

# Module 8

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ILOAIDS  
Implementing the ILO Code of Practice  
on HIV/AIDS and the world of work:  
an education and training manual

## Introduction

Does the ILO Code of Practice on HIV/AIDS and the world of work apply to the informal economy? Yes, it does. The Code applies to all workers, in all situations - the world of work in the broadest sense. There are, however, a number of special problems in tackling HIV/AIDS in the informal economy. Policy-makers and planners still lack knowledge and understanding of how the epidemic affects work and workers in the informal economy. It is also difficult to apply standards and regulations. Employment relationships are often different in micro enterprises, and the organization of labour is less structured, although there is by no means an absence of associations of working people.

In this module we discuss how HIV/AIDS affects the informal economy and the issues to consider in planning a response. We examine how the ILO Code of Practice is relevant in the informal economy and suggest ways for the 'formal' sector to reach out to informal workers and micro enterprises.

This module of the manual is aimed at policy-makers in government, employers' and workers' organizations. Those involved in running associations in the informal economy, or providing education and support services for entrepreneurs and workers, should also find it useful. The module is not designed for people who actually work in the informal economy, including micro-entrepreneurs and the self-employed. Specific training materials should be developed or adapted for them.

## What is the informal economy?

Defining the informal economy is complicated. The term 'informal sector', which was first used by the ILO in the 1970s, is more familiar to many. The term 'informal economy' is now preferred in order to show that informal activities are not separate and limited to a specific sector, but span all types of work from commerce and services to industry and agriculture. Indeed, it is important to understand the many linkages between formal and informal work. For example, surgical instruments made by children in several Asian countries in the 'informal economy' are used in major hospitals in Europe and North America - the 'formal economy'.

The characteristics of businesses and workers in the informal economy include the following:

- they lack recognition under legal and regulatory frameworks;
- their employment relationships and incomes are generally insecure and irregular;
- they are seldom organized and therefore have few means to make their voices heard;
- they are outside social protection mechanisms and systems;
- they cannot access public benefits and services such as credit, business information, or training schemes;
- they are vulnerable to interference by public authorities and police harassment, and are sometimes regarded as outlaws;
- their turnover is not counted in official statistics, though their economic contribution may be greater than that of formal enterprises;
- activities are informal either because the costs of formalizing them are too high or the procedures for doing so are too complicated, intimidating and time-consuming.

The term does not include the 'hidden' or 'underground' economy. Many enterprises deliberately operate illegally, and often very profitably, engaging in criminal and socially undesirable activities such as drug trafficking.

### The size of the informal economy

In many countries the informal economy is the main source of employment and its importance is increasing. The ILO has noted that

*...the informal economy has been growing rapidly in almost every corner of the globe, including industrialized countries - it can no longer be considered a temporary or residual phenomenon.<sup>1</sup>*

In the face of the debt crisis and structural adjustment - programmes - which are causing a massive loss of formal jobs -- the informal economy has offered the possibility of survival for many.

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<sup>1</sup> ILO: *Decent work and the informal economy*, Report VI to the International Labour Conference, 2002

In Africa, informal work is estimated to account for over 90 per cent of new jobs, almost 80 per cent of non-agricultural employment, and over 60 per cent of urban employment. For women in sub-Saharan Africa, the informal sector represents 92 per cent of the total job opportunities outside agriculture (against 71 per cent for men) - the great majority of these jobs are performed by self-employed or own-account workers.<sup>2</sup> The situation is similar in many parts of Asia; in India, for example, 90 per cent of women workers are in the informal economy.

As part of cost-cutting measures and efforts to enhance competitiveness, firms are increasingly operating with a small core of wage employees with regular terms and conditions of employment and a growing periphery of non-standard or 'atypical' workers in different types of workplace and location.

Some of these workers, such as part-time workers or workers on fixed-term contracts, may still have a clear employment relationship. In industrialized countries, they may be included in the scope of employment legislation and social security schemes.

At the other end of the spectrum, production or service work is contracted out to a chain of sub-contractors, down to the level of the home-based worker, agency worker, or contract worker, who has no form of social security or legal protection. The position of these workers depends almost entirely on the whim of the employer - not the ultimate employer, but the sub-contractor or agent.

There are also many self-employed workers. Unable to find a job in the formal part of the economy, they try to gain a livelihood through a micro-enterprise. An example would be somebody selling snacks or cheap consumer items on the street, or running a transport service - perhaps a rickshaw or taxi.

It is common for several family members to be involved in an enterprise. This often includes children, who therefore attend school irregularly or not at all.

While some people choose the informal economy because they believe it offers a potential for entrepreneurship, growth or earnings that they would not find in the formal economy, the great majority of informal workers operate informally because they have no other choice. For most of those in the informal economy, income and security are lower than for the average formal worker. Some people see the informal economy as an opportunity and motor for growth, but others as exploitation and a brake on development. The ILO believes that every effort must be made to apply the decent work agenda to all workers, formal and informal.

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<sup>2</sup> ILO: *Decent work and the informal economy*, 2002

## The informal economy and HIV/AIDS

The informal economy is not homogeneous - it is not a 'sector' - so workers and enterprises are not all affected in the same way by HIV/AIDS. And there is not a single 'one size fits all' approach to dealing with the effects of the epidemic.

We explained in Module 1 that poverty worsens the impact of HIV/AIDS and at the same time the epidemic leads to an intensification of poverty. A similar mutual reinforcement mechanism applies in the informal economy.

- Conditions in the informal economy can make it easier for HIV to spread - people are more vulnerable to infection.
- The impact of HIV/AIDS on individuals, households and enterprises in the informal economy can be very severe, leading to greater poverty.

There are three main reasons why the impact of the epidemic is particularly severe in the informal economy:

- informal workers have little or no access to health services and social protection;
- they rarely enjoy financial security, surviving at the margins with few savings and little access to credit (except very expensive private money-lenders);
- the transient nature of their work can mean that a few days' absence will result in the loss of a job or the right to trade.

In sum, informal workers have fewer private means to cope with the effects of HIV/AIDS and less access to public services. Let's take a closer look at each factor.

### Access to services

Workers in the informal economy have less access to a range of services and practical assistance. They are often bypassed by the networks which can offer help and advice. For example, condom distribution has become a key element in campaigns against the virus and some enterprises have had successful programmes to encourage workers to use condoms. Distribution networks are much less likely to reach the informal economy. The lack of access to social protection is a key defining characteristic of the informal economy. The daily struggle for survival makes it hard to plan ahead or invest for what might happen. This is why the extension of social protection is so important, and there is a more detailed discussion later in this module.

### Financial security

Workers and micro-entrepreneurs have very little opportunity to save, and may even not have access to financial services. The lack of property restricts access to credit, and banks may refuse to open an account. Without credit unions or similar institutions, it is difficult to accumulate and

invest any surplus income, however small it may be. Financial institutions are also often the gateway to insurance schemes.

### **Transient work**

Many informal workers are traders, whose livelihood depends upon having a regular 'Opitch' - by the road, near a sports ground, in a market. When they are absent through illness, they can lose this special spot. They may also trade in perishable goods and depend on a rapid turnover of stock. If they are ill, their stock may spoil.

### **The impact on enterprises**

HIV/AIDS-related illnesses and deaths impact on informal enterprises and larger businesses in similar ways, but the former have fewer resources to cope with absenteeism, labour costs, loss of skilled workers and labour turnover.

Many informal enterprises have a small number of workers, whose skills and experience may be very specific to the enterprise. It is a mistake to think that there is a large pool of labour for replacing them. It is also argued that the informal economy is very flexible. This may be so, but individual enterprises may not possess such flexibility when faced with the shock of the owner or key worker becoming infected. And in cases where the family makes up the workforce, AIDS is a double blow.

The market for goods and services is often very local, so AIDS is probably also reducing demand as people use income and savings to buy care and treatment.

### **Migrant and mobile workers**

Labour migration is increasingly common. It is an international phenomenon, but migration within countries is also very widespread, particularly from rural to urban areas. Many migrant workers end up in the urban informal sector. Seasonal or longer-term separation from their families and roots, as well as the conditions they live in, can be factors which promote risk-taking. China is one of a number of countries reporting that the increase of HIV infections in rural areas is linked to the increase in rural-urban migration, including return visits by migrant workers.

Information and education about HIV/AIDS – how it is spread and how to avoid infection – is vitally important in the fight against the epidemic. Governments and NGOs have devoted considerable resources to producing materials with these messages. Many large workplaces, employers' and workers' organizations have also developed prevention initiatives.

However, these messages and programmes are targeted at stable workforces, who often have a higher-than-average level of education and skills. The messages are usually in written form. Migrant workers from overseas may not be fluent in the language, or they may not be legally resident and therefore try to avoid contact with the authorities.

### Gender dimensions

As the table shows, women tend to depend more on the informal economy for a livelihood than men. Because of discrimination against women in education and employment, jobs in the formal economy are often, in practice, reserved for men. We also know that women are infected more easily than men by the virus. So, in considering how we apply the ILO Code of Practice in the informal economy, we need to pay particular attention to the needs of women.

Women also generally have the burden of household responsibilities on top of work outside the home. The responsibilities for caring for somebody with an AIDS-related illness can dramatically alter the caregiver's daily routine. In highly affected areas, women often have to decrease the number of hours previously devoted to work and business outside the household in order to care for sick family members.

If women are vulnerable, so are those who depend on them – this often includes a small enterprise or farm as well as the family.

### Informal non-agricultural employment, by sex 1994 / 2000

Region/country	Informal employment as percentage of non-agricultural employment	Women's informal employment as percentage of women's non-agricultural employment	Men's informal employment as percentage of men's non-agricultural employment
<b>North Africa</b>	<b>48</b>	<b>43</b>	<b>49</b>
Algeria	43	41	43
Morocco	45	47	44
Tunisia	50	39	53
Egypt	55	46	57
<b>Sub-Saharan Africa</b>	<b>72</b>	<b>84</b>	<b>63</b>
Benin	93	97	87
Chad	74	95	60
Guinea	72	87	66
Kenya	72	83	59
South Africa	51	58	44
<b>Latin America</b>	<b>51</b>	<b>58</b>	<b>48</b>
Bolivia	63	74	55
Brazil	60	67	55
Chile	36	44	31
Colombia	38	44	34
Costa Rica	44	48	42
El Salvador	57	69	46
Guatemala	56	69	47
Honduras	58	65	74
Mexico	55	55	54
Rep. Dominicana	48	50	47
Venezuela	47	47	47
<b>Asia</b>	<b>65</b>	<b>65</b>	<b>65</b>
India	83	86	83
Indonesia	78	77	78
Philippines	72	73	71
Thailand	51	54	49
Syria	42	35	43

Source: *Women and men in the informal economy (ILO, 2002)*



## Sex workers

Sex workers are a particular group in the informal economy who are very much at risk. Although sex work is universal, it is almost everywhere unlawful and clandestine. Significantly higher HIV infection rates have been found among sex workers and their clients compared to other population groups. Many projects have established that sex workers are very willing to respond positively to prevention programmes, for example by encouraging condom use. The difficulty is often the reluctance of clients to agree. Programmes which help sex workers insist on condom use must be supported, as well as programmes providing training and alternative opportunities for generating income.

Module 5 on gender discusses some of these issues further.<sup>3</sup> What must be emphasized is that sex workers are workers, and as such they deserve protection. Many women are pushed into sex work as a survival strategy when other informal activities fail, or the death of a partner or parent has left them destitute.

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<sup>3</sup> See also UNAIDS: *Sex Work and HIV/AIDS* (Geneva, June 2002)

## Applying the ILO Code

The key principles of the Code of Practice apply equally to formal and informal workplaces. They cannot, however, be implemented in the same way in the informal economy as in larger, formal structures. The fact that the Code of Practice is a voluntary instrument means that it can be adapted to different needs and circumstances, and this is one of the activities being undertaken by an ILO project with informal workers in Ghana, South Africa, Tanzania and Uganda.

### *4.1. Recognition of HIV/AIDS as a workplace issue*

Workers in the informal economy, including home-based workers, are in many ways more vulnerable to HIV infection (see above). It is therefore important to recognise as a 'workplace' within the scope of the Code any place where people carry out economic activities.

### *4.2. Non-discrimination*

Workers in the informal economy have the same rights as any other worker. It may well be harder to protect those rights, but the same basic approach of advocacy, education and legal back-up is needed. Action to support associations of people living with HIV/AIDS and encourage them to extend their activities to the workplace should be considered.

### *4.3. Gender equality*

The percentage of women workers in the informal economy is high, but they have little power and even fewer support mechanisms to negotiate the rewards for their work. The income they receive from informal activities may be insufficient to cover their basic needs and those of their children. Their dependence on men may be reflected in a lack of power to negotiate safe sex. Women in the informal economy, even if nominally self-employed, are just as vulnerable to sexual harassment as women in the formal sector, if not more so. Contractors, police or other State agents can wield considerable power over them (see Module 5 on gender). Women's associations are one way of strengthening their position, but the authorities should also extend to women the protection of the law.

### *4.4. Healthy work environment*

Standards of occupational safety and health are generally very low in the informal economy. Legislation usually excludes enterprises below a certain size. The informal workplace is often also the worker's home, but home-based workers are also excluded. Simple, inexpensive measures can often help to keep workplaces safe and hygienic and can also improve productivity. It must be emphasized that as HIV is not spread through casual contact, it is very rare for workers to be infected at the workplace, be it formal or informal.

#### *4.5. Social dialogue*

Social dialogue in the formal sector is based on well-established structures and organizations of employers and workers. While these often do not exist in the informal economy, there are many membership-based institutions such as associations, credit unions, co-operative societies, or mutual insurance systems which offer the opportunity for dialogue.

New forms of social dialogue therefore need to be developed to include these other forms of association. At the national, sectoral and local level, the traditional social partners could invite other organizations to take part in consultations and other forms of dialogue (see Module 3). This has been called “tripartism plus”. It requires a degree of flexibility and creativity, but should be seen as a way of strengthening and extending traditional forms of dialogue rather than threatening them.

#### *4.6. Screening for the purpose of exclusion from employment.*

Workers in the informal economy are not usually required to undergo health checks or to produce medical certificates. If they are not fit they cannot perform their work, which is often paid at piece rates. If they do not work, they do not receive any pay. There are usually no employment records kept of any kind.

Given this context, it is unlikely that employers would think of testing applicants or employees, but they might ‘screen’ on grounds of appearance or hearsay. This is as unacceptable as insisting on testing.

#### *4.7. Confidentiality*

Keeping a secret may be more difficult in a very small workplace. This is especially the case where close family or neighbours are involved in working together. But the key principle of confidentiality must be maintained.

#### *4.8. Continuation of employment relationship*

The employment relationship is, by definition, informal and there is no social security to cover workers who cannot keep working. Small establishments need to replace absent workers in order to keep functioning, even if they only miss a few days. Self-employed workers who cannot work receive no income. Some employers are willing and able to keep paying the wages of one or two workers who are occasionally ill. But AIDS is making it impossible for them to keep up this informal ‘social security’ – a fact which underlines the importance of establishing mutual health insurance schemes.

### *4.9. Prevention*

Education programmes, and initiatives such as condom distribution, should be available to workers in the informal economy. Elsewhere in this module, we discuss how larger employers can offer support. Programmes run by governments or non-governmental organizations must include informal economy workers.

### *4.10. Care and support*

Community-based organizations have made remarkable contributions to the care of people with HIV/AIDS, but the need is ever-expanding. New points of delivery need to be explored, such as the workplace, and new forms of health insurance. The ILO is supporting a number of initiatives to extend social protection to the informal economy (see information on the STEP programme below).

## Social protection

The issue of statutory social security schemes is discussed in Module 4 on government. Here, we look at social protection in the informal economy. Social protection is a broader concept than social security. The ILO defines it to include

*not only public social security schemes, but also private or non-statutory schemes with a similar objective, such as mutual benefit societies or occupational pension schemes. It includes all sorts of non-statutory schemes, formal or informal, provided that contributions to these schemes are not wholly determined by market forces. These schemes may feature, for example, group solidarity or an employer subsidy, or perhaps a subsidy from the government.<sup>4</sup>*

The simple principle behind social protection is to pool risk. If an individual or a single family carries all the cost and burdens of death, sickness or other interruption of earnings, such circumstances place tremendous strain on that person or family. But if the risk is pooled, through taxation or an insurance scheme with wide coverage, then the cost is affordable.

Social protection is a human right and also a principle laid down in the Code of Practice.

More than half of the world's workers and their families are excluded from coverage by statutory schemes and are thus denied income security. The problem is greatest in developing countries. Thus, only 10 per cent of workers are covered in sub-Saharan Africa and southern Asia. In other parts of the developing world coverage varies between 50 and 90 per cent. In middle-income and even developed countries, there are significant gaps in social protection, particularly among the self-employed and workers in irregular, seasonal or part-time employment. A major contributory factor is the trend towards greater informalization or flexibility in working conditions, which effectively leaves workers outside the scope of social security schemes.<sup>5</sup>

### Mutual health organizations

For workers with low and irregular earnings, and in particular own-account workers, the priority social protection needed may not be a pension but income security and access to health care. Many workers in the informal economy have therefore established their own arrangements for meeting these needs. The question is, where these exist, can such arrangements cope with the HIV/AIDS crisis, which hits the informal economy especially hard.

A range of initiatives has been developed to supplement state provision, adapted to the needs of poorer workers and the informal economy. These are known as 'micro-insurance' schemes or 'decentralized systems of social protection'. They exist in the formal sector, but are particularly relevant to workers in the informal economy who are not covered by government or company schemes.

<sup>4</sup> ILO: *World Labour Report 2000* (Geneva, 2000)

<sup>5</sup> Based on ILO: *Social security: issues, challenges and prospects*, Report VI to the International Labour Conference, 2001

One example is the mutual health organization (MHO). Sometimes this is part of a larger scheme or organization which is already supplying other services - a union, professional association or traders' association may set up a mutual insurance scheme. The ILO has produced a definition:

*A mutual health organization is a non-profit voluntary association of people, operating on the basis of solidarity between all its members. By means of its members' contributions, and based on their decisions, the mutual health organization organizes insurance, mutual aid and solidarity measures aimed at insuring against risks related to illness, bearing the consequences and promoting health.<sup>6</sup>*

The World Labour Report 2000 adds the following important point about micro-insurance in general:

*"[it] is not merely another form of insurance or health care financing. It is a form of social organization ... which involves the active participation of the group's members."*

Any MHO has to consider ways to limit its exposure to the risk that a large number of chronically ill members will consume its resources. Any illness requiring long, costly or repeated medical treatment, not just AIDS-related conditions, could undermine the finances of an MHO. Conditions imposed can include monthly or annual limits to benefits, a flat rate payment for each illness, payment of hospital costs or medicines only.

These measures limit the amount available for an individual member, but this will still mean some improvement in care for that person, and the same possibility for others in the future. MHOs will have to decide whether or not to accept into membership those already diagnosed as HIV-positive. Some MHOs have set up a specific fund for AIDS cases, where the amounts paid out are limited by the size of the fund.

Such schemes supplement provision by the State or employers, and guidance is available from the ILO on how to set them up.

### What the social partners can do

Government has a key role to play in creating a favourable legal, fiscal and institutional framework to encourage the establishment and growth of mutual health organizations and other schemes. A clear policy framework must respond to the needs of the MHOs, rather than proceeding from the administration downwards. In some cases, governments have subsidized MHOs in their early stages as a form of wider social solidarity; the Indian government, for example, has allocated a subsidy to the Integrated Insurance Scheme of the Self-Employed Women's Association (SEWA) in India. Governments could also provide or facilitate re-insurance.

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<sup>6</sup> ILO: *Mutual health organizations and micro-entrepreneurs' associations: Guide* (Geneva, 2001)

Workers' organizations should consider establishing MHOs if they have not already done so. They could be part of a wider welfare scheme. Some of the most successful schemes studied have been created by trade unions, such as the Teachers' Welfare Fund of the Ghana National Association of Teachers<sup>7</sup> and SEWA in India.<sup>8</sup>

Employers and employers' organizations could support the creation of such schemes and promote wide membership of schemes by collecting contributions via the pay roll. Employers' and workers' organizations can also encourage governments to establish the right framework for MHOs.

### The STEP programme

Strategies and Tools against Social Exclusion and Poverty (ILO/STEP) supports the development of social protection systems which reach workers in the informal economy. STEP is an instrument for extending the coverage and effectiveness of health insurance and other forms of decentralized social protection. STEP works by providing technical assistance for policy and implementation, networking and spreading knowledge about successful models. It supports micro insurance schemes in the informal economy, and is now working on ways of adapting them in the face of HIV/AIDS. A priority is ensuring that gender is factored into its programmes.

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<sup>7</sup> Atim, C.: *The contribution of mutual health organizations to financing delivery, and access to health care* (PHR, Bethesda, USA, 1998)

<sup>8</sup> ILO: *Women organizing for social protection. The Self-employed Women's Association's Integrated Insurance Scheme* (Geneva, 2001)

## Reaching out to the informal economy

Governments and employers' and workers' organizations need to consider how they can work with the informal economy, and with NGOs and community-based organizations, to create networks which will reach into the informal economy workplace. The overlap between workplace, community and home should be understood, and varied and innovative methods found of imparting information and expressing messages about HIV/AIDS.

Prevention initiatives targeting workers and entrepreneurs in the informal economy must recognize that the time available for spending on training and education is very limited. Such initiatives should be integrated into other programmes which have concrete and practical benefits for workers and entrepreneurs, such as skills-building, health education, or savings and credit schemes.

Since there is no real dividing line or barrier between formal and informal, a number of links exist which could be used and strengthened to provide AIDS information and care.

### **Customers and suppliers**

Larger enterprises have a number of relationships with suppliers, customers and contractors, many of which are smaller, informal enterprises.

The ILO project in India urges employers to identify all small enterprises with which they have production relations. The aim is to convince larger companies to extend their HIV/AIDS workplace information and education programmes to cover the firms which supply their goods and services.

Staff who visit suppliers, contractors and customers could distribute literature on the basics of HIV/AIDS. They could receive special training so that they can discuss and explain issues. Staff in purchasing and sales departments are perhaps not normally involved in the company's AIDS strategy, but they could have a huge impact. They meet customers and suppliers regularly, get to know many of them, and understand their problems. They are more likely to be trusted than strangers.

Suppliers and customers could also be invited to in-house training and information sessions on HIV/AIDS. This would involve little additional cost, and strengthening the relationship between the enterprise and the customer/supplier could be good for business.

One objection which might be raised is: "Do we want to talk to these other businesses about AIDS? Will they get the wrong idea about us?" This is where large companies need to show leadership. Silence and embarrassment only encourage the spread of AIDS.



## Good neighbours

Around every large enterprise there will be a cluster of small businesses, not necessarily with any kind of formal relationship, but dependent in some way. For example, there may be stalls nearby selling food and drink to workers. There are cleaners and security guards. Workers travel to and from work on mini-buses, 'jeepneys', rickshaws and other forms of informal transport. Here again, the influence of the larger enterprise can be used to get the HIV/AIDS message across.

The same principle applies to workers' organizations, which could extend an invitation outside their own membership. In a training course organized by the Women Workers' Committee in the Trade Union Federation in Guinea, all women in the local community were welcome to participate - not only union members. The course included an AIDS awareness component, which was part of a larger effort aimed at expanding the membership base of the trade unions.

## Working with informal economy associations

There are numerous membership-based institutions such as community associations, credit unions, co-operative societies, and mutual insurance schemes. Large employers or employers' organizations can work with these in a number of ways. They can sponsor or 'adopt' an AIDS programme for such associations, or partnerships can be set up to help companies implement activities for the local community. Workers' organizations can extend some of their activities and resources to them for a common goal.

There are also associations of people living with HIV/AIDS, who are a valuable resource in helping to develop programmes of prevention and care for both informal and formal workplaces. The ILO project in India works closely with the Delhi Network of Positive People, the Network of People Living with HIV/AIDS in Maharashtra, and the Positive Women's Network of South India.

## Case study

### **Sister Self-Help Association, Ethiopia**

Ethiopia is experiencing a severe HIV epidemic, with well over two million people infected (end 2001). UNAIDS estimated the prevalence of HIV/AIDS among commercial sex workers (CSWs) in major urban areas at almost 80 per cent in 2000. In the shadow of this dramatically increasing HIV epidemic there is considerable stigma against those perceived to be the carriers of the virus.

The Sister Self-Help Association was formed by a small group of CSWs who attended an HIV/AIDS sensitization programme. On the basis of their need for a regular income and better health provision, they agreed on a plan of action to improve their working conditions and protect their health. Three main types of activity have been undertaken:

#### **Income generation**

Three income-generating activities were launched: a restaurant, a convenience store and a catering service for local hotels.

The restaurant was openly called the “AIDS house” and did not attract an extensive clientele. The project identified the need for diversification and a small convenience store was set up on the premises. Project leaders also approached hotels in the area with a view to providing a catering service, mainly to supply enjera (local bread). However, due to the stigmatization of CSWs, and fears about the cleanliness of food prepared on their premises, most activities remain marginal and are unable to fully support the women.

#### **Health services**

Although government health care services are available free of charge for everyone in Ethiopia, national identity cards are required in order to be eligible. Most CSWs participating in the project did not have any form of ID card, since a residential address is required to obtain one, with the result that the majority of these workers have little access to health care. Through an informal agreement reached between the project managers and the local Health Bureau, the project has been awarded health coupons, which can be used at local clinics.

However, the number of coupons allocated rarely meets the demand. Since the project’s income-generating activities have not provided full support, a number of the women involved have to continue sex work in order to pay their rent and support their families. Several women in the project also suffer from TB.

#### **Awareness-raising**

The project provides education on STIs and HIV/AIDS through puppet shows and peer education. Peer educators provide a behaviour change programme to help women move through early levels of

awareness, motivation for change towards safer sex, promotion of personal hygiene and maintenance of these new practices, aided by the distribution of condoms.

Despite a number of problems, which are being steadily addressed, the project is one of the few successful examples in Ethiopia of an organization developed by CSWs. Members have been trained as peer educators and provide outreach peer education activities for other sex workers within and outside the area; condom use and HIV testing have increased; infection rates are being monitored.



## **ACTIVITY 1**

### **Applying the Code**

**AIMS** To help you to think about HIV/AIDS issues in the informal economy.

**TASK** Work in small groups.

Read through Section 4 of the ILO Code of Practice. For each of the ten principles, think about the problems involved in applying that key principle in the informal sector. Put your list on a flipchart.

Exchange lists with another group. That group will try to find solutions to the problems you have identified. You will try to find solutions to the problems that group identified.

There won't be any easy answers, but that doesn't matter!

## ACTIVITY 2

## Mapping informal links

**AIMS** To identify the links between your enterprise and the informal economy.

**TASK** Using a large piece of paper and thick coloured pens, put your workplace at the centre of the page. Use arrows to indicate any goods/services leaving and entering (i.e. suppliers and customers). If you think that any of them are in the informal economy, mark them in RED.

Use BLUE pens to note down other informal activities near your enterprise used by workers there, e.g. stalls selling food and drink.

If any workers travel because of their work, e.g. van drivers who deliver your products, you might try to make a special chart for them.

When you have finished, display your chart on the wall for others in the group to see.

**Note :** This activity is designed for a larger enterprise, and should help you to think about how it can support small-scale suppliers and customers. It is suitable for use with management and union representatives. It does not matter if you don't have the coloured pens, as long as you mark the links on the flipchart. (This activity is particularly useful for a workshop held at the local level.)

### ACTIVITY 3

## Discussing AIDS in the supply chain

**AIMS** To help you identify problems in raising HIV/AIDS with your supply chain and customers.

**TASK** This is a role play. You will be divided into two groups.

**Group 1 :** You are small-scale suppliers of Company A. You employ a small number of workers, who are now skilled and experienced and would be difficult to replace.

You have a lot of problems and pressures. Competition is tough, and you find you are kept very busy just surviving.

You have an important contract with Company A, and a representative of the company has asked to meet you to discuss HIV/AIDS. You have no idea what this is about, but you discuss the ways AIDS is affecting you.

**Group 2 :** You are from the workplace HIV/AIDS committee in Company A. You have decided to roll out your programme on HIV/AIDS to suppliers and customers whom you have identified as being in the informal economy. You are now about to meet a small group of them for an initial discussion. Plan what you are going to say. The two groups meet - act out their discussions.

**Note :** Most of the time available should be spent on the second part of the activity, once the two groups meet.

## ACTIVITY 4

## Applying the Code: reaching out

**AIMS** To think about how the social partners can reach out to the informal economy.

**TASK** Section 5 of the Code of Practice - on general rights and responsibilities - has very similar wording for all social partners on the informal economy.

Read through the relevant clause for your group:

- Government: 5.1 (l)
- Employers: 5.2 (m)
- Workers: 5.3 (k)

and read Checklist III on planning and implementing a workplace policy on HIV/AIDS.

Then discuss how you would apply these clauses and how the checklist might be adapted for use in the informal economy. You might want to consider action at the level of an individual informal enterprise or a cluster of enterprises in an area.

## ACTIVITY 5

## Supporting the informal economy

**AIMS** To help you think about ways that practical support could be given to micro enterprises.

**TASK** What are the support mechanisms that need to be set up so that small and micro enterprises and traders connected with your enterprise can cope better with the epidemic?

Look at some of the case studies on workplace programmes (Modules 6 and 7). Could you use any of the ideas in your enterprise or area?

How can they be organized?

What special measures might be needed for women?

**Note :** The same activity could be undertaken to plan support for informal sector associations

**ACTIVITY 6**

**It can happen:  
learning from case studies**

**AIMS** To learn from the experience of others.

**TASK** Read through one or more case studies on action concerning HIV/AIDS in the informal economy. We have given one example in this module but you can find others.

What are the key points? What could you try to do in your area/ community/ supply chain?

**ACTIVITY 7**

**Making plans**

**AIMS** To plan practical help for informal sector businesses.

**TASK** Draw up an action plan to help an identified group of employers/workers in the informal economy with regard to HIV/AIDS.

**Action plan for** .....(fill in name of supplier/customer)

What needs to be done to help them deal with the impact of HIV/AIDS?	Who should be responsible for doing it?	What is the timetable?	What outside help is available?



NO LOVE WITHOUT A GLOVE

# AIDS MANUAL



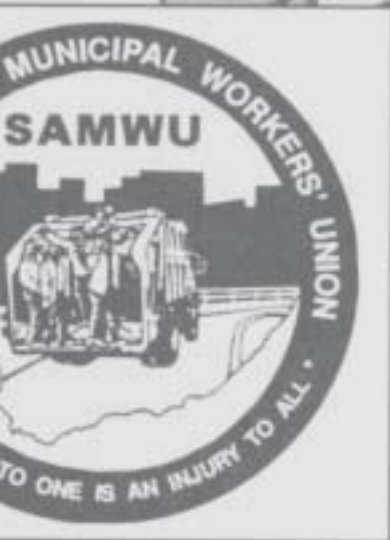
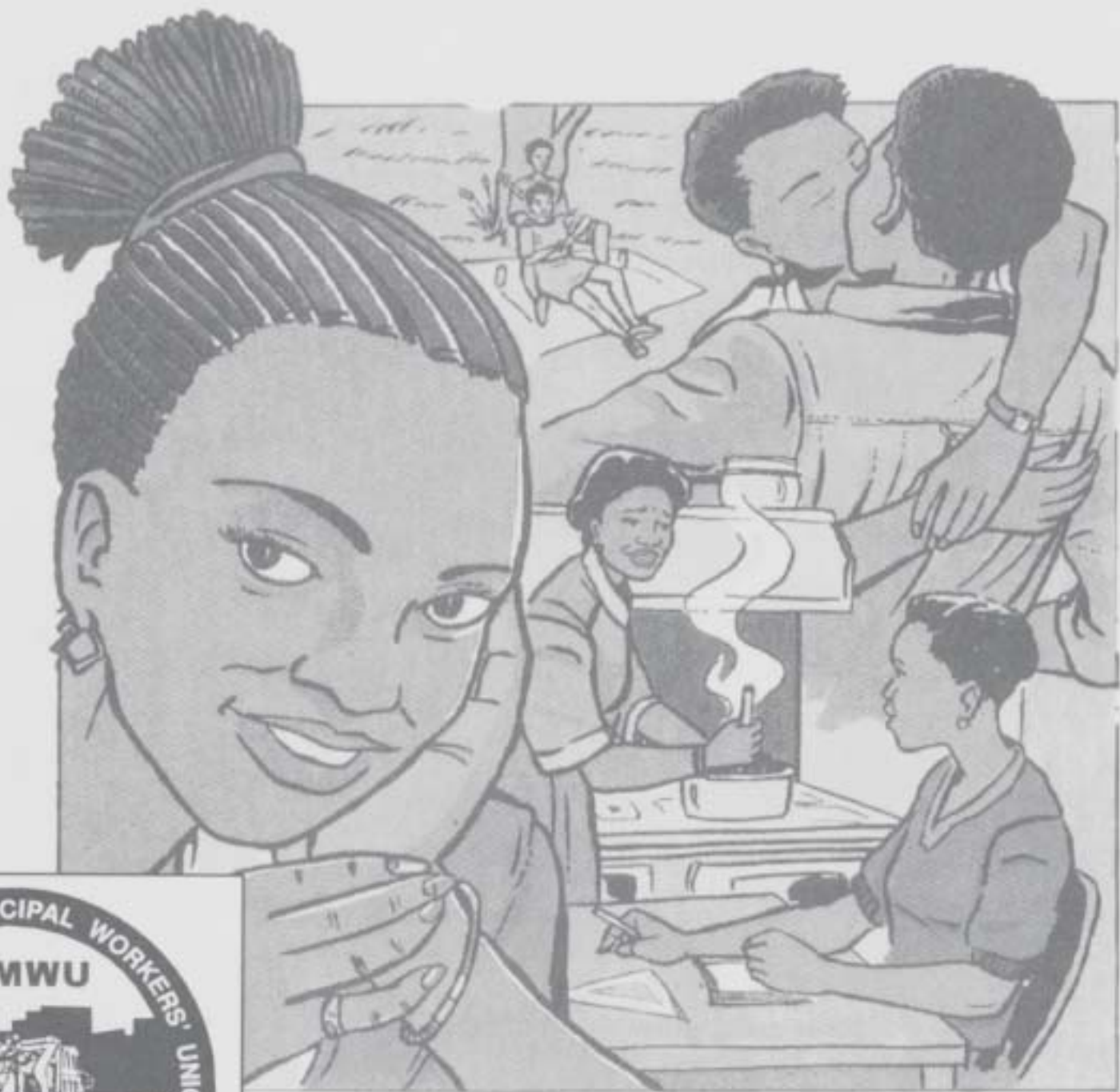
for **SAMWU**  
**Shopstewards**

September 2000





# AIDS MANUAL



**for SAMWU**