequences that they may experience in all aspects of their lives. In the context of a union, it may be especially risky to speak out because a person’s job may be at stake. For example, an educators’ union member who reveals having HIV and speaks out in support of developing or improving an educators’ union policy to protect the rights of members with HIV could risk being harassed and shunned by colleagues and either

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**Stigma** = The process of devaluing people and viewing them negatively on the basis of a particular attribute, for example their HIV status, gender, or sexuality. Stigma creates or reinforces inequalities among individuals and usually leads to discrimination.

**Example in a workplace:** A person harassing or refusing to work with a co-worker because he or she has HIV (real or perceived HIV-positive status).

**Discrimination** = Any form of arbitrary distinction, exclusion, or restriction based on a stigmatised attribute. Discrimination violates individuals’ rights.

**Example in a workplace:** Firing or relocating an employee because of (real or perceived) HIV-positive status or denying the employee a promotion, raise, reasonable accommodations (sometimes called adjustments), health insurance, professional development, or other benefits.
fired or relocated to a remote location where he or she might not be able to receive the HIV treatment and care, he or she may not be able to conduct HIV-related activities. Similarly, a teacher with HIV who simply discloses his or her positive status may risk being excluded by his or her community, colleagues, and students.

Even when people living with HIV disclose their status, organizations may not be prepared to involve them due to lack of awareness, information, or commitment, or active discrimination or unconscious prejudice. People living with HIV may also need training to gain the knowledge and skills necessary to contribute to HIV and AIDS work. In addition, poor health status may prevent them from becoming involved full-time and can cause difficulties when those who are involved cannot continue to carry out their responsibilities.

Guiding Principles for GIPA Implementation

To help unions involve people living with HIV in all aspects of HIV and AIDS work in the union and learning institutions, try putting on a ‘GIPA lens’. Look at all the HIV- and AIDS-related policies, programmes, and activities from the perspective of GIPA to see whether they invite and include people living with HIV and people from groups that represent them.

Disclosure of HIV Status and Confidentiality

Implementing GIPA does not require people to disclose their HIV status. Each individual has the right to decide if and when his or her HIV status will be disclosed. People living with HIV should be free to choose what information they want to disclose and to whom they want to disclose it. It is crucial to maintain confidentiality about individuals’ HIV status.

The following types of HIV- and AIDS-related information should be kept confidential. The person:

- Has or may have HIV
- Has chosen to have an HIV test or has been counselled about having the test
- Is receiving or has received treatment or counselling that suggests he or she may have HIV
- May have had experiences that put him or her at risk of contracting HIV
- Has a close association or relationship with someone with HIV

Levels of disclosure include:

- At home with one or several relatives
- With one or several friends
- With sexual partner(s)
- With a doctor or other health professionals
- At work with one or several colleagues
- Within the union
- At work with a supervisor
- In self-help groups or networks of people living with HIV
- In local NGOs and international NGOs
- With public officials
- In the media, at the national and international levels
- In other fora, such as HIV and AIDS workshops or conferences, at the national and international levels
Inclusion is the answer.

A tool kit for educators and their unions

Figure 2: Levels of Involvement in HIV and AIDS Work

Volunteers in HIV and AIDS Work

Different individuals choose different combinations of levels at which to disclose. There is no standard combination. For example, while some people living with HIV disclose just at home, others may be out at international AIDS conferences but only to a few people or at all levels; others may be out at international AIDS conferences but only to a few people or at all levels.

The main factors that influence the decision of people living with HIV to disclose their HIV status are whether they have a positive experience when they disclose their status, they are likely to feel more self-esteem, trust, and safety, and whether their information will be kept confidential beyond the level at which they have disclosed. If people have some degree of self-esteem, feel safe from stigma and discrimination, and trust that the information will be kept confidential beyond the level at which they have disclosed, then they are more likely to disclose to more people.

If people have a positive experience when they disclose their status, they are likely to feel more self-esteem, trust, and safety, and then disclose to more people.

If there is no standard combination, for example, while some people living with HIV disclose just at home, others may be out at international AIDS conferences but only to a few people or at all levels; others may be out at international AIDS conferences but only to a few people or at all levels. Disclosure is a process that may be done in steps over time. The main factors that influence the decision of people living with HIV to disclose their HIV status are whether they have some degree of self-esteem, feel safe from stigma and discrimination, and whether their information will be kept confidential beyond the level at which they have disclosed.

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Work with Groups and Organisations Representing People Living with HIV and AIDS

A group of persons can collectively come to consensus about their perspective on specific topics, thus presenting an official stance. This is referred to by the Caribbean Regional Network of HIV Positive People (CRN+) as the ‘authentic voice of the group’.

Another advantage of working with groups is that many people living with HIV do not want to come out publicly as having the disease due to the risk of experiencing stigma and discrimination. Groups representing people living with HIV may include affected as well as infected individuals. As a result, when someone steps out as a speaker, they do not have to reveal whether or not they have the virus. In addition, it is not appropriate to ask people to speak publicly who have not publicly disclosed their HIV status. Working with groups also helps avoid the problem of burdening the small number of people living with HIV who have disclosed publicly with numerous requests.

It is important to be aware that connecting with just a few individuals who may not represent the entire community of positive people and generalising their experience to all people living with HIV does not help programmes or people living with HIV. Neither does the involvement of a person with HIV just for the sake of involving someone living with the virus (a practise known as ‘tokenism’). Doing that may be seen as an attempt to avoid getting a valid perspective on the experience of people living with HIV and may convey that one is not sincerely interested in supporting or involving people living with HIV.

Although it might seem to make sense to start implementing GIPA by seeking out people living with HIV in the union, this is not the most appropriate strategy. First, one cannot assume someone has HIV if he or she appears to be sick. But more important, because of the high degree of stigma and discrimination attached to having HIV, individuals who are infected potentially have a lot to lose if they come out publicly in their union. Their union is linked to their workplace, their source of income, and in many cases a part of their life that gives them purpose and self-esteem. They risk losing their job or the chance to be promoted, being relocated to an undesirable location without adequate health care, having difficulty being hired elsewhere, and overall being viewed negatively. However, if a person with HIV comes out and volunteers to be involved, the union can certainly engage that person to the extent and in the ways that he or she is comfortable and willing.

Being successful in supporting people living with HIV does not depend on how many people living with HIV are involved in union activities or employed in the learning institutions but rather on how sensitive the union and learning institutions are to their needs and whether a supportive environment is created.

A useful goal for educators’ unions is to start by reducing the stigma and discrimination in the union in order to create an environment that is safe enough for people living with HIV to come forward if and when they are ready. To get input, work with groups or organisations outside the union that represent people living with HIV, especially ones that include educators who have HIV. Members of these groups can also serve as role models of people living with HIV who have disclosed publicly, which will hopefully make it safer for union members to disclose and get involved.

In determining which groups or organisations to work with, be sure to engage with ones that represent people living with HIV rather than ones that only provide services to them. The latter may have only a few or no people living with HIV involved in meaningful ways and therefore may not be able to accurately and fully represent the experiences of people living with HIV. See the Research Working Area of this toolkit for help in determining which groups and organisations to work with.

Peer Support in Increasing Involvement of People Living with HIV

An early step towards empowering people living with HIV is enabling them to meet other people with the disease to share experiences and information and provide mutual support. It is an important step for an educators’ union to create such a support group or platform. A group can include just people who are infected, just those who are affected, or both. Ideally, however, there should be opportunities for people to meet with just those of the same status so that they can feel safe in sharing experiences that others might not be able to understand. People living with HIV can be particularly effective as peer counsellors and educators because they know and understand the experience from the inside.
How to Conduct Activities in the Priority Working Areas

Educators’ unions have five priority working areas: Research, union policy development, advocacy, publicity, and training. It is most useful to start by gathering information to support work in the other four areas. The key information for HIV and AIDS work includes:

- Learning about and understanding the needs of educators who live with HIV and ways to support them
- Learning about the groups and organisations that provide services and support to people living with HIV in your country, region, and local area, especially any groups that focus on educators
- Thinking about what the union can do to support its membership, including the educators living with HIV and AIDS
- Thinking about what the union can do to encourage voluntary counselling and testing (VCT) and disclosure

See the Research Working Area of this toolkit for an outline of questions to help explore these issues.

Developing union policies is important so that unions have solid, detailed principles written down that they are committed to implementing rather than just general statements or slogans. In this toolkit, the policy development focuses on an HIV and AIDS policy that includes GIPA. See the Union Policy Development Working Area for more information.

Advocacy efforts enable unions to become strong players in engaging with the government and learning institutions in making change to address the needs and rights of educators. See the Advocacy Working Area for more information focused on the issues of HIV, AIDS, stigma, discrimination, and involving people living with HIV.

Publicity is key in informing the union’s membership and the public about the union’s work. When people are informed about the issues they provide a stronger base of support for advocacy efforts and policy development. See the Publicity Working Area for information on publicising the union’s work related to HIV.

Training is a more in-depth means of informing and educating union members about issues, policies, advocacy efforts, and ways that members can become involved in HIV- and AIDS-related work. Training can also be used to build the skills of people who want to become involved to maximise their effectiveness. See the Training Working Area for more information.

After the initial Research, the working areas described above can be carried out in any order. However, it is often valuable to work internally and develop union policy early before doing work that goes beyond the union, such as advocacy. For example, the union may discover that some policy issues need to be addressed by the government as well as by the union. On the other hand, publicity could also be done early to inform union members about the results of the Research. Training could be done early to educate members so that they might be more likely to get involved in the other areas. However, if publicity and training are done later, there will be more information to convey. Note that Research should also be done at later stages, especially for monitoring and evaluation of the work in the other four areas.
This working area provides tools for gathering the information needed to conduct effective work in the four areas described above (union policy development, advocacy, publicity, and training) to support educators living with HIV. The information will aid in formulating specific action steps that the union can take. Since situations vary from one country and local area to another, be sure to tailor research to meet the local needs.

The following four main questions are addressed, along with several additional areas to explore. The four main questions are:

1. What are the needs of educators living with HIV?
2. What supports and services are available?
3. What can the union do to support and involve educators living with HIV?
4. What can unions do to encourage voluntary counselling and testing (VCT) and disclosure?

What Are the Needs of Educators Living with HIV?

Implement a study within the union to find out in what ways and to what extent the following needs are met for union members:

- Existing policies and programmes to address the needs (talk with a variety of union members about what they think needs to be developed or improved)
- Zero tolerance for HIV- and AIDS-related stigma and discrimination
- Human rights, respect, and dignity
- Equal treatment in conditions of service regardless of HIV status (e.g., hiring, firing, salary, benefits, promotions, relocation, sick leave, flexible scheduling, reasonable accommodations or adjustments, professional development, confidential grievance procedures, universal precautions)
- Fair ‘discrimination’ to make up for the disadvantages of having HIV and AIDS, for example, workload made appropriate to the individual’s level of illness
- Confidentiality of HIV status and all medical records
- Support groups or networks for educators who are infected with and/or affected by HIV
- Opportunities for involvement in HIV- and AIDS-related programmes and activities, especially for those living with HIV
- Health and wellness services, including HIV prevention and VCT, for all educators and their family members
- Treatment (including antiretroviral therapy and treatment of opportunistic infections), care, counselling, and support services for people living with HIV and their family members
- Training (pre-service and in-service) about HIV, AIDS, stigma, discrimination, and infection control within the learning institution
- Training on how to teach learners skills-based curricula on HIV, AIDS, sexual and reproductive health, life skills, stigma, and discrimination

A study initiated by one union resulted in recommendations such as restructuring payment packages; reducing workloads; providing more resources to poorer learning institutions; providing psychosocial support for educators; establishing workplace health care, HIV prevention, and antiretroviral treatment programmes; and improving the implementation of HIV and AIDS policies and programmes.
What Support and Services Are Available?

Find out the existing organisations that are doing HIV- and AIDS-related work, what they do, and the extent to which they involve people living with HIV. This information is useful for the following reasons:

- To know the support and services to which educators can be referred
- To determine which groups and organisations the union can connect with in order to obtain input from people living with HIV (e.g., in developing policies, programmes, activities, trainings) and to partner with in carrying out publicity and advocacy

One way to start gathering information about the organisations in your country, region, and local area is to contact the national HIV and AIDS network in your country. A list of those networks can be found in Appendix B. The table on the next page can be used to organise the information collected.

Below are brief descriptions of the key types of groups and organisations devoted to HIV and AIDS work:

**HIV and AIDS support groups:** Provide a safe environment for people living with and/or affected by HIV and AIDS to meet and share support. Run by and represent people living with HIV, and may also do advocacy work. There may be groups of educators with HIV outside the union that provide support, advocacy, or both.

**HIV and AIDS service organisations:** Provide services to people living with HIV (e.g., counselling, home-based care, assistance with financial and other practical matters, programmes for children of parents with HIV). May or may not have people living with HIV involved in providing services and determining the organisation’s work.

**HIV and AIDS networks:** Advocate for the rights and needs of people living with HIV. Provide capacity building for and mobilisation of support groups. Run by and represent people living with HIV. GNP+ is the global network. Most countries have a national network, and some regions and local areas have their own networks. These networks generally work in cooperation with each other.

**National government coordinating agencies or committees:** Provide leadership within the national government on HIV and AIDS issues. Every nation has one of these agencies or committees.
<table>
<thead>
<tr>
<th>Type of Group/Organization</th>
<th>Include People Living with HIV?</th>
<th>What They Do</th>
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<tbody>
<tr>
<td>Other unions</td>
<td>(yes, no, don't know)</td>
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<td>Faith-based organizations</td>
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<td>Social service organizations</td>
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<td>Hospitals and clinics</td>
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<td>Ministries of government</td>
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<td>National government AIDS coordinating agency</td>
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<td>National HIV and AIDS network</td>
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<td>HIV and AIDS service organizations</td>
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<td>HIV and AIDS support groups</td>
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**Tool:** Groups and Organizations Doing HIV- and AIDS-Related Work
What Can Unions Do to Support and Involve Educators Living with HIV?

The list below indicates the areas in which unions can take action to support educators living with HIV. Use the information gathered from question #1 to determine which of these areas the union should focus on. Then use the information from question #2 to determine which groups and organisations to connect with to carry out the work.

- Develop or improve policies, especially an HIV and AIDS policy that includes GIPA. Implement and evaluate the policies. See the Union Policy Development Working Area of this toolkit for more information.
- Educate members about their rights and responsibilities. See the Union Policy Development Working Area.
- Build networks and partnerships with other organisations. See the Advocacy Working Area.
- Develop support groups for those who are infected with and affected by HIV and AIDS. See the Union Policy Development Working Area.
- Provide services, refer educators to services outside the union, and work with local service providers to increase accessibility of services. See the Union Policy Development and Advocacy Working Areas.
- Advocate with the government and learning institutions for the rights and needs of educators. See the Advocacy Working Area.
- Publicise the issues of HIV, AIDS, stigma, discrimination, and supporting educators with HIV. See the Publicity Working Area.
- Train all union members about HIV, AIDS, stigma, discrimination, and the importance of supporting educators with HIV. See the Training Working Area.
- Provide capacity building for those who want to be involved in HIV and AIDS related work. See the Training Working Area.
- Conduct continuous research and update members on new developments in the HIV and AIDS field. See the Research Working Area.

What Can Unions Do to Encourage Voluntary Counselling and Testing and Disclosure?

The list below indicates steps that unions can take to encourage VCT and disclosure:

- Provide publicity and training to raise awareness of HIV- and AIDS-related issues, eliminate stigma and discrimination, and encourage VCT and disclosure of HIV status
- Offer free, completely confidential VCT either at the learning institution or in the community through a special union arrangement
- Provide referrals to services in the community that provide VCT
- Advocate for more confidential VCT services to be provided in the community
- Create an environment in the union and learning institution that feels safe and supportive for disclosure of HIV status

Additional Types of Information to Explore

Gather data on the numbers of educators and others in the union’s workforce who have HIV within the limits of respecting confidentiality. If the union does not have this data, try the Ministry of Education.

Find existing materials about HIV and AIDS and related issues to help in policy development, advocacy, publicity, and training. Contact organisations such as networks of people living with HIV (see Appendix B), your country’s National AIDS Coordinating Committee and Ministry of Health, and the World Health Organisation.

Find out about ongoing and one-time initiatives, activities, and events related to HIV and AIDS that are and will be taking place in your local area, region, and country. This information will be useful to both your union members who want to attend events and for the union to connect with for publicity and advocacy efforts. To gather this information, start by connecting with the networks of people living with HIV in your local area, region, and country (see Appendix B).

Look for funding sources to help you provide support for and involvement of people living with HIV in your union. The types of organisations to consider include AIDS service organisations, your national government’s AIDS agency/committee; bilateral agencies (e.g., USAID, DFID) and UN organisations (start with the national or regional office of UNAIDS; if none, go to the national or regional office of UNESCO or UNICEF).

Do monitoring and evaluation to ensure that your efforts to support and involve educators in the union are actually being carried out as intended and are having an impact. You can use the topic areas under question #1 above to examine how far the union has come and determine next steps to take.
UNION POLICY DEVELOPMENT

“Code of Ethics, Key to Professionalism”
“GIPA overcomes the worst forms of stigma and discrimination. It can ensure improved co-existence between HIV-positive and HIV-negative persons… But environments and policies that support PLHAs (people living with HIV and AIDS) are required, including workplace policies.” David Sekirevu Mukasa, Uganda (Source: GIPA in Action: Personal Stories, 2004.)

Key Issues in Union Policy Development

Policy is an institutional position that addresses a particular demand or issue. Each union has its own procedure for putting policy in place. It usually includes some type of democratic process and stakeholder input as well as voting at the local to national levels. Education International (EI) uses input from affiliate members to develop confederation policies. At the same time, the confederation can inform members’ policies.

Before developing or adapting union policies it is important to learn what workplace policies exist at the ministry level and what specific references there are to teachers with HIV. Then those policies can be considered in developing the union policy. However, the union can take leadership in developing policy that goes further than the ministry policy.

Written policies are ineffective if they are not implemented. Once a policy has been developed and approved, it needs to be publicised to the union membership. See the Publicity Working Area for more information. Planning and resource allocation are also important to ensure implementation.

Importance of Having a Union HIV and AIDS Policy

Compared to other diseases, HIV and AIDS are affected by a unique set of factors that support having a separate union policy to address them. First, HIV and AIDS have more stigma and discrimination attached to them than most other diseases. This is mainly because HIV is an infectious disease that is transmitted primarily through behaviours that are taboo to discuss in many cultures, such as sex. The taboo facilitates the spread of myths and misconceptions, and thus stigma and discrimination. In addition, the spread of HIV is exacerbated by poverty and the low status of women, especially when women need to depend on men for financial support and therefore have to give in to unprotected sex (i.e., they are not in a position to negotiate safer sex). Thus, prevention efforts challenge traditional ways of life and relationships. This causes resentment toward people who are infected and affected as well as those carrying out prevention efforts. All of this stigma and discrimination keep people from seeking diagnosis and treatment and practising safer sex, which adds to the spread of the disease.

Although there are other diseases that are spread through unprotected sex, most are more easily treatable than HIV and some can be prevented through vaccines. HIV is among the most likely to end in extended illness and death. (There is no cure for HIV infection.) Former Secretary-General of the United Nations, Kofi Annan said that AIDS “is now a pandemic that poses among the greatest threats to global progress in the 21st century”.

Having an HIV and AIDS policy brings HIV and AIDS related issues into the mainstream of the union and gives the union a tool through which to address stigma and discrimination and protect its members who are living with and/or affected by HIV and AIDS. However, it does not mean that people who are HIV-positive automatically get a lighter workload than people with other diseases. As with any other illness, benefits and accommodations or adjustments should be dependent on the level of a person’s illness. People who are HIV positive may be basically healthy and not need any accommodations until they develop HIV illness, severe side effects from ARV treatment, and/or symptoms of AIDS-related diseases.

In addition, all union members have both rights and responsibilities. All educators have a responsibility to take care of their health so that they can continue to work and do their job well. People with HIV have to make additional efforts to take care of themselves, including taking their medications, eating well, getting regular exercise, abstaining from or limiting use of alcohol, and generally living healthy lives.
Using the Union Process for Policy Development

The value of developing policies through the union process is that the membership can be involved in their development and must approve them. This type of democratic process facilitates getting the buy-in of members and therefore increases the likelihood that the policies will be more effective when they are implemented and that union members will support the union’s advocacy efforts.

In order to successfully develop and implement a union HIV and AIDS policy, support of the union leadership is crucial. The issue of involving people living with HIV in union and learning institution activities is particularly sensitive and could meet resistance from segments of membership because of the prevailing stigma and discrimination against people living with HIV. Therefore, it requires especially strong union leadership with a clear vision to move the discussions on GIPA forward.

Including a section on GIPA in an HIV and AIDS policy emphasises the importance of involving people living with HIV in union HIV- and AIDS-related programmes and activities. Yet, most educators’ unions have not yet taken that step. This part of the toolkit on union policy development provides information on developing a comprehensive union HIV and AIDS policy, including writing guidelines for applying GIPA.

Developing Union Policy

Comprehensive Union HIV and AIDS Policy

Below is some basic information to use in developing a comprehensive union HIV and AIDS policy. It is divided into 13 main issues and has a focus on supporting colleagues who live with HIV. Use it to improve existing policies or create new ones. Also compare it to any other policies the union has related to illness and sick leave.

1. Recognition and appreciation of HIV and AIDS as a workplace issue

HIV and AIDS are workplace issues, not only because they affect the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2. Non-discrimination and reduction of stigma

• There should be no discrimination or stigmatisation against educators on the basis of their or their family members’ HIV status (whether real or perceived) in any employment policies or practices. This equal treatment covers all conditions of service, including hiring, firing, promotions, salary, benefits, grievance procedures, relocation, scheduling, sick leave, other reasonable accommodations or adjustments, and professional development. Educators with HIV-related illnesses should be allowed to work as long as they are medically fit to carry out the essential responsibilities of the job with reasonable accommodations or adjustments.

• For learners, there should be no stigmatisation or discrimination regarding enrolment in learning institutions and attending their regular classes. When a learner is not able to attend classes or poses a clear health risk, alternative instruction should be provided.

3. Comprehensive education, including prevention and voluntary counselling and testing

• Information on stigma and discrimination; HIV prevention, treatment, and care; the positive aspects of knowing one’s HIV status; and health promotion should be presented in pre-service and in-service educational programmes and trainings for educators and in curricula for learners. Be sure that the language used is non-discriminatory (see issue 4 below).

• Educators should be provided with the training necessary to teach the curricula to the learners.

• Education for educators and learners should use modern, interactive materials that help change attitudes and behaviour and build skills.

4. Use of language

• Accurate and appropriate language and terminology, as per the UNESCO and UNAIDS guidelines (see below), should be used in all of the organisation’s communications, including publicity and trainings. Since use of language can shape beliefs, attitudes, and behaviour, the response to the HIV and AIDS epidemic can be more effective if language is used that is constructibe, does not feed stereotypes, and is inclusive and sensitive to the needs and issues of all people living with and affected by the disease.

• Examples:

  - It is more empowering to say ‘a person living with HIV’ rather than ‘HIV person’, since a person who is living with HIV (or any other disease) is multifaceted. The disease is only one aspect of who he or she is.
o Likewise, the terms ‘victim’ and ‘sufferer’ imply that a person is powerless and has no control over his or her life, no role to play in treatment, and no contribution to make.

o It is not accurate to say, “Have an AIDS test”. Since the test is for HIV and not AIDS, it is accurate to say, “Have an HIV test”.


5. Screening for purposes of employment or studies
HIV screening should not be required of job applicants or employees, and testing for HIV should not be carried out at the workplace as a condition of employment. In addition, HIV testing should not be required for learners to attend a learning institution. However, if the process and results are kept confidential, conducting HIV testing at workplaces and learning institutions can be more convenient for people and thus encourage getting tested.

6. Disclosure and confidentiality
Each individual has the right to decide whether or not to disclose his or her HIV status and should be the only person who makes this decision. Educators and learners living with HIV should be free to choose what information they want to disclose and to whom they want to disclose it. All personal medical information should be treated as confidential. An employee’s or learner’s HIV status should be bound by the rules of confidentiality consistent with the existing International Labour Organisation code of practice on the protection of personal data.

7. Gender equality
Equal gender relations and the empowerment of women in the union and the workplace are vital to preventing the spread of HIV infection and enabling women to cope with HIV and AIDS. The union should work to eliminate any sexual harassment and gender-based discrimination and work towards including women in leadership roles. It is crucial to use existing union structures to maximise the involvement of women in the debate.

8. Healthy work environment
The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers. This includes reasonable accommodations or adjustments so that workers can continue their employment as long as they are medically fit. It also includes protocol and procedures for hygiene control to reduce the risk of HIV transmission in the event of accidents and to reduce the risk of accidents. Learning institutions and educators should be provided with the necessary training and equipment to carry out the procedures.

9. Dialogue and involvement of all parties
A successful HIV and AIDS policy and programme requires cooperation, trust, and dialogue between employers, workers, parents (of students), community leaders, and governments. The union is committed to involving people living with HIV in full and meaningful ways in all of its HIV- and AIDS-related programmes and activities and to creating an environment that will foster such involvement. The union also needs to achieve a process of structural consultation with the education authorities, the employer.

10. Treatment, care, and support
Employees and learners with HIV need treatment, care, and support. There should be no discrimination against educators or their families in access to affordable health services, including voluntary counselling and testing, and all statutory and occupational benefits. There should be no discrimination against learners in terms of the normal health benefits accessed by other learners. The union should advocate for services for educators and learners.

11. Research, monitoring, and evaluation
Issues related to HIV and AIDS are constantly changing. Therefore, the union needs to do research and conduct monitoring and evaluation of its HIV- and AIDS-related policies and programmes on an ongoing basis in order to keep them current.

12. Grievance process
The union must have in place a clear process to defend those who have a grievance related to HIV and AIDS. This may be part of a general union grievance procedure. Union stewards should be sensitised to respond to stigma and discrimination so that they can support the grievance process.

13. Dissemination of HIV and AIDS policy
The union must have a clear dissemination plan to let all union members know about the HIV and AIDS policy. Without knowledge of the policy, people will not use its benefits.
GIPA Section of an HIV and AIDS Policy

If your union has a GIPA statement or policy within or separate from an HIV and AIDS policy, compare that to the model GIPA statement and list of key sections below. Then, make any changes needed to improve your policy. If there is no GIPA statement or policy, use the information below to develop one. In using the statement and list below, tailor it to the specific issues and needs of your union.

Main GIPA statement within a GIPA or HIV and AIDS workplace policy
The union is committed to involving people living with HIV in full and meaningful ways in all of its HIV- and AIDS-related programmes and activities and to creating an environment that will foster such involvement.

Major sections of a GIPA statement or policy

1. Involve people living with HIV at all levels in union HIV- and AIDS-related activities. A key piece of a GIPA policy should be a statement indicating that the workplace/learning institution supports and encourages the involvement of people living with HIV in all HIV- and AIDS-related activities. They can be both union members and those from outside the union who want to help the union with greater involvement of people living with HIV. The learning institution authorities need to play a strong role in encouraging involvement of people living with HIV.

To help determine the levels and types of involvement of people living with HIV that currently occur in HIV and AIDS work in the union, use the pyramid in Figure 1 above (and the accompanying descriptions) showing six levels of involvement. Then use the pyramid to help write a brief description in the GIPA policy of what the union means by 'involvement'. It would be ideal to say that the union wants to involve people living with HIV at all levels of involvement and describe what that includes.

The criteria in the box below can also be used to describe the involvement of people living with HIV. These criteria can be adapted for a particular union.

**ISSUES TO TAKE INTO ACCOUNT WHEN INVOLVING PEOPLE LIVING WITH HIV IN EDUCATORS’ UNIONS**

- **Time:**
  - Amount of time a person living with HIV can spend on union HIV- and AIDS-related activities (e.g., 2 hours per week or 2 days each month). A reasonable amount of time for the individual involved should be determined in consultation with that person.
  - Whether the time is ongoing (e.g., serving as a committee member) or occasional (e.g., helping at an event once every several months)

- **Type of remuneration:**
  - Financial (e.g., honorarium for participation or facilitation, allowances for volunteers, reimbursement of expenses)
  - Material (e.g., food, medicines, health insurance)
  - Technical (e.g., training, skills development)
  - Psychological (e.g., counselling or support provided by professionals or peers)

- **Skills used:**
  - Experience of living with HIV
  - Knowledge of basic information on HIV and AIDS
  - Technical skills (e.g., policy and program development and implementation, advocacy, counselling)

- **Level of visibility:**
  - Active within the union (e.g., serving on a union committee, developing policies or publicity materials, conducting a training to union members)
  - Active outside of the union on behalf of the union (e.g., advocating to the government)
2. **Address issues of disclosure of HIV status and confidentiality.** A GIPA policy should address issues of disclosure of HIV status and confidentiality. Some important points to cover are:

- Each individual has the right to decide whether he or she wants to disclose his or her HIV status and should be the only person who makes this decision. People living with HIV should be free to choose what information they want to disclose and to whom they want to disclose it, including when they are involved in HIV- and AIDS-related activities. GIPA does not require disclosure of HIV status. In addition, it is a breach of confidentiality for someone to disclose the HIV status of another union member without the consent of that person.

- The union should ensure and inform its membership that there are procedures in the workplace to maintain confidentiality consistent with the existing International Labour Organisation code of practice on the protection of personal data. Union members should be educated about the importance of confidentiality and how it is to be maintained. They could be asked to sign a confidentiality agreement. It could state the types of information that are to be kept confidential, that union members will not disclose confidential information about a person with HIV without the consent of that person, and that a breach of the agreement may result in disciplinary action.

3. **Create a safe space within the union for educators living with HIV to meet (a support group) to share experiences, information, and mutual support.** An important piece of a GIPA policy is that a union should create a safe space for people living with HIV to meet and to provide ongoing counselling. Setting up this type of support group is part of a union’s employee assistance function. Below are some steps for developing a support group and having it function successfully.

- Find out about the needs and interests of union members for support groups for people infected with and affected by HIV and AIDS.

- Start a support group within the union for people infected with HIV and people affected by HIV and AIDS in which they can share their experiences. It is safer for those infected who do not want to disclose their status to join a group that includes those who are affected (who are assumed to be allies of those infected or they would not join the group).

- When those who are infected feel safe enough in the union environment, they can create their own group within the larger support group in order to share their issues only with others who are infected.

- When support group members feel safe enough in the union, they can get involved in HIV and AIDS issues at different levels in the union. These people can be viewed as representing people living with HIV, regardless of whether they have the disease, so that they do not have to reveal their status.

- Develop plans to ensure sustainability of the support group(s).

A separate support group should be set up through the union for caregivers of people living with HIV so that they can share their specific issues and needs.

In some cases, educators living with HIV may have developed a support group outside the union. Current examples include the Kenya Network of Positive Educators (KENEPOTE) and Educators Anti-AIDS Action Group (TAAG) in Uganda. Such support groups and educators’ unions can both benefit through partnership.

4. **Build the capacity of people living with HIV.** A GIPA policy should state the importance of, and the union’s commitment to, increasing the ability of people living with HIV to be effectively and meaningfully involved in union HIV and AIDS activities. This includes providing training for both union members and people living with HIV from groups and organisations outside the union that work with the union on HIV- and AIDS-related programmes and activities. Training should be tailored to the needs of each group being trained. See the Training Working Area of this toolkit for more information.
Action Plan Outline for Developing Policy

Use the chart below to think through and lay out an action plan for your union’s policy development and implementation activities to support and involve educators who live with HIV. This chart is an example of the steps for developing a union HIV and AIDS antidiscrimination policy.

Use a separate chart for each activity (e.g., addressing stigma and discrimination, involving people living with HIV at all levels in union HIV- and AIDS-related activities, addressing issues of disclosure of HIV status and confidentiality, creating a safe space within the union for people living with HIV to meet, building the capacity of people living with HIV). This Action Plan Outline can also be used to plan and carry out activities in the other union working areas of Research, advocacy, training, and publicity.

Tool: HIV and AIDS Anti-Discrimination Policy

<table>
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<tr>
<th>Steps to Take</th>
<th>Who Is Responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Step 1: Gather information on HIV and AIDS stigma and discrimination and sample anti-discrimination policies (see Research Working Area)</td>
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<td>Step 2: Plan content for an anti-discrimination policy (see Union Policy Development Working Area)</td>
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<td>Step 3: Obtain input on the proposed policy from union members</td>
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<td>Step 4: Write draft policy (see Union Policy Development Working Area)</td>
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<td>Step 5: Review and endorse policy through union structure</td>
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<td>Step 6: Disseminate policy (see Publicity Working Area)</td>
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<td>Step 7: Train union members about the policy (see Training Working Area)</td>
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<td>Step 8: Monitor and evaluate policy (see Research Working Area)</td>
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<td>Step 9: Modify policy as necessary</td>
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ADVOCACY
Advocacy Audiences and Partners

Through advocacy, union members can get actively involved in creating changes related to HIV and AIDS. Advocating for policy change, sometimes referred to as ‘lobbying’, is when the union engages with the government. Advocacy can also take the form of conveying messages to learning institutions and the public. In addition, there are sometimes links between advocacy and publicity.

When the union learns the needs of its members in relation to HIV and AIDS and the support and services needed by those who live with the virus, union members should advocate to get those needs fulfilled. If policy related to HIV and AIDS needs to be written or revised, union members should use advocacy methods to convince learning institutions and governments of the importance of having a comprehensive policy.

Purpose

To address issues that affect educators who live with HIV in order to ensure provision of the same rights and opportunities to them as to all other educators. To advocate for greater involvement of people living with HIV in addressing these and other issues and activities related to HIV and AIDS in the union and learning institutions.

Audiences

The government (national, regional, and local), unions, learning institutions, and other organisations involved in HIV and AIDS issues related to educators, learners, learning institutions, and the education sector.

These groups are in order in the diagram based on their scope (the numbers of people they reach) with the largest on the left. However, all of the groups are important. Although reaching individuals is just one person or a few people at a time, the connections made may be more personal and powerful and possibly lead to individuals taking action at a larger level.

Each of the groups has somewhat different motivations regarding involvement of people living with HIV that must be addressed in advocacy efforts to gain their support. Governments are interested in what will work best for their constituents while keeping themselves in the best political light. Unions are interested in the needs of their members and lobby the government on their behalf. Organisations are interested in the needs of the clients they serve and fulfilling their organisational mission. Learning institutions are focused on the needs of their learners and educators. Individuals may have a wide variety of personal interests in the issue, depending on whether they or their family members are living with HIV.
Whom to Work With

Union advocacy efforts to increase support for and involvement of educators who live with HIV are more likely to be accepted when they are supported by the union’s leadership. They will be stronger if they are integrated with other union advocacy efforts. Form coalitions with other union departments to carry out advocacy efforts.

The union’s advocacy work is also likely to be more effective if the union engages in partnerships and coalition building with groups, organisations, and networks that represent people living with HIV, especially if they focus on or include educators. It is also important to connect with other organisations that work on HIV- and AIDS-related issues, such as ones that provide prevention, VCT, care, and support. The more groups you can get to support your issues, the more resources you will have and the more powerful the union’s position will be. However, be sure to maintain your own agenda when working with other organisations.

Note that different groups need different types of capacity building in order to be most effective in educators’ union advocacy efforts. See the Research Working Area for information on the different types of organisations the union can work with and the Training Working Area for information on capacity building.

Taking Action to Advocate for HIV- and AIDS-Related Issues

Specific Issues to Advocate For

These are some of the important issues unions can advocate for related to HIV and AIDS. Your union may have others as well.

- Get the Ministry of Education, which is the employer of educators, to develop, budget for, and implement HIV and AIDS and GIPA policies.
- Ensure equal treatment in all conditions of service, including salary, benefits, hiring, firing, promotions, grievance procedures, and professional development.
- Ensure that there are no requirements for educators or learners to have an HIV test and share their results or to be forced in any way to disclose their HIV status.
- Ensure that employees with HIV are not relocated to areas where they cannot get the health care they need.
- Allow reasonable accommodations or adjustments for union members who have an HIV- and AIDS-related illness or a family member with them (e.g., sick leave, flexible scheduling).
- Provide access to VCT, health care, nutrition counselling, and other services related to HIV and AIDS for union members living with HIV so that people living with HIV and their family members can continue to work in their jobs and participate in union activities.
- Provide education to union members and the larger community about treatment literacy so that not only people with the disease can take better care of themselves, but others can support them in their efforts.
- Provide education to union members about their rights and responsibilities in relation to HIV and AIDS.
- Provide support for spouses and partners of people living with HIV and AIDS.
- Get HIV, AIDS, stigma, and discrimination included in the curriculum for learners and in pre-service and in-service education for educators.
- Allow and help children and adolescents with HIV to attend school and regular classes and to receive alternative instruction when necessary.
PUBLICITY
Key Elements of Publicity Campaigns

When you are trying to change people’s attitudes, beliefs, and behaviour related to stigma and discrimination, it is important to convey your messages clearly, frequently, and consistently. Using various forms of publicity is a key means of doing that. Publicity is also a valuable tool for informing union members and the public about the union’s work in the areas of Research, union policy development, advocacy, and training, and to build support for that work.

**Purpose**

To encourage people in the learning institution environment to eliminate stigma and discrimination against people living with HIV and inform them about the union’s work on this issue.

**Method**

Integrate messages challenging HIV- and AIDS-related stigma and discrimination into all union programmes and communication.

**Types of Content**

The following are types of content that can be included in publicity efforts to support GIPA:

- Key points in union HIV and AIDS policy, if there is one. If there is no such policy, publicity can be used as a tool to work towards developing such a policy.
- Statement from leadership on the importance of including people living with HIV and their families in all union programmes and activities.
- Key messages to reduce stigma and discrimination:
  - ‘We are all affected.’
  - ‘My colleague with HIV is still my colleague.’
  - ‘My colleague with HIV is your colleague.’
  - ‘HIV does not discriminate. Neither should unions or learning institutions.’
  - ‘An educator living with HIV is still an educator.’
  - ‘Nothing about us without us.’
- Ways the union is supporting educators who live with HIV, including programmes and events; trainings; information about support groups within the union for people who are affected and infected and their services; collaboration with other organisations, especially groups of people who live with HIV.
- Examples of how individual union members can support educators who are living with HIV and help reduce stigma and discrimination. This includes conveying understanding of and compassion for people living with HIV, challenging others who say negative things about or act negatively toward people who are living with HIV, working on union HIV and AIDS programmes and activities, and advocating for the rights of people living with HIV.

Some newsletters of educators’ unions include feature articles on the union’s work to address the HIV and AIDS epidemic.
Audiences

The publicity is mainly for people in the learning institution environment (e.g., educators, administrators, support staff). However, it can be aimed at learners, parents, government, and the wider community. Make sure people living with HIV from within and outside of the union are invited to union events to increase opportunities for interaction and to encourage more people living with HIV to come out in the union. The union and the education sector can set an example of including a broader audience. Here again it requires a strong and committed union leadership to take the lead.

Types of Publicity

For the learning institution environment:

- Posters/flyers in educators’ rooms and union offices
- Handouts/pamphlets put in educators’ mail boxes; also available in educators’ rooms and union offices
- Calendars
- Pay slips

For the community outside the learning institution:

- Radio and television spots
- Newspaper articles
- Billboard messages
- Speakers and theatre performances at events
- Pins, pens, pencils, key chains, mugs, T-shirts

Types of Events

Dates that are already known and draw attention, such as those listed below, can be very useful as focal points for action on GIPA issues. They can be used to maximise media coverage. The international dates can be used to gain international attention and global solidarity regarding GIPA.

- World AIDS Day on 1 December
- World Educators’ Day on 5 October
- Global Action Week in April
- Workers’ Memorial Day Candlelight Vigils on 28 April
- Union delegates’ conferences and annual general meetings
- Union HIV and AIDS events
- Carnivals
- Sporting events
- Workshops
- Symposia
- Debates
- Other nationally and internationally recognised events
INCLUSION IS THE ANSWER: A TOOLKIT FOR EDUCATORS AND THEIR UNIONS

Taking Action to Develop a Publicity Strategy

<table>
<thead>
<tr>
<th>Event and Date</th>
<th>Audience</th>
<th>Message: Living with HIV</th>
<th>Key Content/Support for people living with HIV</th>
<th>Types of Publicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>World AIDS Day, December 1</td>
<td>General public, union members, learning institution personnel</td>
<td>Importance of GIPA</td>
<td>Posters, pamphlets</td>
<td>Learning institution personnel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All people living with HIV</td>
<td>Publicise event, speak at event, participate in organising</td>
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</tbody>
</table>

Note that distributing publicity materials can be an ongoing process as well as focused on specific events. For example, you may have a radio spot that is already twice a week for six months and pamphlets that are always available in educator staff rooms.

Use the chart below to think through and lay out an action plan for your union’s publicity activities to promote support for and involvement of educators living with HIV.
TRAINING
Some educators’ unions earmark a percentage of their membership dues for training activities related to HIV and AIDS.

**Types of Training to Provide**

**Capacity Building**

Different groups of people working with the union on HIV- and AIDS-related programmes and activities bring a range of skills and knowledge. Everyone has something to contribute, but many people will need some kind of capacity building.

Union members who want to become involved may need training in programme skills such as peer education; counselling skills; public speaking; serving on committees; working with groups; leading trainings; policy and programme development, implementation, and evaluation; advocacy; fundraising; leadership and organisational decision-making; and working with grievance procedures. Members of union support groups for those who are infected with and/or affected by HIV may need to gain skills in developing objectives and plans; clarifying roles and responsibilities, including decision-making; managing group activities; and coping with the progression of illness and death of members.

For some purposes the union will need to work with people living with HIV who are not union members. This may occur when the union wants to connect with groups that represent people with HIV in order to increase its knowledge about HIV and AIDS issues for its policy development, publicity, and training activities. This is especially likely to occur if there are few or no union members who have disclosed that they are HIV-positive. It will also occur when the union wants to join with groups representing people with HIV to do advocacy work. In these situations, the union will probably need to provide information about the education sector, the educators’ union context, and how to work with union members.

**General Training for All Union Members**

All educators and other union members need to receive some basic training about the harm that stigma and discrimination can cause, how to reduce them, and how to involve people living with HIV in union activities. This training will help create a safer and more equitable environment in the union and learning institutions. In addition, educators and other union members can benefit from learning about existing HIV- and AIDS-related services and how to access them as well as how to support oneself and others through the process of testing and treatment.

There are three training activities in this section. They can be done independently or as part of a day-long training. When conducting these trainings, use the opportunity to bring in a variety of HIV- and AIDS-related materials.

- **Anti-Stigma and Anti-Discrimination**
  - Learning objectives:
    - Understand issues of HIV and AIDS and people living with the virus
    - Describe what stigma and discrimination are and the harm they cause
    - Demonstrate ways to prevent or stop stigma and discrimination

- **Accessing Treatment Services**
  - Learning objectives:
    - Examine the treatment services, including enrolment criteria, available through the union and in the community
    - Recommend ways that individuals can access treatment

- **Supporting Oneself and Others through Testing and Treatment**
  - Learning objectives:
    - Discuss the different services available
    - Discuss the support one needs during testing and treatment
    - Demonstrate how one can support oneself or another person during testing and treatment
Training Activities

Anti-Stigma and Anti-Discrimination Training Activity

**Trainers:** Union leaders, programme coordinators, and educators (peer educators), with involvement of people from an outside organisation representing people living with HIV

**Purpose:** To educate union members in order to eliminate stigma and discrimination against people living with HIV and to encourage involvement of people living with HIV in union HIV- and AIDS-related programmes and activities

**Learning Objectives:**
- Understand issues of HIV and AIDS and people living with the virus
- Describe what stigma and discrimination are and the harm they cause
- Demonstrate ways to prevent or stop stigma and discrimination

**Methods:** Survey, group discussion, role play

**Preparation:** Write the survey questions (see below) on a flip chart or chalkboard so that participants can discuss them when you are reviewing their answers

**Time:** 1½–2 hours

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**Agenda**

**Part 1:** 5 minutes
Welcome and introductions.

**Part 2:** 5 minutes
Conduct brief survey. Hand out survey sheet containing nine questions about HIV and AIDS stigma and discrimination. Ask participants to complete it in about three minutes. (See survey sheet below.)

**Part 3:** 10 minutes
Collect surveys. Ask participants to pair up with someone next to them and discuss the survey questions. During this same time, review the surveys and note incorrect responses that should be discussed in greater depth.

**Part 4:** 15–20 minutes
Review the survey answers with participants and engage them in dialogue, focusing on the ones with more incorrect responses. Be sure participants clearly understand what stigma and discrimination are.

**Part 5:** 20–25 minutes
In the large group, ask participants to give examples of other stigmatising statements and actions. Choose two or three of them and discuss the following questions:

a. Why are these statements and actions hurtful and stigmatising?
b. Where did they come from?
c. What would it feel like if you were the one being stigmatised?
d. What can you do to help end use of these statements and actions?

**Part 6:** 25–35 minutes
Role play

a. Participants divide into groups of four to do a role play of about three minutes long. Scene: Two people are talking in learning institution educators’ room. They are saying something derogatory about an HIV-positive colleague. A third person is listening. This person intervenes in a firm but constructive way that makes the others stop and think about what they are saying. The fourth person watches the role play as a neutral observer.

b. After the role play, the four participants discuss their role play, including what was realistic, what worked, what did not work, and what could be done differently to be more effective.
c. Participants switch roles and perform the role play again to allow different people to play different roles and experiment with responding in different ways.
d. Participants discuss this role play briefly.

Part 7: 10 minutes
In the large group, participants discuss the stigmatising statements and responses to them that came up in the role plays.

Part 8: 10 minutes
Give brief presentation on what your union is doing in the five working areas and how union members can become involved.

Concluding key points to share with participants at the end of group discussion:

• Stigma and discrimination come from various sources but mainly from ignorance, misinformation, and fear.
• Each of us has a role to play in eliminating stigma and discrimination.
### SURVEY FOR TRAINING

**Opinion statements:** Please respond to each statement by placing a check mark in the appropriate column.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>1. HIV can be transmitted by shaking hands with someone who has HIV or by sharing the same toilets, eating utensils, or chalk.</td>
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<tr>
<td>2. We should not help people who are HIV-positive. They got what they deserved.</td>
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<tr>
<td>3. A person can be infected with HIV for several years and not show symptoms.</td>
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<tr>
<td>4. Parents who are HIV-positive can have a baby who is HIV-negative.</td>
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<td></td>
<td></td>
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<tr>
<td>5. Educators who are HIV-positive should not be teaching because they set a bad example.</td>
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<tr>
<td>6. People living with HIV can provide HIV- and AIDS-related programmes with understanding and insight that makes them more effective.</td>
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<tr>
<td>7. Having a speaker with HIV at a few union meetings is sufficient involvement of people living with HIV in the union.</td>
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<tr>
<td>8. It is okay to invite a person with HIV who has not disclosed his or her HIV status publicly to speak at a union meeting or training.</td>
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<tr>
<td>9. HIV and AIDS is an important issue for the union to address in collective bargaining.</td>
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<tr>
<td>10. A person living with HIV can still be my friend.</td>
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</table>
Survey Answers with Explanations

1. **Disagree.** This statement supports the myth that HIV can be transmitted just by touching someone or sharing food and drink. In fact, HIV can only be transmitted through the exchange of four bodily fluids: blood, semen, vaginal fluid, or breast milk. This occurs mainly through unprotected sexual contact and sharing needles in injecting drug use, and by a mother passing the virus to her baby before and during birth or during breastfeeding.

2. **Disagree.** This is an example of a common stigmatising statement used against people living with HIV. The reality is that no one deserves to get a potentially fatal illness or be denied care because they have engaged in any of the behaviours that can cause transmission of HIV including unprotected sex and injecting drug use. In addition, some people living with HIV did not have any control over how they became infected, including babies who were infected during pregnancy, people who did not know that their spouse had HIV, and people who were raped or coerced into having unprotected sex.

3. **Agree.** This statement counters the common myth that people who have HIV show symptoms of the virus and become sick soon after contracting the virus. In fact, people who are infected with HIV may not show any symptoms for many years and may not know their HIV-positive status. With proper nutrition, exercise, and regular doctor visits, they can live very healthy lives. Even if they have symptoms that could be caused by having HIV, those symptoms could also be caused by other health problems that are not related to HIV. Therefore, you cannot tell by looking at someone whether or not he or she has HIV.

4. **Agree.** This statement counters the myth that all parents living with HIV have babies with the virus. HIV-positive parents do not necessarily pass on HIV to their babies. Although HIV can be transmitted from an HIV-positive mother to her baby during pregnancy, labour, and delivery or through breastfeeding, there are special medications (antiretrovirals) that can help prevent this transmission. It is important for both parents to find out their HIV status before the delivery so that the necessary medications can be given when they will be most effective. The father’s HIV status is important because even if the mother is HIV negative, if the father is HIV positive there is still a chance that the mother could get HIV from the father through unprotected sexual relations. Therefore, both parents need to take responsibility on this issue.

5. **Disagree.** This statement is an example of a stigmatising belief about people living with HIV. The reality is that having HIV does not make a person inherently ‘bad’ or a poor role model. There are many reasons why a person may have contracted the virus. As described in answer #2 above, some of them are beyond the person’s control. Regardless of the cause, an educator who is living with HIV can be a good role model, irrelevant of his or her HIV status.

6. **Agree.** This statement supports the fact that people living with HIV are the ones who understand their experiences and know their needs best and can provide valuable information and insights to make programmes more relevant, responsive, and effective. Involvement of people living with HIV increases contact and understanding between them and other people and sends a message of acceptance. When people living with HIV become more visible in positive ways, they serve as role models for others with the virus, encouraging them to live positively, disclose their status, and become involved in HIV and AIDS work. These changes help reduce stigma and discrimination.

7. **Disagree.** This statement is an example of ‘tokenism’, which means doing a few easy things to show you are interested in an issue when you do not want to put much time and effort into it. Unions need involvement of people living with HIV at all levels and systematically, from speaking at meetings to programme planning to advocacy to participating fully in decision-making, because they know their issues and experiences best. Just asking someone who lives with HIV to speak at a few meetings and not involving people living with HIV any further is not meaningful involvement.
8. **Disagree.** This statement brings up issues of privacy and disclosure and the importance of not ‘head hunting’ for individuals in the union who have HIV. It is not appropriate to ask someone to be a speaker on HIV and AIDS if he or she has not publicly disclosed his or her HIV status. The person may not even feel comfortable that you know his or her HIV status if you found out about it from someone else. It is solely an individual’s choice as to whether and when to disclose his or her HIV status and to whom. Disclosing one’s HIV status can carry a great deal of risk due to the stigma and discrimination that surrounds the disease. Educators potentially have a lot to lose when they disclose that they are HIV-positive because their jobs may be at stake.

9. **Agree.** This statement emphasises the importance of the union addressing issues related to HIV and AIDS. Whether or not you know who they are, a significant number of educators in any union are living with HIV. Through collective bargaining, educators can try to gain non-discrimination regarding all conditions of service for people living with HIV, protection of confidentiality about HIV status, training on HIV- and AIDS-related issues, professional development on teaching learners about the disease, and access to care and support for those with HIV.

10. **Agree.** A person who is HIV-positive did not do anything wrong. It does not matter how he or she got HIV. However, you may feel scared, angry, sad, anxious, and/or helpless. These feelings are normal. And, it is also important to get support from others (friends or a support group) to help you deal with these feelings. That process can lead to greater acceptance of the situation so that you can deal with your emotions in a healthy way and the situation constructively, and give your friend needed support to cope with the disease. Most important in supporting your friend is to be there by listening, acknowledging feelings, touching, being quiet, and laughing and crying together. You can use this opportunity to increase appreciation for each other, open up your communication, and share more deeply. Other ways to support a friend with HIV include offering to help with things such as daily chores, going to medical visits, and staying in contact with other people.
### Accessing Treatment Services Training Activity

**Trainers:** Union leaders and/or programme coordinators, and educators (peer educators)

**Purpose:** To learn about available treatment services and how to access them

**Learning Objectives:**
- Review the process and benefits of HIV counselling and testing. Key points:
  - If a person engages in any behaviour that might transmit HIV, it is very important to seek counselling and testing for HIV. Knowing one's HIV status is the first step in seeking medical attention and gaining access to effective treatment that can prolong one's life and delay the onset of AIDS.
  - A medical practitioner can administer special tests to learn more about an individual’s HIV status, such as:
    - Tests for anaemia and white blood cells
    - A CD4 test: Shows how much damage HIV has done to the immune system and guides the doctor on when to start treatment.
    - A viral load test: Shows how much HIV is in the body.
  - Pre- and post-test counselling must be offered as part of the testing process.
    - Pre-test counselling can help inform the individual about the testing process, meaning of positive and negative test results, client’s potential risks, ways to reduce risk, and developing a plan for preparing to know the results.
    - Post-test counselling must help empower the individual. If the test is negative, the individual must be informed of continued precaution and preventive behaviour. If the test is positive, counselling must empower the individual to prepare to make difficult decisions that HIV infection poses, including the intended plan of action for sharing results, and of seeking the medical, social, emotional, financial support he or she will need.
  - An individual has the right to seek out counselling and testing voluntarily, that is, by his or her own choice. In addition, counselling, testing, and test results must be kept confidential.

- Introduce the objectives of the activity to the group.

- Explain that in the community there are a lot of services that people, including those who are HIV-positive, can access to take care of their health. Some of the services may be connected with the union.

- Ask the group to brainstorm some of the services that they may have used or heard of, and write each on the board. Discuss providers of the following services. Note: One centre can provide several services:
  - Counselling and testing
  - Antiretroviral therapy (What are the enrolment criteria?)
  - Other healing methods

---

**Agenda**

**Part 1: 45 minutes – 1 hour**

1. Review the process and benefits of HIV counselling and testing. Key points:
   - If a person engages in any behaviour that might transmit HIV, it is very important to seek counselling and testing for HIV. Knowing one’s HIV status is the first step in seeking medical attention and gaining access to effective treatment that can prolong one’s life and delay the onset of AIDS.
   - A medical practitioner can administer special tests to learn more about an individual’s HIV status, such as:
     - Tests for anaemia and white blood cells
     - A CD4 test: Shows how much damage HIV has done to the immune system and guides the doctor on when to start treatment.
     - A viral load test: Shows how much HIV is in the body.
   - Pre- and post-test counselling must be offered as part of the testing process.
     - Pre-test counselling can help inform the individual about the testing process, meaning of positive and negative test results, client’s potential risks, ways to reduce risk, and developing a plan for preparing to know the results.
     - Post-test counselling must help empower the individual. If the test is negative, the individual must be informed of continued precaution and preventive behaviour. If the test is positive, counselling must empower the individual to prepare to make difficult decisions that HIV infection poses, including the intended plan of action for sharing results, and of seeking the medical, social, emotional, financial support he or she will need.

2. Introduce the objectives of the activity to the group.

3. Explain that in the community there are a lot of services that people, including those who are HIV-positive, can access to take care of their health. Some of the services may be connected with the union.

4. Ask the group to brainstorm some of the services that they may have used or heard of, and write each on the board. Discuss providers of the following services. Note: One centre can provide several services:
   - Counselling and testing
   - Antiretroviral therapy (What are the enrolment criteria?)
   - Other healing methods
5. Work with the group to develop a simple map of the community and work with the participants to mark on the map each of the service centres they identified. Also discuss any services the union provides and any connections or referral systems the union has with community service centres. (Be aware of differences that may come up during discussions depending on the setting, e.g., urban, rural, large vs. small communities, near the capital, near Ministry of Education facilities, etc.)

Part 2: Outside of the group sessions

Assign pairs an area of the map to cover. Ask them to visit one of the sites and investigate how people who are HIV-positive can access services. Also ask them to investigate if there are services specialised to meet the needs of women, girls, and youth, and for groups representing people living with HIV.

Part 3: 1½ hours

Section A: 30–40 minutes

1. Review information from Part 1 highlighting the process and benefits of HIV counselling and testing and the types of services available.
2. Ask for pairs to share what they learned from their site visits.
3. Develop a more complete map based on the information from the pair work.

Section B: 30 minutes

4. Review the steps that people who are HIV positive can take to care for their health.
   - Counselling to help cope with living with HIV
   - Support for preventing transmission of HIV
   - Advice on food, nutrition, and exercise
   - Treatment of other sexually transmitted infections
   - Prevention and treatment of opportunistic infections (infections that a person is especially susceptible to with a lowered immune system)
   - Provision of antiretroviral medications: These medications can slow damage to the immune system and delay onset of AIDS but not completely stop the disease. ARV treatment usually starts only when HIV has damaged a person’s immune system. Antiretroviral medications must be taken regularly or else the virus will start to reproduce again and will lead to AIDS. The eligibility criteria for ARV treatment generally includes one or more of the following:
     - The amount of HIV in the blood (known as the viral load)
     - Level of immune suppression (based on CD4 cell counts)
     - Evidence of HIV-related disease (based on World Health Organization disease stage criteria)
     - The individual’s readiness to begin treatment (since antiretroviral therapy is a life-long commitment)

5. Divide the participants into small groups of four to six, and ask them to design a brief presentation to educate the others on HIV treatment. The points below should be divided among the different groups so that each group covers just a few of the points:
   - The benefits of ARV treatment
   - Who is eligible for treatment services (what are the enrolment criteria)
   - Where one can get treatment and related services, including those available through the union
   - What services are available specifically for women and for youth
   - What support groups are there for people living with HIV both within and outside of the union
- What faith-based organisations offer support
- How others can support those in need of treatment services

For more information on HIV treatment, refer to the following websites:

- NAM Treatment Fact Sheets: http://www.aidsmap.com/cms1044467.asp

Section C: 20–30 minutes

6. Ask for a volunteer from each group to present to the group.
7. Ask participants if they have any thoughts, questions, or suggestions.
8. Develop a master list for the group by synthesising the key points.

End the activity by saying: “There are many resources available to us for treatment, care, and support through the union and in our community. Now we know more about where they are and how people can use them. We now have the skills necessary to find out about treatment options if we need them and to help others learn about them as well.”
Supporting Oneself and Others through Testing and Treatment Training Activity

**Trainers:** Union leaders and/or programme coordinators, and educators (peer educators)

**Purpose:** To learn about the support needed during testing and treatment and demonstrate how that support can be given.

**Learning Objectives:**
- Discuss the support one needs during testing and treatment
- Demonstrate how one can support oneself or another person during testing and treatment

**Methods:** Brainstorming, small group work, role play

**Materials:** Paper, pens, chalkboard/flipchart

**Time:** 2 hours

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**Agenda**

**Part 1: 15 minutes**

1. Review the process and benefits of testing and pre- and post-test counselling with the group. See the previous activity, Accessing Treatment Services.
2. Recall treatment options, including antiretroviral medications, and the importance of adherence. See the previous activity, Accessing Treatment Services.
3. Introduce the objective of the activity to the group.

**Part 2: 20 minutes**

4. Divide participants into groups of four to six and ask them to brainstorm the kind of support one needs during HIV testing and treatment. Specifically ask them to consider the following types of support:
   - Physical (e.g., help getting to a health centre)
   - Social (e.g., a friend to talk to)
   - Economic (e.g., help buying nutritious food)
   - Spiritual (e.g., guidance in one’s faith)

Then discuss the following questions:
- What other forms of support can you think of?
- What types of support might be available through the union?
- How might support be different for men and women?
- How can each of us provide support to a family member or a friend during testing and treatment?
- How can we ask for support if we are going through testing and treatment?

**Part 3: 15 minutes**

5. Re-convene the group and debrief the small groups’ discussions. Write key points on the board.
6. Ask participants if they have any thoughts, questions, or suggestions.
7. Ask participants to think about what they might do tomorrow, next week, and next month in light of what they discussed.

**Part 4: 30 minutes**

8. Introduce the objective of the next activity. Specifically mention that in this activity participants will have a chance to demonstrate how they can support someone during counselling and treatment.
9. Divide the participants into groups of four to six, and assign each a scenario. Ask each group to read and discuss the scenarios below and then develop a role play that illustrates the scenario they have been assigned and answers its questions.
Your friend has had a partner for some time, and they have had unprotected sex occasionally. Now, your friend has found out that this partner is HIV-positive. Your friend is concerned about his or her status and is thinking about getting tested. In your role play, make sure to address these questions:

- What kind of support do you think your friend needs?
- How would you provide it?
- What types of support could you encourage your friend to seek through the union?

Your friend is HIV-positive. He or she has just started getting treatment and is a little overwhelmed. There are so many things to pay attention to and consider, like the medicine schedule and diet, that your friend is beginning to think about stopping the treatment. In your role play, make sure to address these questions:

- What kind of support do you think your friend needs?
- How would you provide it?
- What types of support could you encourage your friend to seek through the union?

Part 5: 30–40 minutes

10. Reconvene the group and ask for volunteers from each group to perform their role play.
11. Ask participants to respond to the different role plays and synthesise key points on the board.
12. If the following points do not come out in the discussion, bring them up:

- In both scenarios, you need to be aware of your own emotions and deal with them in a healthy way and the situation constructively so that you can give your friend the needed support to cope with the disease.
- In Scenario A, it is important not to judge your friend or the partner with HIV. You need to help your friend deal with the news that the partner is HIV-positive and any feelings that brings up so that your friend can continue with the relationship. You also need to encourage your friend to get tested for HIV.
- In Scenario B, it is important not to judge your friend who has HIV. You need to help your HIV-positive friend keep faith in the treatment process and be creative in maintaining self-care.

End the activity by saying: "Each one of us needs support at some point in our life from friends, family, and the community. Going through HIV testing and treatment is one of those times. The purpose of this exercise was to help us think about and discuss how we can help ourselves and community members. When someone is confused or scared they need unconditional support and to not be judged. We can support others in need by listening to their concerns, providing guidance, and encouraging decisions that are good for their health. When we need support, we can ask for it from others."
Appendix A: Resource Materials


- International Federation of Red Cross and Red Crescent Societies. (2004). GIPA in Action: Personal Stories. Five brief stories by people living with HIV from around the world who are involved in HIV and AIDS work. Available at: http://www.gnpplus.net/gipa_stories/gIPA_in_action_stories.doc


APPENDIX B:
NETWORKS OF PEOPLE LIVING WITH HIV

Global Network of People living with HIV/AIDS (GNP+)
The global network for and by people living with HIV. Its mission is to improve the quality of life of people living with HIV around the world.
Website: http://www.gnpplus.net/cms/index.php
Address: PO Box 11726
1001 GS Amsterdam, The Netherlands
Tel: +31 20 423 4114
Fax: +31 20 423 4224
E-mail: infognp@gnpplus.net

Regional HIV and AIDS Networks

Network of African People Living with HIV/AIDS (NAP+)
http://www.gnpplus.net/regions/africa.html

NAP+ Offices
Website: http://www.gnpplus.net/regions/africa.html

Secretariat NAP+
Regional Co-ordinator
Address: PO Box 30218, Nairobi, Kenya.
Tel: (254) 222-8776 or (254) 231-2888/231-2886
Fax: (254) 281-1353
E-mail: info@napafrica.co.ke

Group for the Support and Social Advancement of People Living with HIV/AIDS, Côte-d’Ivoire
Address: c/o PNLS Côte-d’Ivoire, 04 BP 2113 Abidjan 04.
Tel: (225) 24 67 96 / 45 19 96
Fax: (225) 24 31 19 / 41 02 76
NAP+ Support Office
Kara Counselling and Training Trust, Zambia
Address: Cha Cha Cha Rd. South End
PO Box 37559
Lusaka, Zambia
Fax: (260) 1 24 67 36

Asia-Pacific Network of People Living With HIV/AIDS (APN+)
Website: http://www.apnplus.org
Address: 170/71, 22nd Floor, Ocean Tower 1
Sukhumvit 16, Ratchadapisek Road
Klongtoey, Bangkok
Thailand, 10110
Tel: +66 2 259 1908-9
Fax: +66 2 259 1910
E-mail: shiba@apnplus.org or info@apnplus.org

Caribbean Regional Network of People living with HIV/AIDS (CRN+)
Website: http://www.crnplus.org
Postal Address: PO Box 5061, Tragarete Road, Port of Spain, Trinidad and Tobago
Street Address: 31 Carlos Street, Woodbrook, Trinidad and Tobago
Tel/Fax: (1-868) 627-8741 or (1-868) 627-9620
E-mail: admin@crnplus.org

Red Latinoamericana de Personas Viviendo con VIH/SIDA (REDLA+)
Website: http://www.redla.org
Address: Secretario General
Oswaldo Adolfo Rada Londoño
Calle 8 No. 22 - 60
Santiago de Cali, Colombia
Tel/Fax: (57 2) 5142208 or (57 2) 5142211
E-mail: secretariado@redla.org or oswrada@telesat.com.co

GNP+ North America (GNP+NA)
Website: http://www.gnpna.org
Address: 1801 Florida Avenue, NW
Washington, DC 20009, USA
Tel: 202-332-2303
Fax: 202-332-7087
E-mail: info@gnpna.org

GNP+ Europe
Located at the GNP+ global office in Amsterdam (see above).

International Community of Women Living with HIV/AIDS (ICW)
The only international network run for and by HIV-positive women.
Website: http://www.icw.org
International Support Office
Address: Unit 6, Building 1
Canterbury Yard
190a New North Road
London, N1 7BJ, United Kingdom
Tel: +44 20 7704 0606
Fax: +44 20 7704 8070
E-mail: info@icw.org
Teachers’ HIV and AIDS Support Groups

Kenya Network of HIV-Positive Teachers (KENEPOTE)
Address: Nairobi, Kenya
Tel: 254 722 389959 or 254 722 790745
E-mail: Positiveteacher@yahoo.com

Uganda Teachers Anti-AIDS Action Group
Julius Kisakye, Chairperson and Coordinator
Kampala, Uganda

National Networks of People Living with HIV

This list is all the national networks of people living with HIV that we are aware of in the Caribbean, African, and Asian countries being served by this EFAIDS project. If you know of others, please let us know so that we can add them to the list.

Caribbean Country PLHIV Networks

Antigua & Barbuda
Health Hope and HIV Network
Address: PO Box 2645, St John’s
Tel: (268) 562 4643
Fax: (268) 562 5039
E-mail: hhhfoundation@msn.com

Costa Rica
Asociación Costarricense de personas que Viven con VIH/SIDA (ASOVIH/SIDA)
Address: 75 Sur Iglesia Barrio Los Angeles
San José 43-1300 Hatillo
Tel: +506 835 5235
Fax: +506 221 1693
E-mail: luasovih@racsa.co.cr

Grenada
Hope Pals Network
Address: PO Box 2243, St. John’s Street, St George’s
Tel/Fax: (473) 443 5194 or 435 4798
E-mail: hopepals@caribsurf.com

Guyana
Network of Guyanese Living with HIV/AIDS (G+)
Address: 9 Camp & Hadfield Streets, Werrk-en-Rust, Georgetown
Tel: (592) 223 0930/09311701
E-mail: gplus@networksgy.com

Haiti
GIPA Haiti
Address: 103 Avenue Christophe, Port au Prince
Tel: (509) 556 1104
E-mail: gipahaiti@yahoo.fr

Honduras
Asociación Nacional de Personas Viviendo con VIH/SIDA en Honduras (ASONAPVSIADH)
Address: Barrio Barandillas
1a y 2a calle NE
Edificio La Plaza, segundo piso, local 1 # 19 “B”
San Pedro Sula
Tel: +504 239 0875 or +504 238 1689 or +504 557 1764
Fax: +504 238 1689
E-mail: asonapvsidah@yahoo.com or asonapvsidah@hotmail.com

Jamaica
Jamaican Network of Seropositives (JN+)
Address: Kingston
Tel: (876) 937 2739
E-mail: jnplusgipa@anbell.net

St Lucia
Tender Loving Care
Address: PO Box 5782, Castries
Tel: (758) 452 4827
Fax: (758) 451 9614
E-mail: tlcstlucia@hotmail.com or tlc@candw.lc

Suriname
Claudia A Foundation
Website: http://www.st-claudia-a.com
Address: Paramaibo
Tel: (587) 401782
Fax: (597) 401783
E-mail: claudia-a@sr.net

Stichting Mamio Namen Project
Address: Paramaibo
Tel: (597) 432966
E-mail: mamionamenproj@sr.net

Trinidad and Tobago
Trinidad and Tobago Network of People Living with HIV and AIDS (TTN+)
Mailing Address: PO Box 5061, Tragarete Road, Port of Spain
Physical Address: 31 Carlos Street, Woodbrook
Tel/Fax: (1-868) 627-8741 or (1-868) 627-9620
**African PLHIV Networks**

**Benin**

**African Network of People Living With HIV/AIDS (RAP+)**
Address: 071 BP 20
Cotonou
Tel: +229 31 54 88
Fax: +229 31 63 87

**Botswana**

**Botswana Network of People Living with HIV/AIDS (BONEPWA+)**
Website: http://www.bonepwa.botsnet.co.bw
Postal Address: PO Box 1599
Mogoditshane, Gaborone
Street Address: Nyerere Drive, Okavango Close
Plot 5346
Ext. 11 Gaborone
Tel: +267 3906224 or +267 3190972
Fax: +267 3190977
E-mail: bonepwa@botsnet.bw

**Burkina Faso**

**REVS+**
Address: 01 BP 382
Bobo Dioulasso
Tel: +226 20 970717
Fax: +226 20 970717/17 30
E-mail: revs@fasonet.bf or somdam@fasonet.bf

**Burundi**

**Network of People living with HIV/AIDS**
Address: Chaussée Prince Louis Rwagasore
Immeuble Accord No 5
PO Box 6881 Bujumbura
Tel: +257 24 84 93
Fax: +257 24 84 94
E-mail: rbptf@yahoo.fr or sekundansa@yahoo.fr

**Côte d’Ivoire**

**Groupe d’Auto-Assistance de Personnes vivant avec le VIH/SIDA et de Promotion Sociale (GAP+PS)**
Address: 21 BP 2881
Abidjan 21
Tel: +225 23 50 74 01 or +225 23 45 19 96
E-mail: gap_psci@yahoo.fr

**Ethiopia**

*Please note that the national network in Ethiopia was formed recently. Contact this association, which is a strong group of PLHIV, for more information:*

**Dawn of Hope Ethiopia Association**
Mailing Address: 58711 Addis Ababa
Tel (with country code): 251-11-1565283 or cell phone 251-911-405112
Fax (with country code): 251-1-560245
E-mail: adh@ethionet.et

**Gabon**

*There is no national network but there are support groups. NAP+ works with the following group:*

**REGap+**
Tel: 241-0662270524-06034855
E-mail: siaka202002@yahoo.fr

**Ghana**

**Ghana HIV/AIDS Network - (GHANET)**
Website: http://www.ghanet.org
Postal Address: PO Box MB 533
Ministries, Accra
Street Address: No. 40, 11th Avenue
Tesano, Accra
Tel: +233 21 255848
Fax: +233 21 255849
E-mail: ghanet@ghanet.org

**Guinea**

**Association Guinéenne des Personnes Vivant Avec le VIH (AGUIP+)**
Address: BP 3820
Quartier Haifa II, Dixin
Conakry
Tel: +224 11 25 73 86

**Kenya**

**Association of People with AIDS in Kenya (TAPWAK)**
Address: Naiamey Ln. Off Muthaiti Ave.
Nairobi West
PO Box 30583
00100 GPQ
Tel: +254 20 603309
Fax: +254 20 603421
E-mail: tapwak@kenyaonline.com

**Lesotho**

**Lesotho Network of People Living with HIV/AIDS (LENEPWHHA)**
Address: PO Box 4318
Sebaboleng 104, Maseru
Tel (with country code): (00266) 22327504
Fax (with country code): (00266) 22327501
E-mail: lenepwha3@leo.co.ls
Liberia
Liberia Network of People Living With HIV/AIDS
c/o Stop AIDS In Liberia (SAIL)
Address: PO Box 20-5472
1000 Monrovia
Tel: +377 47 539 947
Fax: +231 22 78 38
E-mail: sai_iberia@yahoo.com

Malawi
Malawi Network of People Living with HIV/AIDS (MANET+)
Address: Kang’ombe House
6th Floor, East Wing
City Centre, Lilongwe 3
Tel: +265 1773727
Fax: +265 1770194
E-mail: manetplus@manetplus.com or
director@manetplus.com

Mali
RMAP+(réseau Malien des Associations de PVVIH)
Postal address: BP :E 1122 BAMAKO
Tel (with country code): (223) 221 73 46
Fax (with country code): (223) 221 73 46
E-mail: rmapplus@yahoo.fr or kanemodibo@yahoo.fr

Namibia
Namibian Network of People Living With HIV/AIDS (NNP+)
Address: PO Box 61592
Katutura
Windhoek
Tel: +264 81 1242794 or +264 61 261122
Fax: +264 61 261778
E-mail: etuahelp@iway.na or lirongaeparu@iway.na

Niger
Réseau Nigerien des personnes Vivant avec le VIH/ SIDA (RENIP+)
Postal address: 2307 Niamey
Tel (with country code): (+227) 76.77.84/96.88.17.06
E-mail: renipniger@yahoo.fr

Rwanda
TWIZERANE
6031 Kigali Rwanda
Tel (with country code): -250 (08595245)
E-mail: nizisabelle@yahoo.fr or vihtwizerane@yahoo.fr

Senegal
RNP+
Postal Address: BP 28 363
Tel: +221 832 48 57 or +221 658 71 18
E-mail: isgoudiaby@hotmail.com or africaso@sentoo.sn

South Africa
NAPWA South Africa - National Association of
People Living With HIV/AIDS, National Office
Website: http://www.napwa.org.za
Postal Address: PO Box 66
Germiston 1400, Johannesburg
Street Address: NAPWA House
49 Knox Street
Germiston 1400, Gauteng
Tel: +27 82 233 1134
Fax: +27 11 872 1343
E-mail: napnat@sn.apc.org or napfin@sn.apc.org or
gnp@sn.apc.org

Swaziland
Swaziland Network of People Living with HIV/AIDS
(SWANNEPHA)
Address: c/o UNAIDS
PO Box 261
Mbabane
Tel: +268 404 2578
Fax: +268 404 2578
E-mail: coordinatorswannepha@africaonline.co.sz

Tanzania
Tanzania National Network of People Living With HIV/AIDS (TANENPHA)
Postal Address: PO Box 71489
Dar es Salaam
Street Address: Sinza Madukani
Block “C” 775
Dar es Salaam
Tel: +255 22 2460478
Fax: +255 22 2460478
E-mail: tanehatza@yahoo.co.uk

Togo
Association des Personnes Vivant avec le VIH/SIDA
Postal Address: Espoir-Vie-Togo
BP 14543, Lomé
Street Address:AGBALEPEDOGAN
3047, rue de la Bretelle de Klikamé
Immeuble contigu à INADES-Formation
Lomé
Tel: +228 2514656
Fax: +228 2516079
E-mail: espoirvietogo@laposte.tg
Uganda
National Guidance and Empowerment Network of People Living With HIV/AIDS (NGEN+)
Postal Address: PO Box 24957
Kampala
Street Address: Kalema Road, Lunguija
Makamba Zone, Cell 7, House 19
Kampala
Tel: +256 41 273508
Fax: +256 41 273457
E-mail: ngenadmin@ngen.co.ug

Zambia
Network of Zambian People Living with HIV/AIDS (NZP+)
Postal Address: PO Box 32717
Lusaka 10101
Street Address: Ground Floor
Kwacha House Annex
Cairo Rd (North End)
Lusaka
Tel: +260 1 97889496
E-mail: napnzp@zamnet.zm

Zimbabwe
Zimbabwe National Network for People Living with HIV and AIDS (ZNNP+)
Postal Address: PO BOX BE 255 Belvedere, Harare
Street Address: 28 Divine Roads, Milton Park.
Tel (with country code): 263-4-741824
Fax (with country code): 263-4-741824
E-mail: znnp@znnp.co.zw

Asian PLHIV Networks
India
Indian Network for People Living with HIV/AIDS (INP+)
Address: Flat #6, Kash Towers
#93, South West Boag Road
T Nagar, Chennai – 600017
Tel: (+91) (44) 2432 9580 or (+91) (44) 2432 9581
Fax: (+91) (44) 2432 9582
E-mail: inpplus@vsnl.com or info@inpplus.net

Malaysia
MTAAG PLUS BHD or MTAAG+ (Positive Malaysian Treatment Access & Advocacy Group)
Address: Penthouse, Wisma MLS
No. 31, Jalan Tuanku Abdul Rahman
50100 Kuala Lumpur
Tel: +6012-3278812
Fax: +603-26913681
eForum: mtaagplus@yahoogroups.com
To subscribe: mtaagplus-subscribe@yahoogroups.com
E-mail: erd_2000_1999@yahoo.co.uk

Nepal
National Association of PLWHA in Nepal (NAP+N)
Website: http://nnpplusnepal.org.np
UNFPA/CST
Address: PO Box 5940
Lalitpur, Bagmati, 977
Tel: +977 1 5523880
Fax: +977 1 5527257
E-mail: nnpn@mail.com.np

Nepal Plus
Website: http://www.plwha.org/myCountries/Nepal/NEPALPLUS
Address: PO Box: 23105
Gaushala, Kathmandu
Tel: +977 1 4478402
Fax: +977 1 4489978
E-mail: nepalplus2002@yahoo.com or saath_25@hotmail.com

PLHIV networks for other countries can be found at AIDSMap Organisations at http://www.aidsmap.com/cms1038779.asp. Note that all of the organisations in that directory are not networks of people living with HIV and AIDS. Many are service organisations.
INCLUSION IS THE ANSWER:
UNIONS INVOLVING AND SUPPORTING EDUCATORS LIVING WITH HIV
A TOOLKIT FOR EDUCATORS AND THEIR UNIONS