HIV/AIDS RISK MANAGEMENT

Report of the November 8-9, 2005 Workshop
Nairobi, Kenya
**Introduction**

On November 8-9 2005, AfriCap organized a workshop for the HIV/AIDS risk management working group (WG) in Nairobi, Kenya to discuss the elaboration of a Code of Conduct for MFIs in risk management of HIV/AIDS. The workshop was the WG’s first physical meeting.

A concept paper had been distributed to the WG in August as well as the results of the survey, prior to the workshop.

This report gathers the work produced during the workshop and provides a work plan, comprising the activities leading to the final conference planned in April 2006.
Task Force Groups

Mission

Task Force 1

TF1 identified intervention areas for the MFI:

- Tool to assess/rate the MFI’s status, consequently implementing / indicating scenarios to follow
- Specific to local context and to the MFI’s respective situation
- Issue that rating agencies do not take social rating into consideration: Need for leadership
- The value of an HIV/AIDS “product” for the clients?
- Discuss whether to include gender issue: Equal non discrimination
- Which kind of mechanisms will be used in order to make sure the principles will be implemented?

In the MFI interest, practical guidelines based on a “self identified need”. Enforcement; Need to ensure MFI ownership of the “Code” otherwise implementation will be difficult to guarantee. Commitment has to be diffused top down, for implementation to have a real impact: From Board level.
Task Force 2
TF2 on Health Linkages

- Partnership and network
  - High quality
  - Accredited in the respective field
- Monitoring and evaluation

- Target women; How can we target men in order to induce condom use.
- How to assess the available relevant partnerships: Mapping tool
  - Opportunity International provides a directory of HIV/AIDS service in the local area
- Sensitization: Begins at Board level

Work plan for TF2 November 2005 to April 2006:
TF2 agreed to develop the issues below, from now to April 2006 in order to fulfill the group’s objectives.

- Develop business case: Daniel - Illustrate financial costs: IFC –Noleen
- Market research, mapping prevention education / partnership locally specific: Noleen
- Treatment and care
  - Develop cover scheme: e.g. family; the individual, spouse, biologically / adopted children (age limit 18). Develop guidelines take evidence on local health issues into account: Gerry and Daouda
- Prevention: Develop case study: Tom and Joseph
- Establish partnerships / network: Max and Mia
Task Force 3
During the workshop TF3 developed a working document covering the broad principles for MFIs (see full doc in annex1).

PRINCIPLE 1 – GOVERNANCE AND ACCOUNTABILITY
As part of risk management at Board level, MFIs should carefully consider the risk and impact of HIV/AIDS on its staff and clients, and each MFI should develop an appropriate response.

PRINCIPLE 2 – NON-DISCRIMINATION
The MFI will not discriminate against any staff member or client on the basis of his or her HIV status. Positive HIV status will not prevent an individual becoming or remaining a client of the MFI.

PRINCIPLE 3 - CONFIDENTIALITY
All information held by an MFI in relation to a client is confidential and should be treated as such. Any information held by an MFI in relation to the health status of a member of staff or a client should be subject to particular duty of care with respect to confidentiality.

PRINCIPLE 4 – SUSTAINABILITY
In the interests of ongoing viability, the HIV/AIDS policies put in place by the MFI should be sustainable without subsidised intervention in the medium to long term.

PRINCIPLE 5 – RESPONSIBILITY FOR EDUCATION & AWARENESS-RAISING
The MFI has responsibility for training its own staff to understand what spreads HIV/AIDS and how to prevent it, and for ensuring that its staff are familiar with these Principles and any specific policies developed for the work-place and for clients. MFIs may choose to take further responsibility for education and awareness-raising within the wider community, and in particular amongst its clients.

PRINCIPLE 6 – PROMOTING PARTNERSHIP
MFIs should proactively seek to connect with local partners to collaborate where appropriate on HIV/AIDS-related activities.

PRINCIPLE 7 – MONITORING AND ASSESSMENT
MFIs should have systems in place to monitor and assess the impact of various risks in the local environment, including HIV/AIDS.

PRINCIPLE 8 – PROMOTING APPROPRIATE PRODUCTS
Working group discussion

Issues of discussion
Consequently to the TF group presentations, the issues below where discussed in plenary:

- Buy-in secured
- Applied early
- Piloting (workshop)
- Volunteering versus outsourcing
- MFIs could have participated more in the discussions
- What are the key success factors for the initiative? Any kind of impact assessment of this?
- What kind of additional data is necessary?
- Outsourcing:
  - Tool inventory
  - Indicators
- Differentiation of commercial banks and MFI with NGO status: The MIX / CGAP are already researching this: Careful not to repeat but to use existing tools.
- Bring the players together: Use the industry, existing initiatives / tools, to
- Work to make this Code of Conduct to become the standard in the industry
- How will we ensure implementation of the Code of Conduct into the MFIs?
  - Through networks
- How to guide the Board: No data evidence that assesses HIV/AIDS as a risk with a real impact on the MFI. Present the HIV/AIDS risk in a bigger context to the MFI: Need to empirical data on the issue
- For the initiative to have impact: Identify pilot centers
- Board guidelines
- Address this as health at large, with HIV/AIDS build in (Freedom from Hunger - ask Patrick for name). However make the distinction between HIV/AIDS and general health.
  - What differentiates HIV/AIDS from other reproductive disease?
    - Social impact
    - Financial impact in a long term perspective
    - Domestic impact
- Should the principles be general or locally adapted?
- Need to address the affected versus infected
- Proxy indicators, from study on clients. Microlinks
Workshop outcome

- **Consensus on combining HIV/AIDS with general health issues**
  The WG agreed that in order to reach the clients, the packaging of a HIV/AIDS product is crucial. It was therefore agreed to develop a “general health insurance” rather than an HIV/AIDS product, as this might scare of clients due to stigma.

- **This initiative should be used as a best practice for the industry**

- **Microfinance has the opportunity to deal with this issue**

- **HIV/AIDS and health are risks that should be dealt with as any other risk:**
  However the WG recognizes that HIV/AIDS has particular features to address

- **Need MFIs, donors, investors, etc. involved**
  - AfriCap investees will implement the tool
  - Opportunity International could follow
  = Spreading of the tool as standard tool for the industry

- **Need to legitimize the initiative**

- **Widen the tool**
  - E.g. what does the client do in case of repayment problems?
    - Risk mitigation through prevention strategies (existing tools, all applicable)

**Work to be done**

- Case studies and market research: Is this being done in the TF groups or is there a need for outsourcing?
- Indicators from the MFIs to estimate default rate and how this is related to HIV/AIDS, absenteeism
- Social impact, need for a study.
- **Guidelines / references prevention education**
- Develop practical illustrations to work as “convincing campaign”
- Set-up high level of principles: Code of Conduct
- Coordination of groups in order to avoid overlapping
- TF groups develop ToR for tools needed
- Business principles: “Principles within the principles”
- Scoring system
Overall activities
- Continuation of TF work
  - Studies
  - Tools
- Development of draft document
- Workshop in April
  - Executive committee meeting to review draft
- Piloting + dissemination
- Monitoring the implementation
- Workshop final week of April, South Africa – Cape Town

Work plan November 2005 – April 2006
- Principles, code of conduct with guidelines
- Tools
- Ready by February 2006
- Finalized March 2006
- Share with the broader community for adaptation, April 2006: A draft document

Contribution from TF group’s work
- Need to integrate the respective TF groups in order to advance
- What can we expect the WG members to bring in terms of workload
- Develop ToR for consultants needed for outsourcing: By November 30
Proposal concerning “product” outcome

We are proposing that the WG’s collected work is pulled together in a “guide book” constituting the following content:

1) Matrix Assessment
This chapter will present tools and references to assess the risk of HIV/AIDS in MFIs. The sections are designed respectively to prevalence rates as scenarios that require individual research. This understanding is vital for the identification of appropriate strategies to minimize the impact of HIV/AIDS.

By the end of this chapter, the MFI should be able to answer the following questions.
- What potential risks does the institution face?
- How is the institution dealing with the risk?

2) Risk Management
   a. Portfolio quality
   b. Liquidity issues
   c. Product development
   d. Management Information Systems

3) Operation’s Management
The chapter maps out potential partners: What institutions / organizations / networks will be available to assist my clients and how may their interventions have an impact on my institution?
   a. NGOs
   b. AIDS Support Organizations
   c. Development agencies

4) Governance
   a. MFI Board responsibility
   b. Partnerships
      I. AFIN
      II. HIVOS
      III. CGAP
      IV. SEEP Network, HAMED

5) Code of Conduct
The final chapter presents the Code of Conduct, which will function as a certification for the microfinance industry. Complying and implementing this Code will certify the MFI to clients, staff and potential investors.
   a. Scorecard
Outline
The guide book will be the result of the assembled work from the WG including external consultancies on specific areas. The guide book will constitute the “product” the WG will achieve under the provision of AfriCap’s TSF. The guide will be distributed on the final conference in South Africa, April 2006.
Annex 1 TF3 Principles

PRINCIPLE 1 – GOVERNANCE AND ACCOUNTABILITY
As part of risk management at Board level, MFIs should carefully consider the risk and impact of HIV/AIDS on its staff and clients, and each MFI should develop an appropriate response.

Practical aspects –
- Each MFI should take responsibility for ensuring that the risks associated with HIV/AIDS are assessed on an annual basis, and in a rigorous way, by their Board.
- The incidence of HIV/AIDS will vary in different communities and the appropriate response will therefore also vary.
- Each MFI Board should use whatever means possible for understanding the local incidence, how it affects staff and clients, and the local context in terms of public provision of healthcare and / or treatment.
- Compassionate leave, sick pay, funeral expenses – extent of cover for staff needs to be carefully considered.
- Whether to provide treatment and on what terms also raises very difficult questions – employee plus spouse? Children? What happens if an employee leaves either voluntarily or through being made redundant – are they still covered?
- In some communities, it may make more sense to talk in terms of more general healthcare risks rather than specifically HIV and AIDS.
- For some MFIs, the Board may make the judgment, after careful consideration, that other priorities are more pressing for the institution.

Issues –
- This may lead to a wide range of interventions by different MFIs based on the prevalence in their area and the extent to which the MFIs own shareholders consider HIV/AIDS to be an issue to be addressed separately from the specific risks it poses for the business.
- It may be helpful to develop guidelines to help Boards through the process of assessing the risk and deciding on appropriate interventions. (TF1 decision tree?)

PRINCIPLE 2 – NON-DISCRIMINATION
The MFI will not discriminate against any staff member or client on the basis of his or her HIV status. Positive HIV status will not prevent an individual becoming or remaining a client of the MFI.

Practical aspects –
- There should be no testing for HIV/AIDS as part of recruitment or continuing employment of staff. Where the MFI is supporting and promoting a voluntary
testing programme, particular care is needed to ensure that staff trust the confidentiality of the results.

- Most MFIs lend for very short periods (3-4 months) and the credit risk associated with positive HIV status over that time-scale will normally be very low.
- Effective implementation of this principle will depend critically on training and awareness both for staff and for clients. There is likely to be some discrimination by self-selecting groups applying for credit, since they do not want to carry the risk of someone who they consider likely to default. Improved understanding of the nature of HIV and AIDS through training and awareness-raising (see Principle x below) could possibly help to reduce this type of discrimination, but it will not be possible to eliminate it entirely.
- It may be appropriate for an MFI to turn down credit to an individual who is likely to be too sick to repay over the term of the loan but since this should only be judged on an objective basis, a health assessment could be required.
- If a health assessment is required, then the MFI must make sure that (a) the results are kept fully confidential (see Principle 3) and (b) the client is provided with advice as a result of that test eg on what the results mean and what steps he or she should take next regarding (a) available treatment or care and (b) financial planning for the future.
- Where anti-retroviral treatment is available in the local area, the benefit to clients of going for an HIV test is clear. MFIs should therefore lobby where possible for improved access to these treatments. (Links to TF2 discussion on VCT)
- It may be appropriate in some circumstances for an MFI to recommend voluntary testing for its clients and then to ask an independent institution to collate the results of the tests so that the broad risk is known to the MFI but not the risk of any particular client.
- If an insurance product is available which covers all clients without preferential premiums, then this dilemma is resolved. (Links to TF1.)

Issues -

- Assuming an insurance product is not available, what screening is acceptable – eg Is it appropriate to turn down credit to a mother whose child is sick, on the basis that the mother will probably not be able to work because she is looking after the child?
- Should MFIs request / require an HIV/AIDS test if they have reasons to believe that a potential client will default as a result of their HIV/AIDS status? Given the timeframes involved, is this ever an appropriate option? Would this be illegal in some jurisdictions?

PRINCIPLE 3 - CONFIDENTIALITY

All information held by an MFI in relation to a client is confidential and should be treated as such. Any information held by an MFI in relation to the health status of
a member of staff or a client should be subject to particular duty of care with respect to confidentiality.

Practical aspects –

- Information about the health of workers should be kept only on their medical file and access to this information should be in line with the ILO’s Occupational Health Services Recommendation 1985 and with national laws. Access to this information should be strictly limited to medical personnel and may only be disclosed if legally required or with the consent of the person concerned.
- An MFI could cause substantial extra hardship for a potential client whose application is turned down as a result of an adverse health assessment, because other members of the community may stigmatise him or her if the information is leaked out. Information about the health status of a client should be held in a distinct part of an MFI’s database, where access is strictly limited. Many MFIs without advanced management information systems will find it impossible to manage data in this way: such MFIs should not undertake health assessments unless they can protect the client’s confidentiality.
- Any voluntary HIV tests undertaken should be carried out in a general clinic rather than in a designated HIV/AIDS clinic, since other members of the community may make some assumptions based on the fact of a test.

Issues –

- If an individual is turned down for a loan following a health assessment, then there may be a danger that members of the community will become aware that this is the case and will stigmatise the individual.
- Since it will generally be loan officers who make the decision on a credit, these officers will know the status of the individual making the application, and in close-knit communities this could be a problem.

PRINCIPLE 4 – SUSTAINABILITY
In the interests of ongoing viability, the HIV/AIDS policies put in place by the MFI should be sustainable without subsidised intervention in the medium to long term.

Practical aspects

- In the short term, it may well be appropriate to consider funding from donors to assist with creating a demonstration effect for new products or new approaches.
- One of the key areas where MFIs may need up-front support is in identifying the prevalence rate, the public healthcare provision available and the local NGOs working on healthcare in their own areas of operation so that they can develop sustainable policies which are fully appropriate to the local situation.
- Where the MFI decides on an intervention such as providing anti-retroviral treatment for its own staff, it has a responsibility to ensure that provision will continue in some form even if the member of staff leaves the MFI.
PRINCIPLE 5 – RESPONSIBILITY FOR EDUCATION & AWARENESS-RAISING
The MFI has responsibility for training its own staff to understand what spreads HIV/AIDS and how to prevent it, and for ensuring that its staff are familiar with these Principles and any specific policies developed for the work-place and for clients. MFIs may choose to take further responsibility for education and awareness-raising within the wider community, and in particular amongst its clients.

Practical aspects –
- In areas of high prevalence, education and awareness-raising for clients may be an important way to communicate prevention strategies and help protect the MFI’s client base. (Link to TF2 work on prevention strategies.)
- Training for staff and for clients could be provided by in-house of external people.
- Staff should be provided with HIV/AIDS training as an integral part of normal credit risk training and not as a separate and unrelated issue.
- If staff are better informed on HIV and AIDS then they will be able to pass more appropriate health and financial advice to their clients.
- The cost of training is an issue for MFIs, and hence the focus on the MFI’s own staff and the extension to a wider community – particularly if not perceived by the MFI as a key risk – may need to be financed through donor funding.
- HIV/AIDS awareness meetings should not be compulsory for clients, as they may not be able to afford to take the time away from their work.

PRINCIPLE 6 – PROMOTING PARTNERSHIP
MFIs should proactively seek to connect with local partners to collaborate where appropriate on HIV/AIDS-related activities.

Practical aspects –
- MFIs need to know which local partners could provide support to clients who are sick or who have sick family members.
- Local NGOs may find it useful to know about products and services which the MFI is providing which may be particularly relevant for HIV/AIDS infected or affected people.

(Links to TF1 work on partnerships)

PRINCIPLE 7 – MONITORING AND ASSESSMENT
MFIs should have systems in place to monitor and assess the impact of various risks in the local environment, including HIV/AIDS.
Practical aspects –
- The MFI may be able to use other sources of information besides those it generates itself (eg UNAIDS, local NGO data etc)
- Exit interviews are often a good source of data giving background on why clients have dropped out.

PRINCIPLE 8 – PROMOTING APPROPRIATE PRODUCTS
MFIs should seek to promote products appropriate to the local circumstances which will help to provide increased financial security to clients.

Practical aspects
- These could be loans, savings products, insurance products
- Not focused on HIV/AIDS

Diagram illustrating interventions which may be appropriate for MFIs in different circumstances:

<table>
<thead>
<tr>
<th>High Incidence</th>
<th>Low Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Discrimination</td>
<td>Health Coverage</td>
</tr>
<tr>
<td>Annual Monitoring by Board</td>
<td>Information Dissemination</td>
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</tbody>
</table>

During the second day of the workshop, TF1 and TF3 merged. The two TF leaders will work out the merged group’s agenda.
Annex 2 Survey

Survey results on risk management:
Prevention and mitigation of HIV/AIDS in African MFIs

Preliminary report
Workshop, Nairobi November 8-9 2005
Introduction

This is a preliminary report of the results from the survey conducted for the HIV/AIDS risk management in microfinance project. The report briefly accounts for the survey results and serves as input for the HIV/AIDS risk management working group during the workshop in Nairobi, November 8-9 2005.

The preliminary survey constitutes 10 MFIs from Ghana, Uganda, Kenya, Tanzania, Rwanda, Malawi, South Africa and Zimbabwe. 15 institutions have been contacted but not all were able to respond at this time. The survey will continue after the workshop and a complete report will then be disseminated. The majority of the interviews have been conducted via telephone. When the respondents were not able to conduct a telephone interview (connectivity problems, time issue) the questionnaires were returned via e-mail.

The qualitative approach has allowed room for discussion during the interviews and often interesting issues were added to the discussion. The complete survey report will provide an in-depth knowledge about the MFIs and their current HIV/AIDS situation.

Hivos has recently completed a survey on “The effects and Strategies with regard to HIV/AIDS and microinsurance in the microfinance sector in East and Southern Africa”. The survey concludes 4 main issues: 1) Prevention strategies for clients, prevails at 48% of the partners, 2) product adjustments and new products, prevail at 38% and 43% respectively of the partners, 3) health care insurance prevails at 10% and 4) any type of life insurance at 57% of the partner. The Hivos survey findings and the findings of the present survey are consistent concerning these 4 main issues.

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1 Hivos, 2005: The effects and Strategies with regard to HIV/AIDS and microinsurance in the microfinance sector in East and Southern Africa. Annegien Wilms
## AfriCap HIV/AIDS risk management survey

### Table 1: MFI Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td>Number of MFI respondents</td>
<td>10 respondents</td>
</tr>
<tr>
<td>Established in year</td>
<td>From 1984 to 2004,</td>
</tr>
</tbody>
</table>
| Legal status                                  | NGOs: 40%  
                            | Commercial banks: 20%  
                            | Ltd: 20%  
                            | Licensed by National bank: 20%  |
| Target clientele                              | Unbanked  
                            | Small and micro-entrepreneurs  
                            | Small and medium enterprises  
                            | Poorest of economically active  |
| Number of clients:                           |         |
| Loan clients                                  | From 1.400 to 95.500 clients |
| Savings clients                               | From 7000 to 532.000 clients |
| Number of branches                           | From 1-62 |
| Number of employees                          | From 10 to 250 |
| Products offered                              | Primarily credit and savings, group loans |
| Return of average equity                      | From 3% to 23,45% |
| Return on average assets                      | From 0,4% to 14% |
| Member of national or international network?  | AMFI: Association of MicroFinance Institutions  
                            | TAMFI: Tanzania Association of MicroFinance Institutions, local  
                            | MicroFinance Network, international  
                            | AFRACA  
                            | INAFI, international  
                            | Rwanda MicroFinance Forum  
                            | Opportunity International Network  
                            | INAFI: International Network of Alternative Financial Institutions  
                            | ZAMFI  
                            | MFN: MicroFinance Network  
                            | AMFI  
                            | WWB  
                            | GNBI |
Table 1 illustrates the diversity of the 10 MFI respondents. The respondents cover widely in legal status as, including NGOs, commercial banks, licensed as well as un-licensed financial institutions. The targeted clients are primarily focused on the unbanked, small and micro-entrepreneurs and the poorest of economically active. Finally, the respondents are in general well connected to national and internal networks.

GENERAL AWARENESS

1. Does your institution consider HIV/AIDS to be a problem?

Table 2: MFI HIV/AIDS perception

Direct impact is experienced financial impact via increasing default rates. Only in 1 case did the MFI referred to clients dying as a direct impact. Indirect impact is more difficult to estimate and has so far been experienced as staff absenteeism or family members falling sick. In most case the impact, being direct or indirect, is often not measured other than statistics of repayment rates. All respondents are hesitating to identify the consequences as impact of HIV/AIDS.
There may be a number of factors at play influencing the impact, some to do with the stage of the epidemic in various countries (many may be infected, but few sick with AIDS earlier in the epidemic - and it’s only later in the disease that impacts on clients/staff will begin to be felt). Also the demographics of clients and staff (older women, who are commonly enrolled in MF are not as vulnerable to HIV as younger women).

### 2. Does the institution believe it is necessary to implement risk mitigation measures to protect the institution against HIV/AIDS?

All respondents answered yes to this question. Even so, only 6 out of 10 MFIs consider HIV/AIDS to be a problem, and 7 out of 10 has already taken mitigation strategies into account, comprising credit life insurance, death and disability insurance, health insurance and awareness training programs for the clients and HIV policy with clear anti-discriminationary policies, awareness education and medical allowance for the staff.
Several respondents expressed difficulties concerning identifying the impact of HIV/AIDS. Staff absenteeism due to funerals is not necessarily due to HIV/AIDS but still affect the institution. In some cases the staff has quickly used their entire sick leave but continues to absent themselves. Likewise clients who die might not be due to HIV/AIDS.

Repayment rates are as a rule high, around 98%, with a few exceptions. First Allied Loans and Savings have reported of a 50% default rate. Opportunity International Bank in Malawi reports a financial impact, but has not yet registered sick staff or clients.
3. Describe the risk mitigation measures the institution has taken?

The general approach is to implement an awareness and prevention training program. These programs are most often an initiative from the management, implemented in partnership with a local NGO or an Aids Support Organization (ASO). OIBM and Zambuko Trust have both hired a full time officer to take care of HIV/AIDS issues in the institution.

PRODUCT DEVELOPMENT AND AUGMENTATION

4. Does your institution offer specific products and/or services targeting HIV/AIDS affected clients? HIV+ clients?

Only 2 MFIs offer specific HIV/AIDS product and in both cases these are the result of partnerships.

**EBL** is working in partnership with Meru hospice and save the children Canada. Meru hospice is offering health education and medication; Save the children Canada caters for program facilitation in terms of small grants and providing loan security while Equity Meru comes in offering short term loans for the purpose of empowering the economic activities the participants are involved in. Health education/medication assists the participants in prolonging life. The program brings together people, suffering from a similar problem, hence trying to reduce stigma. The clients have expressed satisfaction, as they have been able to realize their business. The majority has businesses that have grown nicely since they were funded. As a consequence the perception for the bank is very positive.

**OIBM** is doing a pilot project with the University of North Carolina project to give group loans to two groups with all HIV members. The objective is to help the members better manage their lives, increase their income to help them purchase medicines, etc. and take away some of their stress as they feel they are a productive member of society. So far the impact has been positive and the groups have been paying back well.

Most often, the MFI does not register a direct demand from clients. However 50% of the respondents say they will develop this in the near future.

5. In your opinion, what are, among your activities, the products / programs / services that work the best in relation to HIV/AIDS?

The most recurring answer is awareness programs and prevention education. EBL assesses the partnership with Meru hospice and Save the Children Canada as a catalyst...
for the institution’s plans for HIV/AIDS mitigation and estimates that EBL would have initiated the program even without the partnerships.

6. If existing financial products or services were adjusted to meet client needs and desires, how were products adjusted?

Only 3 respondents have adjusted products according to clients. The adjustments include flexibility in loan repayment, adjustment of loan amount and finally downsizing of groups from big groups of 50 members to small intimate groups of 3 members.

7. Does the MFI provide non-financial services such as AIDS prevention education to its clients?

Only 3 out of 6 offer AIDS prevention education to its clients. Primarily this is awareness campaigns and prevention education. In all cases it is the loan officers and the HIV/AIDS coordinator who are responsible for this. In all cases the loan officers have been trained by an ASO and subsequently they inform the clients.

WORKPLACE PROGRAMS

8. Does the MFI have a workplace policy that specifically provides guidance on how the institution handles staff or family members afflicted by HIV/AIDS?

6 out of 10 respondents have already implemented a workplace policy for their staff. Most often it is the Human Resource department that has developed the policy and in some cases the policy is elaborated on the basis of a national policy or a network policy.

The main components of the policy:
- Anti-discrimination
- Education & training
- Gender & HIV/AIDS
- Confidentiality
- Voluntary testing
- Recruitment
- Medical and Supportive Care
- VCT
- Insurance
- Collaboration
- Monitoring and Evaluation

Only 3 institutions have not yet implemented a workplace policy, primarily because the institution has not yet experienced any impact of HIV/AIDS.
9. Does the MFI have a workplace program that addresses HIV/AIDS specifically?

OIBM pay for ARV that covers 100% for staff and helps pay for spouses.

Zambuko Trust offers an unstructured condom distribution and information dissemination program.

EBL conducted a need assessment survey among its staff that established that the staff required an HIS/AIDS awareness program. Consequently an HIV/AIDS workplace policy was implemented. However, due to lack of follow-up and program revision it is now slowly dying out.

SEF has elaborated a workplace policy that includes VTC. The policy offers benefits to the staff that disclose their HIV/AIDS status to their manager. The benefits include an additional 4 days sick leave and partial treatment cover. The policy also allows for support arrangements, information dissemination and network development.

All policies include confidentiality, non-discriminatory clauses and awareness and prevention areas.

STRATEGIC ALLIANCES

10. For organizations that have developed programming or responses to mitigate the impact of HIV/AIDS, has the response been taken in conjunction with a strategic partners, such as an AIDS support organization, a health organization, an insurance company?

The strategic alliances installed by the institutions comprise:

- Insurance companies: NICO Life, AIG, Microcare
- Health Organization: Adventist Health Center
- AIDS support organisations
- Free legal advice
- Pilot Program with University of North Carolina
- MEDA
- NGO: Save the Children, Canada
- Meru Hospice

11. Does the institution comply with any institutional or national policy related to non-discrimination of persons living with HIV/AIDS?
5 out of 10 do already comply with either a national or other institutional policy related to non-discrimination. Some of the respondents answered that they did not comply with an official policy but that they do not discriminate against clients nor staff. Most often no reporting is made and the institutions claim that the unofficial internal non-discrimination rule is implicit with management strategy.

12. **Does the institution comply with any code of conduct established by a network organization of which the MFI is a member?**

6 out of 10 respondents comply with a code of conduct / best practice developed by a network organization of which the MFI is a member. For the most part, the respondents refer to microfinance technical best practice tool.

**CODE OF CONDUCT**

AfriCap and the HIV/AIDS WG are proposing the development of a Code of Conduct to help ensure the microfinance industry in Africa supports its staff, clients and communities affected by HIV/AIDS.

13. **Would the institution adhere to such a code?**

All the respondents confirmed that they would, assuming that the respective institutions agree with the principles of the code.
14. What kind of Code of Conduct, with what key principles could be useful to the institution?

Table 6 depicts how the respondents rate the different areas of importance for the code of conduct:

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resource management</td>
<td>9</td>
</tr>
<tr>
<td>Product development</td>
<td>7</td>
</tr>
<tr>
<td>Customer service</td>
<td>5</td>
</tr>
<tr>
<td>Service agreements</td>
<td>6</td>
</tr>
<tr>
<td>Staff training</td>
<td>8</td>
</tr>
<tr>
<td>Consumer education</td>
<td>8</td>
</tr>
<tr>
<td>Underwriting</td>
<td>5</td>
</tr>
<tr>
<td>Collections</td>
<td>4</td>
</tr>
<tr>
<td>Community action</td>
<td>5</td>
</tr>
</tbody>
</table>

15. How can the Africap HIV/AIDS risk management working group be helpful to the institution?

- Share experiences from other parts of the world
- Develop network
- Develop a comprehensive HIV/AIDS policy
- Design and develop HIV/AIDS workplace programmes for staff and clients.
- Access to resources materials, workshops and conferences.
- Provision of guidelines in the management of workplace HIV/AIDS programs.
- Development of appropriate products and services targeting affected clients.
- Development of risk management strategies to deal with regions where disclosure of HIV/SAIDS is a big problem
- How to pilot a product which targets HIV+ clients only (what needs to be changed in the product for this target group) and does not have negative impact on the bank’s profitability.
- How to motivate staff to get tested and take control of HIV
- Information sharing on latest issues
- Networking with service providers
- Global medical / health insurance product
• By developing a Credit Life Insurance policy
Survey interviews

List of MFI respondents

<table>
<thead>
<tr>
<th>WEST AFRICA</th>
<th>P.R.</th>
<th>Interview scheduled</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana: -First Allied Savings &amp; Loan</td>
<td>3.1%</td>
<td>Thursday, Oct. 27, 14:30am</td>
<td>Mr Joe Aidoo 00233 51 27735</td>
</tr>
<tr>
<td>EAST AFRICA</td>
<td>P.R.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda: -Pride Uganda</td>
<td>4.1%</td>
<td>Tuesday Oct. 18, 13pm</td>
<td>Rehema Mutzindwa 00256 77 50 2200</td>
</tr>
<tr>
<td>Tanzania: -Pride Tanzania,</td>
<td>8.8%</td>
<td>Monday Oct. 17, 10pm</td>
<td>Ms. Shimimana Ntuyabaliwe 00255 27 2502945 / 2501952 / 2507638</td>
</tr>
<tr>
<td>Rwanda: -MicroRwanda:</td>
<td>5.1%</td>
<td>Written</td>
<td>General Manager Afete</td>
</tr>
<tr>
<td>Malawi: -Opportunity International Bank Malawi</td>
<td>14.2%</td>
<td>Monday Oct. 17, 12pm</td>
<td>Claudia McKay 00265 1758403</td>
</tr>
<tr>
<td>SOUTHERN AFRICA</td>
<td>P.R.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa: -SEF</td>
<td>21.5%</td>
<td>Thurs, Nov. 03, 10:30pm</td>
<td>Chizoba 0027 15 307 5837</td>
</tr>
<tr>
<td>Zimbabwe: -Zambuko Trust</td>
<td>24.6%</td>
<td>Friday, Oct 21, 11am</td>
<td>Bridget Kazembe 00263 4 333692</td>
</tr>
</tbody>
</table>

Thank you all for participating in the survey.

Interviews with the following institutions are planned after the workshop:

- TEBA Bank, South Africa
- Amhara Credit and Savings Institution, Ethiopia
- Soro Yiriwaso, Mali
- Kafo Giginew, Mali
- Jemini, Mali
- NovoBanco, Mozambique
- Jamii Bora Trust, Kenya