

UNAIDS 2019

International Labour Organization (ILO)

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2018

the 1990s, the number of people with a mental health problem in the United Kingdom has increased by 50% (Mental Health Act 1983, 1994).

There is a growing emphasis on the need to improve the lives of people with a mental health problem. The Department of Health (1999) has set out a strategy for mental health care, which includes a commitment to improve the lives of people with a mental health problem. The strategy is based on the following principles:

- People with a mental health problem should be treated as individuals, with their own needs and wishes.
- People with a mental health problem should be given the opportunity to participate in decisions about their care.
- People with a mental health problem should be given the opportunity to live in their own homes and communities.
- People with a mental health problem should be given the opportunity to work and study.
- People with a mental health problem should be given the opportunity to take part in leisure activities.

The strategy also includes a commitment to improve the lives of people with a mental health problem who are in contact with the mental health services.

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Key strategies and approaches

In 2018 ILO built upon work undertaken during the previous two years. The work of ILO around HIV is framed and guided by the ILO Programme and Budget 2018–2019, the ILO 2010 recommendation no. 200 concerning HIV and AIDS, the UNAIDS Strategy 2016–2021, UBRAF 2016–2021, and the United Nations 2016 Political Declaration on HIV and AIDS. The UNAIDS Strategy 2016–2021 explicitly includes a target to reduce discrimination in workplace settings (target 8) and promotes actions aligned to the ILO mandate, such as inclusive national HIV-sensitive social protection; access to HIV services for migrants, including labour migrants; combination prevention programmes for women and young women; and gender equality. The 2016 Political Declaration makes specific reference to the principles of the ILO 2010 recommendation no. 200 concerning HIV.

The ILO strategy and response to HIV has advanced along with the evolving HIV epidemic, the transition from the Millennium Development Goals to the SDGs, and the changing financial landscape for HIV programmes. The guiding principles include human rights and non-discrimination, gender equality, generation of strategic evidence, mainstreaming and integration, and strategic partnerships. The response also effectively combines HIV-specific and HIV-sensitive approaches.

The ILO strategy for HIV reflects and responds to the increasing need to take HIV out of isolation and the interconnectedness between health and development. ILO has positioned HIV as a cross-cutting policy driver linked to many outcomes in the ILO programme and budget 2018–2019, especially outcomes 3, 7, 8 and 9 on extending social protection floors, promoting safe workplaces, protecting workers from unacceptable forms of work, and labour migration and mobility. Within the context of UNAIDS and UBRAF 2018–2019, ILO contributes to six outputs—on HIV testing, combination prevention programmes, HIV services for key populations, transforming unequal gender norms, legal and policy reforms, and strengthening HIV-sensitive social protection.

ILO uses a data-driven, rights-based, gender-responsive, country-focused and people-centred approach, devoting a critical mass of resources towards initiatives benefiting key and vulnerable populations in identified economic sectors, primarily in UNAIDS Fast-Track countries. This approach is used to deliver HIV programmes that address both HIV-specific needs and the underlying structural drivers of the epidemic. This ensures a comprehensive and integrated HIV response across different development areas. The overarching objective is to maximize the ILO promotion of decent work opportunities for all and to bring health, dignity and social justice to all.

Highlights of results

ILO joined with UNAIDS and other partners to launch the VCT@WORK initiative to help close the HIV testing gap, particularly among men. ILO supported 16 countries in 2018 to adopt the initiative. In 2018 ILO work in partnership with Cosponsors and other organizations reached 5.8 million people with HIV testing services. Through the VCT@WORK initiative, more than 950 000 people were enrolled in social protection initiatives. Reflecting the high organizational priority placed on HIV testing, ILO integrated HIV testing as a central element of the organization's three main training programmes.

To provide combination prevention to young and older people vulnerable to HIV, ILO adopted a three-pronged strategy: mainstreaming HIV prevention initiatives into the work of regional bodies; supporting the private sector to scale up its HIV prevention response; and extensive country support to scale up HIV prevention actions. ILO signed a memorandum of understanding with the New Partnership for Africa's Development to assist in integrating employment concerns of vulnerable populations in programmes for development in Africa. New global estimates of HIV in the workplace, published in 2018, highlighted the breadth of HIV in workplace settings. ILO worked to scale up HIV prevention programmes for young people in 18 countries.

In 2018 ILO scaled up its work in reaching key populations in the workplace with HIV services. The focus of ILO programmes over the year were on lesbian, gay, bisexual, transsexual and intersex people, migrant populations and sex workers. In 2018 ILO initiated a phased process to develop an lesbian, gay, bisexual, transsexual and intersex toolbox for the workplace, worked with partners to design a multicountry HIV-sensitive migration project, and scaled up implementation of programmes for key populations in numerous countries in three regions.

ILO implemented HIV programmes addressing the structural and social dimensions of the HIV epidemic to facilitate the transformation of unequal gender norms and eliminate violence, including intimate partner violence. Work continued in 2018 towards development of international labour standards on violence and harassment. ILO and UNICEF launched a joint publication on skills education and training for girls. ILO in 2018 scaled up implementation of programmes to transform gender norms in 30 countries.

As a standard-setting organization, ILO actively promoted the rights and dignity of workers, in all their diversities, at the global, regional and country levels. ILO collaborated with the UNAIDS Secretariat and the Global Network of People Living with HIV to carry out surveys of more than 100 000 people living with HIV in 13 countries. ILO programmes in 30 countries helped reduce stigma and discrimination.

ILO and WFP are the co-conveners for the UNAIDS Division of Labour area on HIV-sensitive social protection. ILO continued in 2018 to support Member States to scale up social protection schemes including floors, guided by ILO recommendation no. 202 on social protection floors. ILO helped sponsor the international conference on HIV-sensitive social protection; undertook HIV-sensitivity regional assessments in 13 countries; and provided concrete support for the scale-up of HIV-sensitive social protection programmes in countries such as Kenya, the United Republic of Tanzania and Zimbabwe.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

By the end of 2018 ILO had forged strategic partnerships with national AIDS authorities, ministries of labour, employers' organizations, workers' organizations, civil society organizations and United Nations agencies to deliver HIV testing to 5.8 million people (31% women, 68% men) in 25 countries. ILO and WHO developed and launched a policy brief and guidance on HIV self-testing in the workplace, addressing issues such as confidentiality, integration, human rights, referral and follow-up, monitoring and sustainability. ILO, the UNAIDS Secretariat, WHO and partners collaborated with Sibanye-Stillwater, a mining company in South Africa, to promote HIV self-testing in the workplace. ILO, WHO and partners have begun rolling out HIV self-testing in workplaces in Kenya, South Africa and Zambia.

In 2018 ILO supported Botswana, Cameroon, China, Guatemala, India, Indonesia, Kenya, Lesotho, Mozambique, Nigeria, the Russian Federation, South Africa, Ukraine, the United Republic of Tanzania, Zambia and Zimbabwe to implement the VCT@WORK initiative. Activities in support of the initiative included targeted support to the trade union leadership to champion HIV testing among their membership in Ukraine; situating HIV testing within the context of multi-disease screening exercises in Mozambique; packaging HIV testing in the context of wellness and well-being programmes in Nigeria; advocating with women's groups and supporting their leadership to mobilize for HIV testing in Cameroon; mainstreaming HIV in national plans in Zambia; and mobilizing large private-sector companies, such as the Siberian Coal Energy Company in the Russian Federation and Coal India Limited in India, to lead the private sector's HIV testing efforts. In 2018 over 200 senior-level staff from many countries and regions received comprehensive training at the ILO International Training Centre on HIV testing through the workplace and its contribution to the well-being and productivity of the workforce. Strong country advocacy for HIV testing within the Joint United Nations Team on AIDS led ILO to be recognized for its role in HIV testing and to be allocated

resources to scale up VCT@WORK and HIV self-testing initiatives in 70% of the countries where country envelope funds were received.

To build synergies between HIV testing and social protection initiatives, ILO used the VCT@WORK initiative in some countries as an opportunity to mobilize workers to register for national social protection programmes, particularly within the informal economy. In 2018 a total of 951 112 workers in the informal economy registered to become members of social protection schemes and received education on the benefits of membership.

To promote the prevention of infectious diseases, including HIV and TB, among health workers in hospital settings, ILO, WHO and partners implemented the ILO and WHO HealthWISE tool in a number of countries in the Africa and Asia regions. ILO supported capacity-building efforts of health workers in 20 hospitals in Asia and Africa to improve working conditions, reduce the likelihood of acquiring infections in hospitals, and reduce levels of stigma and discrimination.

SRA 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

ILO signed a memorandum of understanding with the New Partnership for Africa's Development in 2018 to leverage infrastructure development projects in Africa to integrate the unemployment concerns of vulnerable populations, including people living with HIV, into infrastructural initiatives on the continent. The memorandum of understanding, which is being implemented in 2019, is expected to facilitate the employment of vulnerable unemployed people during infrastructure construction in Africa.

ILO, with support from the UNAIDS Secretariat, published *The Impact of HIV and AIDS on the World of Work: Global Estimates*. This study estimated that 29.9 million people living with HIV would be in the workforce by 2020, a figure that is likely to increase as HIV treatment keeps workers living with HIV alive. Approximately 500 000 AIDS-related deaths in the labour force are projected by 2020, a sign that HIV testing and treatment programmes are still not reaching many workers. In 2020 loss of earnings due to HIV is projected to be US\$ 7.2 billion; the number of workers providing HIV-related unpaid care work to be 50 000; and the number of children in HIV-affected households facing diminished educational opportunities to be 84 000.

ILO, working through employers' organizations, business coalitions and chambers of commerce, continued to support private-sector engagement in the HIV prevention response in 20 countries. For example, in Indonesia, ILO, PT Angkasa Pura II and APINDO organized high-level meetings to promote the rollout of HIV prevention and non-discrimination policies. In Kenya support was provided for a shift from private-sector prevention workplace programmes to broader HIV and wellness programmes in partnership with the Swedish

Workplace HIV and AIDS Programme, the Federation of Kenya Employers, the Kenyan National AIDS Control Council, and the Kenyan Central Organization of Trade Unions.

In Cameroon a concrete product of the collaboration between ILO, UNAIDS, UNESCO, UNFPA, UNICEF and the National Council for the Fight Against AIDS was the development and validation of a national road map for the prevention of HIV and sexually transmitted infections by 2020. Adolescent girls and young women in the United Republic of Tanzania accessed the ILO integrated income-generation and HIV prevention programmes that promoted livelihood and impact mitigation. In Nigeria ILO and UNFPA joined with the federation of informal workers, Nigerian Labour Congress and Apo Mechanic Association to reach 18 000 young people with the VCT@WORK initiative and the UNAIDS-led ProTest Campaign. In Ukraine technical and financial support was provided to the maritime workers' union to build capacity in its leadership and membership in combination prevention and gender-based violence programming. In the Russian Federation, ILO provided normative support to the Ministry of Labour and Social Protection to draft a national action plan outlining a road map for scaling up HIV prevention programmes. In Malawi ILO, UNAIDS and partners provided technical support to the public sector to strengthen the capacity of labour inspectors in mainstreaming HIV into labour inspections.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

In 2018, building on the ILO PRIDE research (funded by the Government of Norway), ILO initiated a four-phase process to develop a lesbian, gay, bisexual, transsexual and intersex toolbox for the workplace. Phase 1—a comprehensive review of literature pertaining to lesbian, gay, bisexual, transsexual and intersex rights in the world of work—was undertaken in 2018 to address lesbian, gay, bisexual, transsexual and intersex-related international labour standards, international human rights norms and standards, existing tools and guides on rights in employment, challenges in protecting workers, and lessons learnt and best practices on ways to protect workers. Phases 2, 3 and 4, focusing on drafting, field-testing and finalizing the toolbox, are occurring in 2019.

ILO launched the Code of Practice for Safety and Health in Opencast Mines in 2018, which addresses a range of HIV-related issues. In 2018 ILO, in partnership with COMENSA, IOM, SADC, UNHCR and UNODC, designed an HIV-sensitive project on migration management covering Angola, Botswana, Comoros, the Democratic Republic of the Congo, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. The European Union (EU) awarded €22 million for the project, which will commence in 2019.

In Brazil and Indonesia, ILO provided transsexual people with professional training to enhance their ability to work and engage in economic activity. In Brazil ILO support focused on labour rights, sexuality, preparation of work resumés, and HIV prevention. In Indonesia ILO work supported income generation and the acquisition of entrepreneurial skills.

In the United Republic of Tanzania, ILO and partners supported the drafting and adoption of the National Key and Vulnerable Population guideline. In Kenya sex workers were reached with HIV services through a partnership involving ILO, the Swedish Workplace HIV and AIDS Programme, the Federation of Kenya Employers, the Kenyan National AIDS Control Council, the Kenyan Central Organization of Trade Unions, the Kenya Long Distance Truck Drivers Union, and the Highway Community Health Resource Centre.

In Cameroon, ILO, UNAIDS, UNESCO, UNFPA, UNICEF and other partners provided inputs to the National Road Map on Prevention of HIV and Sexually Transmitted Infections by 2020, led by the National Council for the Fight Against AIDS-led and which prioritizes actions to address the needs of key populations.

SRA 5: Women and men practise and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

The ILO governing body in 2019 initiated a process towards adoption of international labour standards in violence and harassment in the world of work and an international treaty on the topic. It is anticipated that the convention will provide a framework for strengthened national legal and policy frameworks to protect women and men workers, in all their diversity, from violence and harassment in the world of work.

ILO undertook the study *The Impact of HIV on Care Work and the Care Workforce*, covering Liberia, Namibia, South Africa, Uganda, the United Republic of Tanzania and Zambia. The draft study findings demonstrated a correlation between HIV treatment uptake, reduced need for unpaid care work, and the likelihood that carers can engage in productive employment. The study included several recommendations for promoting gender equality in care work. Findings of the study were included in the major ILO publication *Care Work and Care Jobs for the Future of Decent Work*, which was produced in the context of the ILO Women at Work Centenary Initiative.

ILO and UNICEF jointly developed and published *Girlforce Skills Education and Training for Girls Now*. This publication concludes that a generation of girls risk being left outside the labour force or trapped in vulnerable or low-quality employment due to a lack of skills, absence of good-quality jobs, and gendered expectations of their roles as caregivers. The publication includes concrete recommendations for empowering adolescent girls and women and reducing their vulnerability.

In the United Republic of Tanzania, to close the HIV testing gender gap for men, ILO and partners provided technical inputs into the development, launch and rollout of the National Male Involvement HIV Testing Campaign in 28 regions. To complement this initiative, the VCT@WORK initiative partnered with FHI 360 and the Ministry of Health national AIDS programme to develop the 2018–2022 Tulongé Afya project to expand HIV testing to populations left behind.

In Mozambique ILO, the UNAIDS Secretariat and partners used radio to broadcast integrated comprehensive programmes that addressed sexual and reproductive health, gender-based violence and HIV, complemented by community campaigns in the Gaza, Maputo and Sofala provinces. Over 150 000 male and female condoms were distributed in partnership with ECoSIDA, the National AIDS Council and UNFPA; and more than 100 000 people were reached through the mass media initiatives.

In Zimbabwe ILO, UNAIDS and partners supported a national campaign to raise awareness on gender-based violence, strengthen the provision of services to address gender-based violence, and provide a platform to enable stakeholders working on gender-based violence issues to share new and effective strategies. ILO and UN Women partnered to bring together 50 private-sector leaders to raise the profile of gender-based violence issues in the context of the world of work.

SRA 6: Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Surveys of people living with HIV in 13 countries found that a large proportion of people living with HIV are unemployed, ranging from 7% of those surveyed in Uganda to 61% in Honduras, with especially high unemployment among young people, ranging from 11% in the Republic of Korea to 61% in Greece, and among women and transgender people. The evidence brief summarizing the surveys included a call to governments and international agencies to increase efforts to deliver human rights based on the 2010 ILO recommendation no. 200 on HIV and AIDS and the world of work, and to enable access to full and productive employment and decent work for people living with HIV.

The launch of the Employment Non-Discrimination Regulations by the Ministry of Gender, Labour and Social Development was one concrete output from the support of ILO, UNAIDS and partners provided in Uganda. In Mozambique, ILO, UNAIDS and UNDP supported development of a national regulation on the implementation of the HIV law. In the United Republic of Tanzania, ILO and the UNAIDS family supported the Ministry of Labour, Employment, Youth and Disability to develop and adopt the National HIV and AIDS Workplace Policy Guideline for Employers, the Guideline to Promote Equal Employment Opportunity for Men and Women in the Workplace, and the National Training Guideline for Labour Officers on Labour Inspection and HIV and AIDS.

In Kenya ILO supported the Ministry of Labour and Social Protection to update the non-discrimination national HIV and AIDS policy at work, with a Cabinet memo on the policy drafted and forwarded to the Cabinet Secretary for tabling at the Cabinet for approval.

In China the focus was on giving people who have been discriminated against an avenue to report and seek remedies for their complaints; in this regard, ILO and partners supported He'rbutong Training and Education Centre to provide legal counselling and support to approximately 100 people living with HIV, with respect to discrimination in employment. Based on the key findings of the legal aid hotline in recent years, the He'rbutong Training and Education Centre updated the Handbook on 100 Frequently Asked Questions and Answers and added 50 additional questions.

In Nigeria, ILO and UNAIDS, in partnership with the Federal Ministry of Labour and Employment and the National Agency for the Control of AIDS, provided technical support to build the human resource capacity on the provisions of the Anti-Stigma Law and its implications for the elimination of stigma and discrimination in the workplace.

To determine its implementation effectiveness, ILO, UNAIDS and partners supported research into the application of the ministerial decree no. 68/2004 in Indonesia on HIV prevention at the workplace.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

ILO collaborated with Aidsfonds, the Global Fund, Housing Works, UNAIDS, UNDP, UNICEF, WFP, WHO and other partners to organize an international social protection conference in 2018, on the theme Fast-Tracking social protection to end AIDS. The outcome note of the conference included recommendations to strengthen the basic functioning of social protection programmes so that people living with, at risk of, or affected by HIV benefit from these programmes; to link, layer and localize the social protection approaches for expanding access to primary, secondary and tertiary education, with pathways to employment and empowerment; to strengthen the active engagement of civil society organizations working on HIV and social protection to help extend the reach to populations that are likely to be left behind; and to prioritize countries, geographical areas and populations where interventions should be focused to enhance access to HIV and social benefits.

A number of key publications were launched in 2018. The publication Social Protection: A Fast-Track Commitment to End AIDS—Guidance for Policy-makers, and People Living with, at Risk of or Affected by HIV was drafted by ILO, UNAIDS, UNICEF, WFP, the World Bank and partners and launched in Washington, DC, United States of America by Gunilla Carlsson, Deputy Executive Director of UNAIDS.

ILO, the UNAIDS Secretariat and WFP co-organized a training-of-trainers session in November 2018 in Latin America and the Caribbean to introduce the tool for HIV and social protection assessments for 13 countries. The training helped countries conduct HIV and social protection assessments, increase HIV sensitivity of social protection programming, increase engagement with civil society (including people living with HIV, at-risk and affected populations, and adolescent girls), and establish HIV-sensitive social protection portals.

In July 2018 ILO and WFP became co-conveners of the SRA on HIV-sensitive social protection within the context of the revised UNAIDS Division of Labour. Membership of the Inter-Agency Task Team was revamped, with new members invited from academia, research and UNAIDS Cosponsors. The TB constituency in the Inter-Agency Task Team was also increased. A concept note providing a framework for the Inter-Agency Task Team on HIV-sensitive Social Protection was drafted, along with a workplan for the Inter-Agency Task Team.

In the United Republic of Tanzania, ILO collaborated with the UNAIDS Secretariat to support national partners to assess social protection policies and examine their sensitivity to HIV. In Kenya, ILO engaged in the United Nations outcome group on social protection, which supports government through the United Nations Development Assistance Framework mechanism to roll out social protection programmes. ILO was part of the organization of the second National Social Protection Conference in partnership with the Ministry of Labour and Social Protection, UNICEF, the United Kingdom Department for International Development, WFP, the World Bank and other partners. Also in Kenya, ILO, in partnership with UNICEF (the funder) and other partners, designed and developed the community of practice on social protection to enhance knowledge and information exchange among social protection practitioners.

In Zimbabwe ILO provided technical support to the national social protection sector review under way in collaboration with other United Nations agencies, which aims to advise on specific policy, institutional and investment scenarios to guide the development of the country's social protection system over the next five years.

Financial information

Table 1
Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	1,024,277
Sub-total	3,024,277
2018 country envelope	800,900
Total	3,825,177

Table 2
Expenditure and encumbrances by Strategy Result Area (US\$)

Strategy Result Area (US\$)	Core	Non-core	Total
SRA 1: HIV testing and treatment	690,244	1,048,990	1,739,234
SRA 3: HIV prevention and young people	649,193	1,322,350	1,971,543
SRA 4: HIV prevention and key populations	235,812	334,602	570,414
SRA 5: Gender inequalities and gender-based violence	247,241	499,413	746,654
SRA 6: Stigma, discrimination and human rights	444,980	825,972	1,270,952
SRA 8: HIV and health services integration	242,668	566,257	808,925
TOTAL	2,510,138	4,597,584	7,107,722

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3**Expenditure and encumbrances by region (US\$)**

Region	Core *		Non-core	Grand Total
	Core	Core-country envelope		
Asia and Pacific	282,043	163,084	655,673	1,100,800
Eastern Europe and central Asia	191,098	-	329,464	520,562
Eastern and southern Africa	839,466	321,541	1,524,000	2,685,007
Latin America and the Caribbean	12,620	6,807	241,428	260,855
Middle East and North Africa	-	-	44,251	44,251
Western and central Africa	301,920	142,911	814,412	1,259,243
Global	882,991	-	988,356	1,871,347
Grand Total	2,510,138	634,343	4,597,584	7,742,065

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4**Core expenditure and encumbrances by category (US\$)**

Cost Category	Core Global	Core Country envelope	TOTAL
Staff and other personnel costs	1,720,585	51,194	1,771,779
Contractual services	276,157	385,770	661,926
General operating expenses	435	17,232	17,667
Transfers and grants to counterparts	104,506	102,029	206,535
Equipment, furniture and vehicles	2,580	1,908	4,488
Travel	117,216	34,712	151,928
Programme Support cost	288,659	41,499	330,158
Total Expenditures	2,510,138	634,343	3,144,481
Encumbrances	-	-	-
TOTAL	2,510,138	634,343	3,144,481

Case study: equipping people from lesbian, gay, bisexual, transsexual and intersex populations with the requisite skills to earn income in Indonesia

Recognizing the relatively higher unemployment rates of transsexual people in Indonesia, ILO organized a specialized training course to improve transsexual people's financial management skills with a view to supporting their employability and increasing their entrepreneurial opportunities. The f-day training programme was designed as a training-of-trainers session for 26 male and female transsexual people. The training was designed to help transsexual people and their organizations develop the necessary skills to more effectively manage their incomes and expenses, avoid debts, and save part of their income for future plans; to support participants to assess employment opportunities more critically and look for jobs likely to provide more stable income; to inspire participants to further develop their entrepreneurial skills; and to promote initiatives aimed at HIV prevention among key populations, including transsexual people. Trained transsexual people returned after a year to assess and evaluate the impact of the training on their lives.

Based on personal testimonials from training participants, participation in the initiative generated concrete improvements in personal financial management skills. For example, Setya, aged 44 years, reported managing finances much better, leading to increased savings and an ability to purchase a motorcycle and a house on credit. "I never imagined that I would be able to have my own house," he said. "I always rented a house because I thought I could not afford one with my current income. Yet by better managing my finances, I realized I do have sufficient income to take up a mortgage to buy a house."

Sam, aged 27 years, made a drastic choice to change jobs. After reviewing the way he managed his finances, he was able to re-evaluate his previous job and summon the courage to look for a more satisfying position. "I was so stressed out with the long working hours that I had to endure," he said. "At the time, I thought I had no choice and I needed to work. After reviewing my financial situation with the knowledge I had acquired, I realized that I did not have to keep my exhausting job. I had enough resources to take time off and look for another job. I now have a much better work-life balance."

Anggun, aged 32 years, now uses an application on her smartphone to record her income, expenditure and savings. As a result, she is able to spend her money more carefully. In her words: "I used to loosely spend money when I went shopping but now, since I have my daily and future planning, I take my time to think about it."

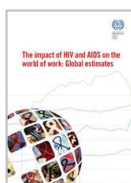
As an immediate follow-up for the project, ILO organized a Start-Your-Business training session, aimed at developing and strengthening the entrepreneurial skills for people who really wish to pursue their own business. This should consolidate and expand the trainees' skills and increase their options for work. With improved livelihoods, participating transsexual

people will be in a better position to prevent HIV and disseminate the acquired knowledge to their communities.

Knowledge products



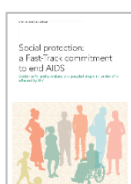
HIV Self-testing at the Workplace



The Impact of HIV and AIDS on the World of Work: Global Estimates



HIV Stigma and Discrimination in the World of Work: Findings from the People Living with HIV Stigma Index



Social Protection: A Fast-Track Commitment to End AIDS—Guidance for Policy-makers



Safety and Health in Opencast Mines



Ending Violence and Harassment in the World of Work



GirlForce: Skills, Education and Training for Girls Now

Case studies

Reaching out to Miners with TB and HIV programmes: Eastern Coalfields Ltd. India

The Brihanmumbai Electric Supply and Transport (BEST)—India

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