

What's it Likely to Cost ?



A Guide to Budgeting for Managing HIV and AIDS in the Workplace

Who is it for?

Staff in local NGOs and Donor NGOs,
who are concerned about

‘Managing HIV and AIDS in the Workplace’

It is an addition to ‘Good Donorship in a
Time of AIDS’, but can be read as a
stand alone.

The logo consists of the words "STOP", "AIDS", and "NOW!" stacked vertically in a bold, black, sans-serif font. Each word is contained within a white rectangular box, and these three boxes are stacked on top of each other, all enclosed within a larger red rectangular border.

Why another document/tool ?

To answer questions coming from local and Dutch NGOs e.g.

⌘ what costs can be included?

⌘ is there a maximum cost?

⌘ how do we estimate costs?

⌘ what is the best way to provide health care to staff?



**Why bother to try and manage
HIV and AIDS in the workplace ?**

**STOP
AIDS
NOW!**

Consequences of HIV and AIDS for NGOs

Achieving less:

⌘ more staff absenteeism

⌘ loss of skills & experience

⌘ lower motivation, poor morale

⌘ management time spent on reacting to
problems

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Consequences of HIV and AIDS for NGOs

Higher financial costs:

⌘ health care

⌘ paid sick leave

⌘ funeral costs & death benefits

Extreme case: NGOs 'die' because they are not achieving enough and costing too much.

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Managing HIV and AIDS in the workplace is about reducing the impacts which HIV and AIDS have on the organisation, in order to protect its ability to achieve its outputs.

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Managing HIV and AIDS involves

- ⌘ reducing the organisation's susceptibility to HIV infection – the likelihood that staff become HIV+
- ⌘ reducing the organisation's vulnerability to the impacts of AIDS – the likelihood of it being negatively affected by AIDS

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How ?

Table A gives a 'menu' of 16 activities:

⌘ 3 options for each activity – from basic to more complicated

⌘ pick what is suitable for your organisation

⌘ don't try and 'eat' it all at once!

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Example for reducing susceptibility

⌘ basic: give staff information on where to get Voluntary Counselling & Testing

⌘ and/or pay for costs of VCT

⌘ and/or have a workshop



Example for reducing vulnerability

- ⌘ basic: provide information about positive living
- ⌘ and/or have a workshop about positive living
- ⌘ and/or allow HIV+ staff time off to belong to positive living support groups

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Keeping costs in proportion

Budget not greater than 4% of total payroll.

Total payroll is:

⌘ gross salaries paid to staff +

⌘ staff benefits taxed as income +

⌘ salary-related taxes which the

organisation must pay to the government



The process of budgeting

Four questions to ask at the beginning:

⌘ rough costs?

⌘ cost-sharing?

⌘ budget limit?

⌘ first activities?



Examples of budgets

There are three examples:

⌘ low-cost

⌘ medium-cost

⌘ higher-cost

Budgets are made up and use a pretend currency, for one year only.



What makes a good budget ?

⌘ spreadsheet

⌘ consistent

⌘ self-explanatory

⌘ total costs as % of payroll

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What costs can be included?

- ⌘ information materials (if not available for free)
- ⌘ training staff
- ⌘ workshop costs
- ⌘ condoms, counselling and VCT fees
- ⌘ cleaning materials
- ⌘ health care, medicines, health insurance
- ⌘ staff costs
- ⌘ temporary staff

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What costs cannot be included ?

⌘ double counting

⌘ costs that are not part of managing
HIV and AIDS in the workplace

⌘ costs which are hard to justify



Budgeting for health care

Table C:

- ⌘ methods for reducing susceptibility and vulnerability
- ⌘ advantages and disadvantages
- ⌘ best solution: combination of methods



Integrating workplace budgets

No separate budgets for managing

HIV and AIDS in the workplace:

- ⌘ add a line to the consolidated budget
- ⌘ allocate costs to existing budget lines in consolidated budget (see Table E)

If donor is unwilling, NGOs will need to challenge their donor (see Table E).



Monitoring and Evaluation

- ⌘ monitor expenditure whilst respecting confidentiality
- ⌘ good monitoring will make future budgeting easier
- ⌘ evaluate to check for 'value for money'



We can let HIV do its worse for our
workplace and our work.

Or we can try to manage it and reduce
the impacts on our colleagues, our work
and ultimately on the people who we
aim to help!

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NOW!**