Development of HIV and AIDS Workplace Policies by NGOs in Uganda

Case Study Report

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Abbreviations

ACORD-HASAP	ACORD–HIV and AIDS Support and Advocacy Programme
AIDS	Acquired Immunodeficiency Syndrome
AR	Applied research
ART	Anti-retroviral treatment
ARVs	Anti-retrovirals
CDC	Center for Disease Control
CDRN	Community Development Resource Network
COU-TEDDO	Church of Uganda-Teso Diocese Planning & Development Office
EASSI	The Eastern Africa Sub-Regional Support Initiative
FAPAD	Facilitation for Peace and Development
FBO	Faith Based Organization(s)
FGD	Focus Group Discussion(s)
FUE	Federation of Ugandan Employers
FURA	Foundation for Urban and Rural Advancement
HIV	Human Immunodeficiency Virus
HNU	Health Need Uganda
ILO	International Labour Organization
KALI	Karambi Action for Life Improvement
KARUDEC	Kagando Rural Development center
LABE	Adult Literacy Basic Education
LOFP	Lango Organic Farming production
LPG	Local Project Group
NAFOPHANU	National Forum for People Living with HIV and AIDS Networks in Uganda
NOGAMU	National Organic Agriculture Movement of Uganda
NORRACOL	North Rwenzori Rural Community Agriculture and Conservation Link
PC	Project coordinator
PLWHA	persons living with HIV and AIDS
PMTC	prevention of mother to child transmission
PRC	Policy review committee
SAN!	STOP AIDS NOW!
SOMED	Support for Micro Enterprises Development
TAP	Teso AIDS Project
TTP	Tripartite Training Program
UCS	Uganda Catholic Secretariat
UFFC	Uganda Fisheries and Fish Conservation Association
UJC	Uganda Joint Christian Council
USh	Ugandan Shilling
VCT	Voluntary counseling and testing
WOUGNET	Women of Uganda Network
WPP	HIV and AIDS workplace policy/policies

1 The applied research

The aim of the applied research in Uganda for the SAN! project 'managing HIV and AIDS in the workplace', is to provide information to inform policy makers, program staff and beneficiaries in the SAN! partner organizations about how to direct or redirect activities for successful workplace policy development and implementation. The applied research is to be conducted in three phases; the first concerns developing policies (June to December 2006), the second the start of implementation of policies (January to June 2007) and the third the implementation and effects (July 2007 to June 2008).

The first phase of the applied research (AR) used two main data collection methods, at two levels; the first data set derives from a survey of staff members in partner organizations to explore their personal views, and the second set is a collection of case studies of organizations on the process of developing an HIV and AIDS workplace policy (WPP).

At the time of data collection, in November and December 2006, 34 partner organizations (out of a total of 76) were addressing HIV and AIDS in their place of work, most of them by having started the process of developing a WPP. This is a marked increase compared to the situation in March 2006, at the time of the project's baseline survey, when 4 organizations had an operational WPP, 10 had a draft policy (sometimes already lying on the shelves for years), and 4 organizations had HIV and AIDS already addressed in the organization's health policy or human resource policy.[1] Thus, compared to the baseline, 16 more organizations had submitted a draft policy and some had updated their old draft.

This report presents the case studies and focuses on how the process of developing a WPP was initiated within organizations, who was involved in drafting the policy, what issues were discussed, what the challenges were, and what recommendations can be given and to whom, based on the findings. In researching the experiences some promising practices were identified, that may help other organizations in the process of developing a WPP or redirect organizations that have started the process.

Section 2 gives the context of the SAN! project, Section 3 describes the AR methodology in section 3, whilst Section 4 gives the findings of the case studies.

2 The project context

2.1 Sensitization

The inception of the SAN! project 'Managing HIV and AIDS in the workplace' in Uganda took place in June 2005 with a sensitization workshop for directors of partner organization and strategic partners (i.e. organizations that were not necessarily funded by SAN! partners, but had experience in WPP). The workshop objectives were to create harmony and alignment among SAN! partners for the project, to sensitize directors for the need to address HIV and AIDS in their workplace, and for them to learn about the basic ingredients of how to formulate a WPP.

Ugandan organizations that already had a WPP or started the process of drafting one, including SOMED, UFFCA and ACORD, presented how their workers and the organization were affected by HIV and AIDS and how they addressed the problems in their workplace. A male and female volunteer with NAFOPHANU, both living with HIV and AIDS shared experiences on stigma and discrimination and an participants were introduced to an anti-discrimination toolkit, and did an exercise from it[2.] During the workshop, the SAN! project coordinator based in the Netherlands introduced the project initiative, and plans for locally managing it.

[1] Asingwire, N. & S. Birungi (2006) Managing HIV/AIDS in the workplace. A baseline survey report. Amsterdam: SAN!

[2] ICRW (2003) Understanding and Challenging HIV Stigma: Toolkit for Action, ICRW, www.changeproject.org

Participants contributed to formulating the terms of reference for the Local Project Group (LPG) and the local Project Coordinator (PC); this was to enhance a sense of ownership. The official launch of the project was in November 2005.

2.2 Project structure

Later in June 2005, strategic partners met to set up the Ugandan project structure and to further define the terms of reference for the LPG and PC. They decided that the LPG would be chaired by CDRN, and that ACORD-HASAP would host the PC. Members of the LPG were agreed as CDRN, ACORD-HASAP, TTP, UCS, Concern Worldwide, HNU, and Oxfam GB. To ensure the greater involvement of PLWHA, NAPHOPHANU was invited to sit on the LPG and accepted (although they are not one of the SAN! partner organizations). The LPG meets every two months and they have to approve the six-month project work plans, review project documents – such as the M&E framework – and give technical and strategic direction to the project and the PC.

After the first draft WPPs were received, a policy review committee (PRC) was installed to review the drafts. Members include the PC, HNU, FURA, ILO, FUE, CDRN, NAPHOPHANU and ACORD-HASAP. They use specially developed review guidelines, in accordance with those of the ILO. By the end of 2006, the PRC had met twice and reviewed about 24 drafts (including some drafts that had been lying 'on shelves' when the project started).

Partner organizations are too numerous and too widely spread for the PC alone to cover through field visits. Instead, organizations in each region selected one of their number to be the lead organization, based on criteria of willingness, accessibility, location, human infrastructure and time availability. FURA was selected in the West and HNU for the Northeast. Their duties are to collect (draft) WPPs, to monitor and report progress, and to give technical advise. (After the case studies were conducted, Healthnet TPO Uganda has been identified as lead organization for the central region.)

The project coordinator from the Netherlands gives technical and organizational (networking) support to the PC and LPG by email and regular visits to Uganda. She is coordinating the overall project in the Netherlands that has two pilot countries, Uganda and India. She is backed by the Project Coordination Group, which is chaired by Oxfam Novib. Members of the Project Coordination Group in the Netherlands are program officers and policy officers from the SAN! partners. The Good Donorship Guidelines document has been developed where the Dutch donor NGOs have committed themselves to contribute financially and technically to WPP implementation of their Ugandan partner organizations.

2.3 Capacity building

Technical support and capacity building takes place through technical support visits by the PC and lead organizations and through training, workshops and learning events. Several two-day workshops on peer education and workplace policy development took place in October 2005 and the first months of 2006 in the three regions. Facilitators were the PC, national HIV and AIDS coordinator for FUE, and staff from ACORD-HASAP and Micro Care Ltd.. Participants were mainly HIV and AIDS focal persons of the partner organizations, but also managers and even some directors attended. Other providers of treatment and district health services also took part, which created possibilities for networking. The workshops addressed reducing stigma and discrimination, accessing health care services through insurance providers, gender, and policy guidelines following the ILO code of practice[3.] They also aimed to build capacity about how to develop a policy and how to translate policy into programs.

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[3] ILO (2003) An ILO code of practice on HIV/AIDS and the world of work & A guide to the manual. Geneva: International Labour Office

2.4 Baseline study

In March 2006 the PC and Narathius Asingwire, a consultant from Makerere University, conducted a baseline study of 52 partner organizations. They interviewed 52 directors and managers, and did 27 FGDs with other staff. The overall aim of the survey was to assess the status on managing HIV and AIDS at the workplace in these organizations, and to identify opportunities and constraints for development of WPP.

Most managers and staff members recognized HIV and AIDS to be a threat to the workers and to the organization, however, only few organizations had structurally addressed HIV and AIDS in their place of work; 4 had a WPP and 14 had a draft policy. Mechanisms for dissemination of HIV and AIDS specific information appeared almost non-existent. Thirty of the 52 had HIV and AIDS focal persons, but no organization had scheduled discussions on HIV and AIDS in the work plans. Although 21 out of 52 organizations had health schemes for members of staff, and some for family members as well, most did not include access to ART. Workers appeared to have general knowledge on HIV and AIDS, but mentioned to lack specific knowledge on VCT, PMTCT and ART. Most employees said they did not discriminate PLWHA, but at the same time, they admitted that many would not want to disclose their status because of feared stigma.[4] The PC presented the findings of the baseline study in June 2006 to an audience of partner organizations, strategic partners, university and the media.

3 Study Methodology

3.1 Study population and sampling

In this first phase of AR, we mainly studied organisations that did not have a WPP when the project started but had since submitted a draft WPP to the PRC. These organizations were identified from project documents and in liaison with the PC. We also included one case of an organization whose HIV and AIDS focal person is eager to develop a WPP, but is inhibited by structural factors of the organization.

3.2 Sample

We researched case studies for 16 organisations that had drafted a WPP, well divided over the regions: 5 in Central region, 5 in the Northeast and 6 in the Western region. Concerning their field of operations, seven organizations have AIDS activities with their target populations; three of these also provide health services. Three out of the 16 are faith-based organizations (FBOs). There is a good deal of variety in the organizations' activities; for example, some promote organic farming, another works for the right of fisher-folk, whereas another promotes information and communication technologies among women groups. The numbers of staff members varied as well, ranging from small organizations with 5 staff members and few volunteers to more than 200 employees. Annex 1 summarizes data for each of the 16 organizations, including their activities, numbers of staff, and the status of their WPP at the time of the research.

3.3 Researching the case studies

Before the AR team visited each organization, we studied the documents for that organization, including the project baseline study, pamphlets from the organization, websites, and their draft WPP. Annex 2 lists the documentation we used for each organization. The information we reviewed concerned the activities of the organization, its size, perceived workplace factors that may be facilitating spread of HIV, experiences with HIV-positive staff, and how HIV affects the organization.

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[4] Asingwire, N. & S. Birungi (2006) Managing HIV/AIDS in the workplace. A baseline survey report. Amsterdam: SAN!

The next step was for the AR team to visit the organization, after making an appointment, and to hold interviews with various people in the organization, using a topic list (see Annex 3). The methodology was that the first interview would be with the HIV and AIDS focal person or manager and the whole AR team. Then the team would split up, with each researcher interviewing one or more other people, depending on the number identified to be key in the first interview. Each AR team member would then write a report of their interview(s) and submit this to the Principle Investigator who would then compile the case study. If one of the key people was not available, then another appointment would be made for the interview. We adopted this methodology because, by interviewing multiple staff in each organization, we would be able to get different perspectives on developing the WPP. For example, if a manager states that all staff had been involved in shaping the WPP and had been asked for their input, we would want to verify this with staff. In addition, we wanted a variety of perspectives because different staff have different areas of expertise. For instance, it would be interesting to hear a financial officer's views, not only those of the HIV and AIDS focal person.

3.4 Study limitations

Due to time and organizational constraints, the ideal process of conducting case studies, by interviewing multiple informants and using multiple interviewers, as described above, was only carried out for three organizations. In four other organisations, one researcher conducted interviews with four informants per organization. In the remaining nine, only one person in the organisation was interviewed – usually the HIV and AIDS focal person, director or manager.

Another limitation was that not all documents (WPP and baseline study materials) could be accessed. Not all WPP were available digitally and some of the rough data of the baseline study were not traceable by the AR team and the PC. (We were only able to find 36 of the 52 interviews with senior management and 11 of the 27 FGDs).

4 Research Findings: the process of developing a (draft) HIV and AIDS workplace policy

In this presentation of the study findings, we break the development of a (draft) WPP into two parts: section 4.1 deals with motivation and initiation, whilst 4.2 looks at the business of actually drafting the document, including issues that were discussed, and reflection on the participatory nature.

4.1 Motivation and initiation

4.1.1 SAN! sensitization and capacity building workshops

14 of the 16 organizations had directors or senior managers at the sensitization workshop in June 2005, at which, they said, they had realized the vulnerability to HIV and AIDS of staff and/or the organization. The organizations also had staff attending the following capacity building workshops for AIDS focal persons (and directors) in October 2005 and early 2006. However, another 20 organizations that also participated in the seminars had not started the process of developing a WPP at the time of the research – in this phase of the AR, focusing on the 16 case studies only, we did not find out why.

Six organizations explained they had already received a previous sensitisation about WPP (before SAN!). However, for each of them it had been insufficient to start the process because it was unclear how to proceed, and there was no follow-up by the training organisation as the following cases show:

- NORRACOL explained that their initiation to WPP did not take off: "One member went for a workshop, came back with the idea, the board and employees discussed about it but did not have any idea on what it means or what a workplace policy constitutes (info baseline)."

- LOFP started the process before the SAN! project, with a workshop in 2005 by the Federation of Ugandan Employers (FUE) on how develop an HIV and AIDS workplace policy. At the end of the workshop, organizations were requested to develop HIV and AIDS policies in their organizations. However, FUE never followed up on this initiative.
- HNU had also heard about WPP before: "Previously we used to get visitors from our donor and they would ask us about workplace policy but we did not have an idea what it was."
- UFFCA also got sensitised before, by the Ministry of Agriculture, but said it had used the SAN! materials.

The (re)initiation of the WPP development process was usually after the SAN! capacity-building workshops, when staff coming back from these workshops briefed colleagues in a regular staff meeting and it was decided to start the process. Alternatively, workshop participants briefed management first: the SOMED focal person who attended the SAN! workshop in Kasese, briefed management who were enthusiastic as they had already been primed through attending such trainings organized and sponsored by HIVOS in Ethiopia.

4.1.2 Organization affected by HIV and AIDS

Six organizations reported being directly affected, having (openly) HIV-positive staff member(s) or a staff member who had died of AIDS (LOFP, SOMED, HNU, NORRACOL, TAP, COU-TEDDO). Most organizations were indirectly affected because staff had to take time off for care and burials. Some organizations help the sick and affected staff in an ad hoc manner: FAPAD said there was no fixed amount that is given to employees who lose relatives but it depends on the organizational financial ability at the time. Staff members out of good will may also contribute something.

Having seen co-workers die of AIDS particularly motivates management and staff to address HIV and AIDS in the workplace as the following cases show:

- LOFP workers in the FGDs explained that the staff members who died were experienced staff and their sickness and death affected the organisation, when burial costs and death gratuity was paid by LOFP (three months pay). The sick persons were only replaced after they had died – so the work was 'staying' while they were sick.
- COU-TEDDO feels that as an FBO, they have to help the employees financially and give counseling, but also have to help the family of the employee who died financially and with emotional support, attend burials, and help even after the burial. They had problems financing all these expenses, because the welfare fund they used from was too limited.

  "Our funders before did not want to hear of such expenses related to burial. One time, an official from our donor asked us to quantify how many people we expect to die. But I am happy that they have changed their attitude because SAN! is coming to address these issues of care and burial and will discuss how we can support as an organization."
- SOMED had experience with two HIV-positive staff they cared for without having a WPP.

  "We had a worker who was infected with HIV and the organisation worked very hard trying to save her life. We connected her to where she could receive treatment. Fortunately up to now she still lives positively, she recovered, became 'Mulokole' [Born Again Christian] and went to another organisation. She still lives positively but probably she felt that she should change the place of work. We did not give away her job. We had another case whereby the girl who cleans the office premises fell sick, always absent, going to the herbalists but no improvement. We arranged and she was tested, found positive, she lived for a long period until she died this very year (2006). But personally I kept her job, and even asked her to identify another person (her friend) who can do her work and then when we pay that person they could share the salary. She got her and it worked out. We used to pay someone in her place but they shared the salary."

4.1.3 Involvement in baseline survey

A few of the organizations said they were sensitized and became aware of HIV and AIDS at the workplace by

the questions in the baseline survey, that made them reflect on their vulnerability to HIV and AIDS.

- The WOUGNET coordinator said that through the baseline survey she realized that HIV and AIDS are relevant for her organization and that before she just had not thought about it. Still she does not see AIDS as a big threat to her staff though.

4.1.4 Perception of staff at risk

Organizations which have activities that require staff members to travel for longer periods to the field or to workshops recognize the risk this entails for casual sexual relations, either with community members or co-workers when staff of different sex travels together (including KALI, COU-TEDDO, and UFFCA).

- LOFP consider especially the field officers vulnerable, because of their status in the communities. They are perceived as special and of higher status and this can easily get them tempted.
- SOMED recognises the young age of their field staff (20-30) as a factor that makes them more vulnerable.

Some organizations that provide medical services or do AIDS work in the community see themselves only at risk because of medical accidents, and it was striking that staff in these FGDs did not perceive themselves at risk for sexual transmission. Similarly, EASSI staff in the FGD did not see any factors at the workplace that make them susceptible because they do not travel. However, all EASSI staff had lost close ones to AIDS and this indirectly affects the organisation.

A powerful motivation that several organisations mentioned was hearing about the experience of CDRN who lost a secretary to AIDS and spent a lot of money, helping on humanitarian grounds, without having a policy. This lead to them then developing a policy.

4.2 Development of the policy

4.2.1 Persons involved and process

Most organizations formed a committee (of two to ten staff members) to develop a draft WPP. For the policy writing, the committees used the information and materials from the SAN! workshops and documents downloaded from the Internet, from ILO and CDC. Some asked for additional information from the PC or FUE. The committees typically then circulated the draft, in hard or soft copy to other staff for written comments, or called a special staff meeting to discuss the draft.

The following describe the experiences of the organizations that had their WPP developed by a committee:

- In EASSI a committee of four was formed to draft the policy; members included the finance and administrative manager, program officer, an intern, and a gatemen. This committee shared the details with all staff members mostly focusing on what the organisation was able to sustain. They sent it to the donors in August and got it back for corrections.
- In SOMED, the AIDS focal person briefed all staff in a meeting. The focal person remembered that it was a ‘trying’ moment because people were silent, people were not willing to talk about issues of HIV and AIDS first. However, finally, after enough sensitisation, they opened up. The focal person with a colleague made an outline of what should be included in a WPP, and then a team of ten people was elected who had to suggest ideas to be incorporated into the policy. The first draft was written and shared with the rest of the staff, allowing about a week for each person to suggest their input. SOMED already had a HR manual that addressed AIDS, but this WPP expanded on it. With the input from staff, a version was made that was submitted to SAN! After that, Spencer, the PC, went through, made some adjustments and he finally sent it back.
- LOFP did a review of policies from partner agencies, and held a baseline survey among staff and management to gather baseline information on HIV and AIDS status in LOFP. A committee of six staff members was selected to work on the policy, with the focal person as chairman. They used literature obtained from SAN! to guide the development. A meeting with all staff was held afterwards to discuss the

developed draft. During this meeting, HIV policy guidelines/principles were used. Everybody participated. According to LOFP it was entirely a participatory process and did not engage any external person.

- In HNU staff suggested the HIV and AIDS focal person to draft. They formed a committee of three in charge of the policy, comprising those who attended the SAN! workshop, and co-opted the manager. This was an important decision, because he is a member on various committees even the health policy committee and has big input. For the formulation they used information from the Internet – CDC's document about HIV and AIDS in the workplace – and materials from the SAN! workshop. They kept staff involved by talking about it in small gatherings.
- In UJCC staff with management had a meeting at which they appointed a WPP drafting committee of three, consisting of the head of human resources (chair), an administrative assistant, and the HIV and AIDS focal person. This was in May 2006. The focal person (who had not taken part in the SAN! workshop) took the initiative to call for a meeting with the PC for more information. He sees it as a slow process, to engage everyone within the organization in the project. He and the committee drafted a WPP (using materials from the workshop and policy examples), and circulated the draft to every staff to comment on, which most of them did.

In some organizations, just one person wrote the WPP draft. Usually this person was appointed by the director to attend the SAN! workshops, whereas some are the HIV and AIDS focal persons (WOUGNET, NOGAMU, UFFCA, FAPAD)

- In FAPAD, the chairperson of the board of directors wrote the first draft alone. This draft was forwarded to the PC who sent it back for improvements. However, the chairperson had no more time to do this. When in a staff meeting the WPP development was brought up by staff, the director appointed the social worker, who had been attending SAN! workshops, to be responsible for drafting a new policy. Because of other duties, the policy has not been worked upon, but they plan to embark on it soon. The policy was discussed with staff.

KARUDEC hired outside help - staff from the Tripartite Training Program in Kampala - to support their organisation to develop a policy. This was participatory and all staff members were invited to give their views. The policy is final now and all staff members have been sensitized about the new HIV and AIDS workplace policy.

Other organisations also asked for outside help: in WOUGNET the draft was written by one staff member, reviewed by other staff, and then sent to their board for discussion in April 2006. They then asked for help from FUE in writing a second draft, which was sent to the PRC in June 2006. In COU-TEDDO, the field officer who drafted the policy visited some organizations such as TAP for advice and to use their literature. He then discussed the draft in a meeting with other staff.

It will be interesting to follow up in the next phase of the AR whether the different ways to develop a policy, either participatory by a committee, drafted by one person of the organization, or by an outside consultant, has any influence on the implementation and sense of ownership of the WPP.

4.2.2 Buy-in of senior management and board of directors

Getting senior management, directors, and the board involved is critical, because they and the executive and financial committees are the people to approve a policy and are instrumental in putting it to implementation. For most organizations getting the commitment of senior management was not a problem, because they had been sensitized in the first SAN! workshop for directors in June 2005, plus some senior managers also attended the SAN! capacity building workshops. The directors or senior managers were also interviewed and so sensitized about the project in the baseline survey (of the 36 interview reports for the baseline survey, 44% of the interviewees were directors, 28% managers, 17% technical staff – mostly the HIV and AIDS advisor – and 11% administrators).

In two organizations, special circumstances created involvement of senior management and board:

- In TAP, some of the board members are living with HIV or AIDS. They have been very helpful in making all staff understand what the policy is about.
- HNU got buy-in from management by co-opting the manager to the policy drafting committee.

UCS is an example of how difficult it may be to develop a WPP in an organization with a complicated organizational structure and where senior management and the board of directors are hesitant. In UCS it is difficult to make one WPP, because UCS consists of 14 self-financing departments that each have different ways of dealing with health issues, some having health insurance, others not. They do have experience of having HIV-positive staff and staff dying of AIDS. These staff members are assisted with discretion, on humanitarian grounds, but no structural policy has been developed for this situation. The other complicating factor is that UCS is an FBO, with bishops overseeing the departments and sanctioning all activities and policies. In FBOs, there is often still official denial of HIV as a problem in the organization because sex outside of marriage is forbidden on religious grounds, so HIV rates should be low. However, in in-depth interviews with staff members of some FBOs, most recognized that the reality is often different from the rules and norms of the church, and that a policy should address these realities and not the rules.

4.2.3 Participatory process

The literature about WPPs generally concludes that a WPP has more chance of being successfully implemented if it is developed in a participatory way with all staff involved - they will have more sense of ownership and the policy is more likely to address their needs and concerns.

Most of the policies were developed in a participatory way: specially constituted committees drafted them and (even if drafted by only one person) this committee incorporated comments of other staff members. In some organizations, this was done by written comments, in others special meetings were organized to discuss the draft policy, like in LOFP and COU-TEDDO. When AIDS is discussed in routine and specially organized staff meetings this is a statement of the organization's management that AIDS is considered relevant for the organization and all staff. At the same time, this may create more openness to talk about AIDS and a way to inform and sensitize staff members.

Although inviting written comments on the draft policy is better than no means of commenting, special meetings for discussion are more effective in creating ownership and commitment, as the following case shows:

- In WOUGNET the one person who drafted the WPP, circulated it by email and asked for comments by email. The staff did not discuss it in meetings or workshops, just informally. The focal person finds it difficult to motivate people about the policy; it seems not to be their priority. She thinks that maybe AIDS does not live in the organisation, because nobody is infected – or affected it seems.

Although the process in UJCC was participatory, because the WPP was sent round and discussed in Monday morning meetings, support staff were excluded because they do not attend those meetings. (The focal point promised to organize a meeting for them about AIDS, according to the interviewed support staff.)

In two organisations the process was not participatory. In UFFCA one person made the draft and briefed the others in a meeting. There was no indication that the draft was discussed. In FAPAD, the chairperson of the board did the drafting; other staff members were only informed about the policy during a meeting discussing the need to revise the document after the rejection of the first draft by the PRC. There is a new person in charge of the policy now, who might develop it in a participatory way.

4.2.4 Points of discussion

Some organisations mentioned the points that were discussed when drafting their WPP. Most discussions pertained to the following:

- Non-discrimination and which sanctions to put in place against staff discriminating;
- Whether to provide condoms in the office (10 of the 16 already do or intend to do so, 5 do not and of one it is not known);
- VCT promotion - procedures and implications of having HIV-positive staff;
- Provision of ARVs, treatment for opportunistic infections, and eligibility to treatment, whether family members are to be included or not. (Organisations that already had a health scheme for their staff had to discuss whether to include ART in this scheme, whereas for organisations that did not, it was more difficult to provide access);
- Care and support for sick staff (paid leave, giving lighter work tasks, termination of contract);
- Making a safe and healthy work environment e.g. by use of detergents, and gumboots for workers; and
- Whether the organisation can sustain all issues covered in the policy.

Below are some specific issues that organisations said they discussed:

Gender

LABE raised the issue of gender and equality because women are the caretakers when someone falls sick. It was argued that this may mean that women should be provided with more time off than men when a family member falls sick. The issue was resolved by saying that it will depend on the situation at hand, and that women will not routinely get more time off.

Treatment, eligibility and support

FURA discussed which family members the policy covers, recognising that staff may be taking care of children who are not biologically theirs. They also discussed if VCT is available whether it should be obligatory and decided against it. Staff agreed to support children who are not covered by the health policy.

Confidentiality and treatment

In EASSI they discussed whether to provide ART within the existing health insurance system with Micro-Care, fully paid by the organisation for their workers. At first many staff members did not understand what the policy was all about. Staff were worried that with the WPP in place, they had to disclose their HIV status. It was then clearly explained that people's status and medical care would be confidential and only handled by the health care provider

Confidentiality, condoms and ARVs

WOUGNET staff were ambivalent about confidentiality, arguing it was not an issue because staff would not want to disclose their status in the office. They also discussed condoms; the person who had drafted the policy had included having condoms in the toilets. However, staff reacted that the three staff who are single do not need condoms, because they abstain and *'If we put them in the toilets, it is like encouraging people to engage in sex*', whereas for the married staff their sexual behaviour it is their own private business. The outcome was a decision against providing condoms. Staff also brought up their wish for health insurance and payment of ART. However, they are a small organisation and have to pay for their own medical bills – the salary is enough to do this. So, it was decided that ARVs will not be provided yet, but that if a person is HIV-positive, the organisation would help them to get access to (free) treatment.

VCT and treatment

LOFP discussed implications of VCT. If a staff is found HIV-positive, for instance, should this person be given lighter work? They decided that in case one is weak and cannot go to the field – a hired person could be brought in to help. Concerning ARVs they decided to include also family members.

Condoms and the church

In COU-TEDDO, an FBO, provision of condoms in the office was decided against. Some staff members felt they could have, since they are not a Catholic FBO, others said that they can talk about it only for married couples. Another opined that even if they are put in the toilet, nobody would pick them, because the type of

people who work here see themselves as being faithful and so there is no need to use these condoms. UJCC feels that because they are an FBO there is controversy about the provision of condoms in the office. They are an ecumenical organization, so both Catholic and Protestant, and say they should act according to what unites them. They cannot have programs that advocate or provide condoms and feel that the final decision on condom use is a personal matter. It is argued that staff may be only at risk when they are away in the field long time from their family.

Discrimination, treatment and eligibility
HNU had a discussion on stigma and discrimination. They wanted to address discrimination in their policy and formulate sanctions against those who discriminated. However, they felt they needed a clause to take care of a situation where an infected person might abuse this protection, by falsely accusing others of abuse or discrimination. Concerning treatment, staff members were concerned about financial support for ARVs and nutrition support. They felt the policy should also support the immediate family members of that staff member.

Contents of policy
FAPAD worried that they did not have the finances to put in all the elements of a policy according to SAN! guidelines. The organization depends on donor money which does not cover costs of caring for HIV-positive workers. They also wondered why AIDS should be addressed in a separate policy whereas there are so many other diseases.

5 Promising Practices and Perceived Challenges

From the process of developing of the WPP and from the content of the WPP some promising practices, but also challenges as perceived by the respondents, can be identified. These could be used as point of learning for other organizations.

5.1 Promising practices

5.1.1 Content of WPP

Some policies are very comprehensive and include activity plans and budgets; others are first drafts, not worked out yet and mere statements of intention. Some are too general and miss important ingredients, such as addressing gender, anti-discrimination, and eligibility. Many that have activity plans and budgets attached have too high budgets and budget items which should not be part of the WPP budget, but should be in the regular budget. Some organizations got back comments on their draft from the PRC and others are still waiting for them. For this report, we have not evaluated the submitted WPPs, but here are some issues that may be used by other organizations to include in their WPP – including activity plans.

- WOUGNET realizes that as a small organization without a heath scheme, they cannot provide ARVs for their staff, but mention in the policy that the organization will link staff to free services.
- LOFP includes commitment to provide PMTCT and support in the form of food for HIV-positive staff.
- The comprehensive HNU policy addresses which disciplinary measures to take against discrimination: from suspension to dismissal. They intend to get access to a health insurance scheme but realise they cannot provide treatment yet. They aim to provide treatment in future for staff and five dependants. For prevention and counselling they intend to have a responsible officer in a secluded place to give health education, for social sharing, and learning on HIV and AIDS and other health issues. As way of input for staff who feel hesitant to come to the fore, they intend to have an opinion/suggestion box in the counselling room. They commit themselves to put the HIV and AIDS policy in the induction package for new employees. Concerning eligibility, the policy includes the board members who in this way may be more inclined to approve the policy.
- TAP recognises that women usually care for the sick and intend to support and encourage men to also

care.

- UJCC intends to bring the prevention activities to the family and plans to have workshop where staff can bring their adolescent children.
- FAPAD is planning to already begin with simple preventive measures such as sensitisation, which they are able to commit themselves to implementing since it will not be very costly.
- SOMED put in their policy that they are going to liaise with other organisations.
- EASSI intends to circulate routine monitoring structured questionnaires to all staff to get views on policy progress.
- KALI commits itself to make efforts to link HIV-positive staff to other health care providers if they stop working for KALI.

5.1.2 Promising activities

Promising activities in this phase mainly relate to involvement of all staff in AIDS activities and in this way sensitizing and educating staff, and opening discussions. In many organizations, the process of developing the WPP created an opportunity for more discussion of AIDS among staff members and the start of some activities that did not require any funding. In its own way, it is a promising practice that organizations have started implementing their policy before it is final and funded. A good practice is that some organizations network with others, or were proactive and asked for information. The following shows promising activities in specific organizations.

- KARUDEC has set aside some time during one morning each week to talk about prevention and care for HIV and AIDS with the staff since this is one of the components of the policy. They have the advantage that they are a health service organisation and can provide services in their own clinic for free, but they also allow for outside services and pay up to a maximum of 100.000 USh a year for ARVs in case for one reason or another staff does not want to access the services in their own organisation.
- LABE started implementing some activities that do not cost much money. They have now condoms in the toilets and at the AIDS corner they created. They are in close contact with the AIDS Information Centre which forwards e-mails to LABE with updates on HIV and AIDS.
- The FURA FGD participants said they appreciated the sensitisation about AIDS, when they started the process of WPP. They now realised that if someone is sick, he or she still can work, and that if the person is open about the HIV status he or she can be supported. They realised that AIDS is not the end, and that you can still live for more than 10 years, and this gives confidence to a person. A routine way of sensitising staff is to always talk about AIDS in the morning meetings when they come to the office and before they go out. They also get handouts on AIDS. The board designated every first Monday of the month to HIV and AIDS discussions and sharing of knowledge. FURA has now employed an HIV and AIDS focal person for one year. She was a volunteer before, but now fully paid and facilitated to do her work. The staff that attended training workshops organized by SAN! distribute the information and brief others in internal meetings. They feel that the participatory process and keeping everybody informed has increased awareness about AIDS generally.
- KALI staff members who attended workshops discussed what they learned in weekly routine meetings. They distribute the received educational materials among other staff and they also organise video shows on AIDS. Management now calls for internal meetings specifically to talk about AIDS related issues; this was not done before.
- NORRACOL staff decided that they would contribute some part of their income to the WPP, because they realised that outsiders cannot sponsor such a scheme only. As they wait for funding, they are continuing to do the sensitization because this does not necessarily require a lot of money, and they continue to have staff meetings to share information and new ideas about the epidemic.
- HNU started the sensitisation and education activities that did not need money. They have informal meetings and usually on Fridays sit together and watch videos on HIV that they also show in the community to their target populations.
- SOMED started meetings to discuss HIV and AIDS, approached other organizations including Populations

Services International and the Ministry of Health (for condoms), and got posters from them to pin on the wall. They say they looked for ways that do not require any budget.
- LOFP conducted a baseline survey among staff and management to gather baseline information on HIV and AIDS issues in LOFP before they started drafting their policy.

More organizations have adopted availability of condoms for staff in the workplace, provided either in toilets or through a confidential person, whereas during the baseline some of the organisations said they did not have and did not want to provide condoms (mainly because of association with promiscuity). This is a sign of sensitisation and facing the realities instead of the moralities of sexual relationships. However, with regard to the confidential person, it has to be seen whether this way of making condoms available works, and it may be necessary to have one of each sex, as in one organisation staff mentioned that women would not go to a male confidential person for condoms.

5.2 Perceived challenges

Organizations expressed some concerns about the further process of WPP development and implementation that relate to the following:

5.2.1 Insecure funding

The main concerns of organizations relate to funding the implementation of activities and the sustainability when funding by the SAN! donors stops. Especially the funding of ARVs was seen as a problem, more so by organizations that do not have a health scheme. The dilemma is that if ARVs cannot be provided, staff may be less inclined to disclose their status and the organization cannot follow the policy and help to keep HIV-positive staff productive as long a possible. Funding also relates to budgeting and insecurity about whether all activities will be funded. LABE states that their worry is, now their policy has been developed, whether they shall be able to manage it, and address all the items covered in the policy.

5.2.2 Lack of skills

Some organizations feel they do not have enough knowledge and skills to proceed with the formulation of a WPP, the writing of a budget and the implementation. Although the document 'Good Donorship in a Time of AIDS' is generally known by the management and appreciated, it is not always understood what the 4% funding stands for. With regard to skills, some organizations felt they needed special facilitation skills to execute prevention activities and sensitization of staff for VCT. For example, KALI focal persons find it difficult to get staff to talk openly about sexuality and so would like facilitation with these activities.

5.2.3 Time

Some organizations mentioned time as a challenge, in two ways: the process takes to long and/or time is too short.
- Organisations feel it takes too long to start implementing the policy. Staff are sensitised and want to begin, but they are left waiting for feedback from the PRC or/and the funding of activities. KARUDEC said that launching of the policy had to be postponed due to limited funding. NORRACOL is also waiting for funding to start implementing the policy. LOFP feels they have to start implementing soon, because else the momentum may be lost.
- Others feel they are pushed by the programme to develop a policy, whereas this is a slow but also time-consuming process and they have many other activities which they must also do. This counts for the HIV and AIDS focal person but also other staff. This is particularly the case in organisations where most staff members go out for fieldwork, as it is difficult to get them together.

5.2.4 High staff turnover

Another challenge is the high turnover of staff in some organisations. Staff members who were involved in the WPP including HIV and AIDS focal persons have left their job, due to other assignments or because they are temporary staff on contracts, and their employment depends on funding by donors.

5.2.5 Stigma

COU-TEDDO pointed at the problem of stigma that makes staff hesitant to participate in the developing the policy because it raised more awareness in a negative sense. Some people who may feel more at risk or fear they may be infected think that this policy is focusing attention to them. LOFP staff also said that it is difficult to openly talk about AIDS, because people may suspect you have it.

6 Conclusion and Recommendations

6.1 Conclusion on progress

The applied research found that the SAN! project activities have set in motion or revitalised the developing or implementation of WPPs in 34 organisations. It had the spin-off of making AIDS more a topic for discussion in routine staff meetings and in informal discussions among staff.

6.1.1 Enhancing factors

The SAN! project structure and the regular training, supervision and research activities boosted take-off and activities within organisations. One strength of the SAN! seminars and workshops is that participants get sensitised about the need to address HIV and AIDS in the workplace, but also learn skills about how to develop a WPP. Of critical importance was the sensitisation and buy-in of senior management and directors at the initiation seminar in June 2005. The regular project capacity building workshops enhance skills and at the same time are a forum for sharing of experiences and comparing status of WPP development between peers. The technical support visits by the PC are highly supportive. In the baseline study and the applied research, directors and managers realised that what they do is monitored, and asking opinions of staff of all levels in the research also creates awareness and ownership. In the EASSI FGD the answer to the question "Do you ever disseminate any HIV and AIDS related information to your fellow workers?' serves as an illustration: 'Ah, I think now that you have started coming here, I think that is the beginning….."

An opportunity created by the project is the networking with local strategic partners that have experience with WPP or are relevant for the development, i.e. insurance companies, training institutions and health service providers. Individual organisations were found to consult them and ask for information and facilitation in workshops.

6.1.2 Inhibiting factors

The 16 organisations that are part of this phase of the AR have not started implementation of the WPP yet, so inhibiting factors cannot be surely identified. Also, in this phase no case studies, except for one, have been made of participating organisations that have not started the process. However, there are some challenges that may hinder successful finalising of the WPP and implementation, as set forth in section 5 of this report. These possibly inhibiting factors relate to lack of funding for activities, slow release of money which may cause loss of momentum, lack of skills to finalise formulating WPP, including activity plans and budgets, high staff turnover so institutional memory (also of WPP) is lost, no possibility to provide ARVs to staff, and continuing stigma. The one organisation that did not start showed that a critical inhibiting factor is when senior managers and board members are not motivated for a WPP.

6.2 Recommendations

6.2.1 Recommendations to organizations

Have an AIDS focal person with time for the work

Each organisation should have an HIV and AIDS focal person with time, as part of his or her activities, to coordinate and monitor further development of the WPP and implementation of its activities. Not all AIDS focal persons could do their work appropriately, so it is recommended that the focal person should be allowed time for the work and thus released from some other duties. The focal person should be a staff member who already has good rapport with all staff and therefore cannot be a junior or a temporary staff member. It is advantageous if this person has already shown skills in mobilization work and is aware of the sensitivities around discussing AIDS.

Discuss feasible ways for accessing ART

It is recommended that each organisation discuss with all staff what they can realistically do concerning access to ARVs. Ideally, organisations address stigma, promote VCT, and find ways of making ARVs accessible, either by paying actual costs of ARVs, through health insurance, or through linking staff to free or low-cost ARVs. The method, and whether dependants are included (and how many) will depend on the organisation and its financial situation.

Have routine discussions on HIV and AIDS and wider issues of health and well being

The recommendation to all partner organisations is to make talking about AIDS and issues of well being a fixed point on the agenda of routine staff meetings, as many organisations already do. This can be facilitated by the AIDS focal persons, and concerns sharing of information from the media, briefing on workshops, plan activities, but also staff members sharing how they are affected by AIDS. A regular film show in the office for all staff was a good practice and organisations doing so could share titles and films with others.

Start WPP related activities that do not cost money

Organizations which lack the funds for full implementation can, as many of the case studies showed, start with activities that do not cost money or that can be financed from regular funds, to keep staff motivated. Indeed, it is good practice, when devising an activity plan and budget, to plan for what can proceed if all the funding is not available.

6.2.2 Recommendations to the PC, LPG and regional lead organizations

Share information

The PC and regional lead organizations should help other organizations to access more materials on developing of WPP. Some organizations use the Internet, but not all have easy access. The quality of the WPPs is not always good enough and organizations expressed the need for more support. The AR team believes there is a need for more materials and guidelines, to help organizations develop WPPs that are tailored to their organization. It is important to not just give a blue-print WPP, but to show organizations the different ways of addressing HIV and AIDS in the workplace, so that they can then decide what they want to include, what is feasible and sustainable. Organisations also expressed the wish to get more explanation on the Good Donorship Guidelines, which may help budgeting for their WPP. The budgeting tool 'What's It Likely to Cost?' should be widely distributed and promoted as soon as it is published.

Regular capacity building workshops

SAN! capacity building workshops should be continued at regional level and preferably include also managers. It was positive to find that in most organisations the information and knowledge gained from the workshops had been shared with other staff members in regular staff meetings. These SAN! workshops create a community of organisations with WPP who can share information, experiences and concerns and get motivated to progress to the level of their peers. Organisations mentioned that they would like to have more

skills training on budgeting and sensitization, for instance talking about stigma and sexuality.

6.2.3 Recommendations to the Ugandan and Dutch project coordinator

Share all project documents with the AR team
The Ugandan and Dutch PC should routinely send a copy of all relevant documents, including the reports of supervision visits, LPG meetings, workshops and activities, the six-months activity plans, the submitted WPP, developed guidelines, project data base etc., to the two Principle Investigators of the AR.

6.2.4 Recommendations to the Dutch SAN! donors

Quick financing of WPP budgets
Recommendation to the SAN! donors is to have money ready for the financing of WPP and be quick in screening the budgets, giving feedback and releasing the funds. The challenge is that if organizations have no money to implement planned activities, this may cause loss of momentum.

6.3 Applied research and the second project phase

In the second phase of the project, from January to July 2007, the AR will conduct case studies of organisations that started implementation of their WPP. The AR team will follow up some of the 16 organisations of this first phase and include others that already had operational WPP, but also study those that submitted drafts. The team of researchers will ask to spend more than one day with each organisation, talking to different levels of staff to get a better view on the process of development and implementation of WPP.

The next phase of research will also attend to the project level, the Ugandan and Dutch PC, LPG and regional lead organisations; it will investigate their views on the progress of organisations and how the organisations value the support from the project level.

For the AR of the second phase, the AR team has learned from the limitations of this first phase. More efforts, at an earlier stage will be put in collecting all relevant documents, such as WPP drafts, reports of meetings and workshops, and more time will be set aside for the case studies.

ANNEX 1. Background of organizations in case studies

Organization	Activities	Specifics	# staff, # volunteers	WPP	HIV/AIDS among staff
COU-TEDDO Church of Uganda – Tesso Diocese Planning & Development Office	Development focused church based organisation with programmes in peace and human rights, food security and sustainable livelihoods.	FBO AIDS	19 staff (7M, 12F), varying # volunteers	First draft 2003. Now sent to SAN! No feedback yet. Short	lost two staff
EASSI Eastern Africa Sub-Regional Support Initiative	Formed in 1996 to support the follow up process within the East African Sub-region and covers 8 countries: Burundi, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Tanzania and Uganda. Vision is of a society where all enjoy gender equality, social justice, peace and development.	gender	9 staff 4 interns	draft	no
FAPAD Facilitation for Peace and Development	Founded in 2000. Mission is facilitating peace building by human rights-based approach to development. Major activities: advocacy for children, prevention of child traffic and prevention of sexual abuse. Originally operating in two districts: Lira and Apac – now more. Presently covers 25 sub-counties in Lango region.		9 staff, varies depending on funding, majority F, 4 volunteers	Draft written by chairperson board, rejected by review committee, new person appointed	no
FURA Foundation for Urban and Rural Development (lead organization West)	NGO, involved in disaster preparedness, advocacy, human rights and sustainable livelihoods. main focus is the general community and especially vulnerable groups, women and children. Also have an intervention mechanism for HIV/AIDS.	AIDS	8 staff 4 volunteers	Draft ready during baseline – now very comprehensiv e	no
HNU Health Need Uganda (Lead organization North-east)	NGO established to maintain and foster health interventions and development projects in remote areas of Uganda. HIV/AIDS service organisation	health AIDS	15 staff (6M, 9F) 204 volunteers	At baseline: only plans, now comprehensiv e policy	One HIV+ staff – already 6 years known, is on medication
KALI Karambi Action for Life Improvement	Started in 1995, registered as a CBO in 2000 and as a company limited by guarantee in 2004 and as an NGO in 2005. Puts emphasis in areas of anti-	AIDS	5 staff 3 volunteers	draft	no

	corruption campaign, gender budgeting, human rights and sustainable livelihoods				
KARUDEC Kagando Rural Development Center	Focuses on Community Based Health Care, Agriculture, Micro finance and Functional Adult Literacy. FBO under the church of Uganda. The organisation has 5 departments: Kagando hospital, primary school, chapel and community development department.	FBO health	200+ staff	Addition to personnel policy	?
LOFP Lango Organic Farming Production	Registered as an NGO in 2000. Maximization of farmers' income by reducing costs of production and by trying to get a higher price. Promoting environmentally friendly methods of farming. Farmers contribute money that is utilized for administrative tasks.		16 staff (5F, 11M) 6 volunteers	Draft Had in personnel policy a section on stigma and discrimination	3 staff died – not come out, all knew Field staff at risk
NOGAMU National Organic Agriculture Movement of Uganda	Established in 2001 to unite producers, producers, marketers and trainers who are interested in promoting organic farming. The aim is to coordinate and promote sustainable organic agricultural development, networking and marketing.	-	12 staff	Draft (no copy)	?
NORRACOL North Rwenzori Rural Community Agriculture and Conservation link	Indigenous NGO founded in 1997 by local community members. Focuses on promotion of improved agricultural practices, sustainable use of natural resources and strengthening self help initiatives,		5 staff 3 volunteers	Draft (no copy)	Yes, but left
SOMED Support for Micro Enterprises Development	Indigenous micro-lending institution established in 1998 to empower the marginalized and economically active poor especially women in Masindi district through the provision of small loans. Comprises of 10 branches.	women	54 staff	Draft	Yes (no in baseline)

TAP Teso AIDS project	Indigenous NGO initiated in 1991 by community opinion and religious leaders during the peak of the HIV/AIDS scourge in Teso district. Instituted with an overall objective of mitigating the challenges arising from HIV/AIDS scourge. Have fish farming, poultry, piggery, goat rearing to address HIV/AIDS prevention	AIDS, health	24 staff (more females) 82 volunteers	Draft – already in baseline started. Comprehensi ve	Yes, board members (no in baseline)
UFFCA Uganda Fisheries and Fish Conservation Association	Founded in 1993, members are fisher-based community organisations. Lobby group fight for the human rights of fishermen The major activities: Networking with beach management unites; Engage local and central governments in developing appropriate fishing policies; sensitization of fisher communities in HIV/AIDS; fishing technologies	AIDS	14 staff (5F, 9M)	Had draft in baseline	no
UJCC Uganda Joint Christian Council	Ecomenical organistion: Catholic, Uganda Orthodox and Anglican Church. Work on: Peace and consensus building, advocacy for small arms control, tolerance and reconciliation, peace building, interfaith relations, also with Moslems, democracy and good governance, promotion of economic and social rights, poverty eradication. In 40 districts Ecomenical Joint Action Committees (EJACs) have been set up who are trained in human rights, monitoring, advocacy and communication. Do gender mainstreaming	FBO, AIDS, gender	21 staff 3 volunteers (Staff well balanced according to gender, youth, people with disabilities)	Draft – wait for comments review team	No
WOUGNET Women of Uganda Network	NGO initiated in May 2000 by several women's organisations in Uganda to develop the use of information and communication technologies (ICTs) among women as tools to share information and address issues collectively.	gender	10staff (7F, 3M)	Draft June 2006	No

ANNEX 2. Sources of information for case studies

Organization	Baseline	FGD	WPP	Interviews AR	Additional
COU-TEDDO	x	x	-	4	
EASSI	x	x	x	1	
FAPAD	x	-	-	4	
FURA	x	x	x	1	
HNU	x	-	x	4	
KALI	x	x	x	1	
KARUDEC	-	-	x	1	
LABE	x	-	-	1	
LOFP	x	x	x	4	
NOGAMU	x	-	-	1	
NORRACOL	x	-	-	1	
SOMED	x	x	x	1	
TAP	x	x	x	4	
UFFCA	x	-	-	1	
UJCC	-	x	x	7	brochure
WOUGNET	x	-	x	5	website

ANNEX 3. Topics for case studies

Read about the organisation before you go: Info from first baseline study, FGDs, second baseline (if known already), WPP, other information, brochures, etc.
Get first info on – some items can be verified during interviews

- Number of staff – type of staff
- Activities
- Type of organisation
- One place or various locations
- Health care scheme/policy insurance / internal policy?
- Donors
- HIV focal person
- In WPP: Discussion of condoms, ARV provision, stigma reduction and discrimination, other issues
- Check in office, any AIDS information, i.e. posters, pamphlets

First discussion with focal person / whole research team, then various researchers interview different stakeholders about policy development, as identified with focal person, these can be: The person who started the process, the HIV/AIDS focal person, HRM, financial person, the person who drafted the policy, the persons of the policy development team, staff who attended meetings (if any), director, PLWHA

Focal person initial interview (with whole research team present):

- When did process of developing of WPP started
- Did anyone – and who was this person - attend training of SAN!/attended workshops
- Ask person who initiated – if this focal person: how were other persons involved by him/her, which problems encountered at different levels of staff (directors, managers, board, technical staff (ELSE THIS QUESTION IS ASKED LATER – IF OTHER PERSON AND PERSON STILL AROUND)
- Have consultations with levels of staff taken place about: problems related to AIDS in the workplace / impact in their organisation, the visible impact and the felt/feared impact, how they believe AIDS influences relationships in organisations, and wishes how they would like the organisation to address these problems
- Has a policy development team been set up – and who are member – how were they selected
- Routine meetings with all staff and HIV discussed? How often these meetings?
- Which activities have taken place, for process of development of the policy and who were involved in these activities, external resources or from within
- Impact and risk analysis done – participatory
- What were points of discussions
- How was stigma and discrimination reduction and confidentiality (of status) discussed
- Who has written the policy – outside, inside the organisation, THESE PERSONS HAVE TO BE INTERVIEWED – FOR OUTSIDE GET NAMES AND CONTACTS
- PLWHA in the organisation – generally known or only by certain persons? (INTERVIEW THE PLWHA)
- Which SAN workshops attended
- Support from Spencer, LPG? In what ways?
- What tools/documents used for sensitization sessions and in drafting policy ?
- Output of the process: is a draft policy. Did it also help to break the silence (or not needed?)
- Have copy of good donorship guidelines – have read/used them.
- How to proceed / plans after this?

Focal person (individual interview)

- Original function
- How long on the job?
- What have been your activities for WPP – how much time does it take
- Other work?

- Health scheme? Personal contribution? Who eligible? What covered? What not covered?
- Problem encountered related to the development of WPP
- How to proceed / plans after this?
- Requests from SAN!?

HRM

- How long on the job?
- Get organogram of the organisation – fixed positions, volunteers and interns,.
- Staff: how long on the job, age, gender, marital status, number of children – their work: office, travelling, workshops (most at risk)
- Type of contracts – temporary or fixed -
- Turnover of staff – at various positions?
- Health scheme? Personal contribution? Who eligible? What covered? What not covered?
- Have you been personally been involved in development of the WPP – and how?
- What were points of discussions
- Have copy of good donorship guidelines – have read them
- Output of the process: draft policy. Did it also help to break the silence (or not needed?)
- Problem encountered related to the development of WPP
- How to proceed / plans after this?
- Requests from SAN!?

Manager/Director

- How long on the job?
- Organogram
- Do managers see the vulnerability for AIDS of their organisation?
- Motivation of management – why important, vulnerability of organisation and of individuals in organisation
- Routine meetings with all staff and HIV discussed?
- Vulnerability of specific employees
- How do/did you deal with HIV/AIDS issues (absence, burials etc) – discretional per individual case – compassionate scheme – no budget for it?
- Have you been personally been involved in development of the WPP – and how?
- What were points of discussions
- Have copy of good donorship guidelines – have read them
- Output of the process: draft policy. Did it also help to break the silence (or not needed?)
- Problem encountered related to the development of WPP
- How to proceed / plans after this?
- Requests from SAN!?

Financial person / focal person

- How long on the job?
- How much money and time did they spent on WPP so far: sminars, sensitization sessions, transportation, materials, [time], printing, launching,
- How did they budget / get money for the activities
- Are there solidarity funds for staff – how does it work
- Health scheme? Personal contribution? Who eligible? What covered? What not covered?
- Have you been personally been involved in development of the WPP – and how?
- What were points of discussions (you brought up)
- Have copy of good donorship guidelines – have read them
- Problem encountered related to the development of WPP
- How to proceed / plans after this?
- Requests from SAN!?

Various staff about culture in the organisation

- How long on the job?
- Can they stay on the job when HIV+ or chronically ill? (Do employees trust their employers)
- Can they go with problems to their employers, fair treatment?
- Hierarchical and gender relations? Unequal or not?
- Routine meetings with all staff and HIV discussed? How often
- What is discussed about HIV/AIDS when at work and when, and how
- Stigma discussed?
- Programme at the workplace discussed at home?
- What do they think about privacy or being open about HIV status – 'risk' exposing oneself as HIV positive
- Solidarity fund for staff by staff themselves – not organised by employer? Contributions? Money for what?
- Welfare committee? What does it do
- Health scheme? Personal contribution? Who eligible? What covered? What not covered?
- Do you know of WPP,
- Have you been personally been involved in development of the WPP – and how? WPP activities, and how?
- If yes: What were points of discussions
- Easy to get access to medical treatment?
- Which best place for medical tests and services? Public / private?
- Feared and enacted stigma: What actually happens in discrimination and what do people fear about stigma – ESPECIALLY ASK IF ANY PLWHA
- Output of the process: draft policy. Did it also help to break the silence (or not needed?)
- Heard about good donorship guidelines?
- Problem encountered related to the development of WPP
- How to proceed / plans after this?
- Requests from SAN!?

STOP AIDS NOW! aims to expand and improve the Dutch contribution to the global fight against AIDS. In STOP AIDS NOW! five organizations, Aids Fonds, Hivos, ICCO, Memisa (Cordaid), and Novib have joined forces.

STOP AIDS NOW! aims to:

* Raise funds in order to contribute to more AIDS projects in developing countries.
* Obtain political and public support for the battle against AIDS, both nationally and internationally.
* Innovate or redefine existing strategies and to establish new forms of cooperation in order to improve the response to HIV/AIDS and to meet the needs of people affected by HIV/AIDS