

HIV/AIDS PROGRAM

Presentation

Date: 8th September 2005

HIV/AIDS Program

INTRODUCTION:

- Organizational response to epidemic started in the early 90's.
- Jwaneng Mine AIDS Committee -1995
- Peer Educators
- Mine HIV/AIDS Program Coordinator
- District multi-Sectoral AIDS Committee.

JWANENG HIV/AIDS POLICY:

- States the company's position and practices as they relate to the management of HIV/AIDS.
- Establishes consistency within the company and sets the standards for communicating HIV/AIDS issues and for behavior expected of all employees.
- Assists supervisors address HIV/AIDS issues and concerns in the workplace.
- Advices employees on where to go for assistance.

JWANENG HIV/AIDS POLICY Cont.....

1. NO DISCRIMINATION:

- No discrimination against HIV/AIDS infected employees, and will harass or victimize such employees.
- HIV/AIDS infected employees are entitled to the same rights, facilities, benefits and opportunities as those with serious/life threatening illnesses.

2. ILL HEALTH RETIREMENT:

- Infected employees will continue to be employed until they become medically unfit to work.
- Will be retired on medical grounds in terms of Company policy on retirement.

Jwaneng HIV/AIDS Policy Cont..

3. Collaborative responsibility;

4. Pre- investment testing

5. ART Fund established to prolong productive life

JWANENG MINE HIV/AIDS STRATEGY

- Aligned to the Debswana HIV/AIDS strategy.

AIMS TO:

- Improve co-ordination of organisational efforts
- Define roles and responsibilities
- Integrate into management structures and performance management systems
- Provides direction for all HIV/AIDS initiatives
- Defines programme of action
- Mobilises entire workforce

MINE STRATEGY Cont...

i. Prevention of New HIV Infections/Epidemic Containment

- Seeks to direct focus on the following:
 - education
 - behavior change
 - VCT
 - safe sex

ii. Minimizing Negative Impact of HIV/AIDS on Employees, the Community and company.

- stigma reduction
- Counseling
- ART
- Stake holder participation and commitment
- Contractors
- Govt & NGOs

MINE STRATEGY Cont

iii. *Strategy Monitory and Evaluation.*

- KAP

- Registrations

- Surveys

- AMS

iv. *Communication*

Jwaneng Strategy Implementation Plan

Looks into how the strategy will be rolled out.

Focus Areas:

1. Know your status.
2. Monitoring and Evaluation
3. Stakeholder Involvement and Collaboration
4. Disease Management Program

AVAILABLE SERVICES

- Peer education
- VCT
- Disease Management
- Condom distribution
- Home Based Care
- Community outreach
- Publication/media
- Music and drama

COLLABORATION & PARTNERSHIPS

- Government & NGO HIV/AIDS service providers.
- Sub- contractors
- HIV/AIDS Planning & Implementation structures.
- Communities in the catchment area of Jwaneng Mine Hospital.

ACHIEVEMENTS

- Reduction in HIV prevalence rate
- Knowledge on HIV/AIDS related issues ranges between 78-82%
- Attitude indicating a positive trend
- Practice ranges between 68-79%
- Cumulative average of employees who know their status is 67%.
- Training, support and guidance for both internal and external stakeholders .
- Peer educators remain the pillars of success in the program.
- Drop in prevalence from 21% in 2001 to 19% in 2003.

Lessons learnt

- Policy effective in providing framework for management of HIV/AIDS.
- Recognition of the fact that HIV/AIDS be treated just like other serious diseases. Hence eligibility to continued employment influenced by fitness to work and not diagnosis.
- Issue of partnerships. Focus has not been only on employees.
- Stakeholder involvement.

Lessons learnt cont....

- Policy being articulate on the role of every employee.
- The long lasting and paralyzing effect of stigma.
- Debswana being courageous to take the lead in the fight against HIV/AIDS.
- Impact of focusing on HIV/AIDS being at the illness end of the health-illness continuum.

CHALLENGES:

- Uptake of VCT seems to be very high in some departments while in others it is low. Need to critically look at issues of routine testing.
- Behavior change/practice still lagging behind.
- Prevention of new infections
- Contribution of contract employees to strategy handicapped by their mobility.
- Uptake of AFA and use of other mine services poor.
- Implementation of AMS-NOSA