

‘Managing HIV and AIDS in the Workplace’

Factors contributing to successful development and implementation of HIV and AIDS workplace policies in SAN! Project partner organisations in Uganda

Applied Research Proposal

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
ART	Antiretroviral therapy
CSO	Community service organisation
DSA	Daily subsistence allowance
FBO	Faith based organisation
FGD	Focus group discussion
HAART	Highly active antiretroviral treatment
HIV	Human immunodeficiency virus
HR(M)	Human resources (management)
IAC	International AIDS conference
ICASA	International Conference on AIDS and STIs in Africa
IEC	Information, education and communication
ILO	International Labour Organisation
LPG	Local project group
M&E	Monitoring and evaluation
MoU	memorandum of understanding
NGO	Non-governmental organisation
OI	OXFAM International
OIs	Opportunistic infections
PIN	Principal investigator, the Netherlands
PIU	Principal investigator, Uganda
PLWHA	People living with HIV/AIDS
RA	Research assistant
SAN!	STOP AIDS NOW!
SRA	Student research assistant
UNAIDS	Joint United Nations programme on AIDS
VCT	Voluntary counselling and testing
WPP	HIV/AIDS workplace policy

1 Introduction

1.1 The research

This is the proposal for the applied research component of the Ugandan part of the STOP AIDS NOW! Project 'Managing HIV and AIDS in the workplace'. STOP AIDS NOW (SAN!) is a partnership between four Dutch Co-funding Agencies namely: Hivos, Icco, Memisa (Cordaid) Novib (Oxfam) and an AIDS specific organization called Aidsfonds, established in 2000, with a mission of working together towards a world without AIDS. In Uganda, SAN! will work with Oxfam International affiliates (Novib and Oxfam GB) on this initiative.

The objectives of this applied research are to document and analyse good practices in organisations' development and implementation of HIV/AIDS workplace policies, in order that these can be used by other organisations and in other settings. Data collection and analysis will be ongoing from July 2006 till the end of the project in June 2008, and an important part of the research is providing regular feedback on findings to the partner organisations, so that they could (re)direct their activities if needed and give input on the findings. The total budget is 89,487 Euro.

This introduction further presents the background of HIV and AIDS as a workplace issue, especially in Uganda, as well as an outline of the SAN! Project.

1.2 HIV and AIDS as a workplace issue

It is estimated that out of the more than 42 million people living with HIV/AIDS world-wide, 26 million are workers aged 15-49 in the prime of their working life. It is projected that by 2020, the workforce in high prevalence African countries will be between 10 to 30 per cent smaller than without AIDS (ILO 2003). As the number of people with HIV increases and improved treatment extends the years of life without symptoms; there will be more employees with HIV infections who will continue to work. This trend indicates that many workers are already coping with or will have to cope with HIV/AIDS. As an employer, there is need to consider initiation, formulation and implementation of a workplace policy that focuses on management of HIV/AIDS at the workplace.

The ILO Code of Practice on HIV/AIDS and the world of work (2003) sets out the fundamental principles for policy development and practical guidelines for concrete responses. These include prevention of further spread of HIV, mitigation of socio-economic impact of HIV/AIDS, care, treatment and support, stigma and discrimination reduction, promoting gender equality, and confidentiality. An HIV and AIDS workplace policy provides a direction on how to protect, care, support workers and their families affected and/or infected by HIV/AIDS. In addition, an HIV and AIDS policy defines an organisation's position and practices for preventing HIV transmission and for handling HIV infection among staff. The policy provides guidance to managers who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy informs staff about their responsibilities, rights, benefits and expected behaviour on the job

Uganda

Despite the declining trends in its prevalence, HIV/AIDS is still a big problem in Uganda. National prevalence among ANC clients has fallen from a high of 18.5% in 1994 to 6.2 % in 2002 (Ministry of Health 2003). AIDS is the forth-leading cause of death in Uganda and the significant threat to the country's development. HIV/AIDS has negatively impacted practically on all sectors. It affects adults in their prime productive years and morbidity and mortality due to HIV/AIDS affect places of work through absenteeism and loss of skilled or trained employees. Ministries, non governmental organisations (NGO) and the private sector have registered increase in death of staff, sickness and increase in opportunistic infections, low

productivity and inefficiency due to absenteeism, and increase in expenditure on training to replace deceased staff.

Since 1994, national HIV/AIDS programs have followed extensive consultations with a wide range of stakeholders, including government ministries, AIDS service organisations, religious organisations, research institutions, development partners, the private sector, associations and groups of persons living with HIV/AIDS (PLWHA). This has resulted in development of strategies aimed at creating favourable working environments that target to combat the epidemic. The country's achievement in containing and reversing the spread of the disease is attributed to a number of factors. These include a high level of political commitment at national and sub national levels; active participation of people living with HIV/AIDS; an extensive awareness campaign; and support received from international partners. The National HIV/AIDS Plan for the period 2000/1 – 2005/6 further emphasises the multi-sectoral approach and all stakeholders are basing on it to develop their plans so as to ensure a well co-ordinated response. As the numbers of persons infected with HIV continue to increase, organisations ought to assume a critically important role in prevention efforts and can create a favourable environment for employees infected and living with HIV by formulating and implementing policies that focus on managing HIV/AIDS at the workplace. The Ugandan government ratified the ILO Code of Practice on HIV/AIDS and the world of work and is working towards its implementation as governed in the National Policy Framework on HIV/AIDS and the world of work.

In Uganda, a number of organisations have developed HIV and AIDS workplace policies, which are being or are to be implemented. For instance, the Public Service HIV/AIDS Policy (2004) upholds the public health rationale for respecting the human rights, privacy and self-determination and responsibility of persons living with HIV/AIDS to protect others from infection and the right of society to that protection. The policy lays emphasis on protection against discrimination, equal rights and obligations, information, education and communication, confidentiality, voluntary testing for HIV and deliberate transmission of HIV/AIDS. The Parliament of Republic of Uganda has developed a Parliamentary HIV/AIDS Communication Tool kit that intends to give political leaders a working knowledge of the main HIV/AIDS issues and interventions in Uganda to facilitate informed, open, non-prejudiced, non-judgemental, non-stigmatising and non-discriminating communication about the epidemic. The kit is further intended to help political leaders confront silence, stigma and denial as well as make treatment and care for people living with HIV/AIDS. The Local Government HIV/AIDS Plan (2000) sets out to strengthen staff welfare, sensitisation and advocacy, training and education, health services, community laws/bylaws, resource mobilisation, planning, co-ordination and implementation. The plan focuses on mainstreaming HIV/AIDS activities in the development programs for all local governments.

Some organisations take the point of view that since there is no reason to treat HIV/AIDS differently from other major illness such as cancer and heart diseases, a policy covering all life threatening illnesses is preferable. They include HIV/AIDS policies within general organisational policies on life threatening illnesses or disabilities. However, other organisations (such as ACORD) have developed their policies focused specifically on HIV and AIDS. This approach acknowledges that HIV/AIDS is a major health issue, with specific aspects, and highlights the organisations' commitment to addressing it in an appropriate way. These policies acknowledge the potential impact of HIV/AIDS in the workplace. They also address employee concerns that are specific to this disease by stating clearly that HIV/AIDS is not casually transmitted and that employees with HIV/ AIDS are not a health threat to their own co-workers. As with more general life threatening illness policies, HIV/AIDS-specific policies protect the rights of employees who may be infected, provide guidelines for management, and encourage sensitivity and understanding among co-workers. Moreover, by addressing the issues that are specific to HIV/AIDS, the policies can help to alleviate employees' fears and misperceptions that may be specific to this disease.

1.3 The SAN! Project 'Managing HIV and AIDS in the workplace', in Uganda

The SAN! Project 'Managing HIV and AIDS in the workplace' is intended to support their partner organisations in the South in developing and implementing policies on HIV and AIDS in the workplace. This project was developed under the theme of Access to Treatment. HIV/AIDS is not a disease that NGOs can ignore. It directly affects their workforce and their workers' families. Donors from their side have to acknowledge the reality of possible increased expenses and decreased productivity of their partners in the South due to HIV/AIDS, and consider how they can (keep) support(ing) their partners working in these conditions.

Therefore, the project consists of three sub-projects. These include 1) developing guidelines for good donorship, and implementing them, 2) supporting partner organisations in two pilot countries, Uganda and India, in development and implementation of HIV/AIDS workplace policies, and 3) providing linking and learning events between the sub-projects, different partners and different countries. By combining these efforts, the intention is to cover a large proportion of the population of Uganda and India with activities and programs related to HIV/AIDS prevention, care and treatment (Peters et al. 2005).

Concerning the first sub-project, SAN! finalised the document 'Good donorship in a time of AIDS. Guidelines on support to partners to manage HIV/AIDS in the workplace' in 2006. The second sub-project started in Uganda in 2005, with 82 partner organisations. In 2005 consultative meetings have been held, a local project group and a local project coordinator have been installed, and workshops on developing HIV/AIDS workplace policies have taken place. In March 2006 a baseline survey among 52 partner organisations has been conducted. Findings indicate that four organisations have operational workplace policies, 14 are in the process of developing one, whereas the others are still to start the process. Managers of all partner organisations are keen to be part of the project, although some organisations were somehow hesitant because of the feared costs of antiretroviral treatment (ART) that a policy would entail (Asingwire & Birungi 2006).

2 Applied research rationale

The applied research 'leg' of the project is intended to document, analyse and publish the experiences of the SAN! Project – it will provide useful information for the third sub-project of linking and learning.

The present research proposal concerns the experiences in Uganda, where the project started. There is inadequate evidence-based information among the SAN! Project participating organisations in Uganda on issues related to the management of HIV and AIDS in the workplaces. Most organisations have focused on the prevention, care and mitigation of the HIV/AIDS pandemic of communities in their jurisdiction and have rarely addressed the problem in their organisations. SAN!' Project assumption is that internal mainstreaming is a necessity for successful external mainstreaming.

With the HIV and AIDS workplace policy (WPP) project now being implemented by SAN! supported organisations, there is need for an applied research to supplement the routine monitoring and evaluation that is to be implemented, by providing contextual analyses of case studies. The applied research can also identify new indicators for the (routine) monitoring and evaluation system and explore ways to measure them (for instance on stigma reduction). Case studies will comprise good practices but also 'bad' practices, because from both, other organisations can learn. An applied research is essential in the understanding how different organisations are developing and implementing a policy, why some are successful while others are lagging behind.

From literature on experiences with developing and implementing HIV and AIDS workplace policies some factors are known to facilitate successful policies (see references

for studies on HIV/AIDS workplace policies). Some main facilitating factors are commitment of senior management, involvement of all levels of female and male staff in the development, having awareness raising and sensitisation sessions with all staff, including attention for gender and discrimination, creating an atmosphere of trust, so that workers know they will not lose their job if found positive. In table 1 are some factors that might be facilitating successful development and implementation of an HIV/AIDS workplace policy that will be explored in this study.

Table 1: Factors facilitating successful HIV and AIDS WPP

Initiation and process of development of comprehensive WPP
<ul style="list-style-type: none"> • Organisation's representatives attended SAN! Project workshops • Participatory process with all levels of staff • Gender sensitive • Management and directors buy-in • PLWHA in organization • Situation analysis done (of impact in organization, KAP staff) • Comprehensive content • Arrangements for VCT, OIs and ARV services – insurance cover
Implementation
<ul style="list-style-type: none"> • Detailed activity plan made, including persons responsible for activities, and time-line • Organisation-wide launching of the WPP • WPP communicated and printed, copy to everyone • Focal HIV/AIDS person, trained • HIV/AIDS counselor • Prevention activities and materials in place (IEC, condoms, VCT) • Sensitization and awareness raising sessions • Routine discussion of WPP in staff meetings • Staff has time for WPP activities • Sufficient funding for activities • Involvement of PLWHA • Anti-stigma and discrimination measures • Arrangements for VCT, OIs and ARV services – insurance cover

In addition, the study will document and analyse the (positive) effects a workplace policy has on the workers and the organisation, towards the end of the project. Main effects to be studied include whether and how stigma and discrimination have been reduced, whether more staff members go for VCT, use condoms for HIV prevention, whether staff and their families go for (confidential) ART, and whether HIV positive staff is given other, less tiring jobs within the organisation.

The applied research will also study the structure and content of the support given by the local project co-ordinator and project group as well as the SAN! donors. The applied research conducted will provide in-depth, organisation specific contextual data and a compilation of case studies that can be a resource to use by other Ugandan partner organisations, but also by other agencies and donors to implement or update their HIV/AIDS workplace policy interventions.

3. Research objective and research questions

The main objective of this applied research is:

To identify and analyse the factors which influence the successful development and implementation of HIV and AIDS workplace policies in SAN!/OI partner organisations in Uganda participating in the SAN! project 'Managing HIV and AIDS in the workplace' in order to document good practices that will enable the development of better strategies, also in other settings.

The main objective will be reached by answering the following research questions:

1. How do different SAN! Project participating organisations develop an HIV and AIDS workplace policy, what are the different components and how are these perceived by different stakeholders (directors, management, different levels of other male and female workers)?
2. How do different SAN! Project participating organisations implement their HIV and AIDS workplace policy and how is this perceived by the different stakeholders?
3. What is the impact of the HIV and AIDS workplace policy on the workers (and their family members) and the organisation?
4. What are the cost implications for organisations of developing and implementing HIV and AIDS workplace policies?
5. What are contributing factors to good (and bad) practices of various aspects of an HIV and AIDS workplace policy and its effects (among others: the process of development, sensitisation, awareness raising, ownership, prevention, training, VCT, treatment, care)?
6. What are facilitating and inhibiting factors in development of HIV and AIDS workplace policies related to the project organisation, coordination, capacity building and support structure from Ugandan and Dutch level?
7. To what extent and in what ways do the SAN! good donor-ship guidelines facilitate development of HIV and AIDS workplace policies of the SAN! Project participating organisations in Uganda?
8. What are the recommendations for development and implementation of HIV and AIDS workplace policies in other settings?

4 Study methodology

4.1 Applied research

The study will supplement routine monitoring and entries in the project database with more in-depth information and analysis of case studies. For instance, when the monitoring identifies an organisation where after a VCT training many persons went for VCT, the applied research will document and analyse this positive experience. This will be shared with the other organisations in the course of the project, so that they can use the same.

4.2 Study design

It will be a phased descriptive and analytical cross sectional study employing both quantitative and qualitative methods of data collection, employ a multilevel perspective, and use triangulation of study populations and data collection methods. The research focuses at four levels: 1) individual staff (and their families), 2) partner organisation, 3) Ugandan project co-ordination and 4) Dutch project co-ordination; and also studies the relationships between the four levels.

4.3 Variables and themes

The following main themes have been identified to be central to the study: However, in the course of the project other themes may be added.

- Process of development of a policy (ownership, participation, input workers, initiation, support)
- Content of the policy (in particular, attention for gender, stigma, discrimination, prevention information, treatment and care)
- Activity plan (persons responsible and time-line)
- Budget (source indicated)
- Launch of policy
- Implementation of activity plan
- Awareness raising activities, education, training
- Effects: including raised awareness, use of services, stigma reduction, no discrimination, and openness about HIV status.
- Satisfaction with the policy by stakeholders
- Support by Ugandan project co-ordination (technical assistance, supervision visits, workshops, guidance)
- Support by Dutch project co-ordination (good donor-ship guidelines, support to local project group and Ugandan coordinator)
- Peer synergy – local structures, collective action for treatment, resource mobilization

4.4 Study populations

There are two main study populations

1. SAN! Project partner organisations in Uganda (N=82).
2. Paid staff of the partner organisations (approximately 4000). The total paid staff per organization range from 5 to 350. Those organizations that provided staff information totaled up to 3,866 staff. (These organizations also have a pool of volunteers ranging from 1 to 2000 that will be left out of this study, because they will not be involved in HIV/AIDS workplace policy development and implementation). Family members of paid staff will be involved for organisations which have them as beneficiaries of their WPP.

The study will also document and analyse activities of the Ugandan project coordination level (coordinator. Project hosting organisation, and Local Project Group) and the Netherlands SAN! coordination level, as they relate to the two main study populations.

4.5 Data collection techniques

Data collection will employ a combination of data collection techniques, including documents review, case studies, interviewing, self-administered questionnaire, observations and focus group discussions, as further explained below.

Documents review

This will include:

- All project documents – at all four levels
- Minutes of local project group meetings
- Reports of workshops
- HIV/AIDS workplace policy documents of partner organisations
- Good donor-ship guidelines
- Information of routine monitoring and evaluation system and project database.

- Project work plans
- Project budgets
- Memoranda of understanding (MoUs)

Case studies

A sample of organisations will be selected to document case studies to include:

- With and without initial HIV and AIDS workplace policy
- With and without HIV and AIDS workplace policy at the end of the programme
- Secular NGO/CSO versus FBO
- Large versus small organisations
- HIV/AIDS specific focused organisations versus other
- Organisations with gender versus no gender activities
- With and without external HIV/AIDS mainstreaming activities
- Rich versus poor organisations (well resourced and connected)
- Urban versus rural
- Development of HIV and AIDS workplace policy by consultant versus as participatory process
- By donor

Interview and self-administered questionnaires

- Interviews using a semi-structured questionnaire will be conducted with semi- or not literate in English staff; the same questionnaire will be self-administered to staff literate in English. (Staff of all levels will be interviewed, including directors and cleaners.). The questionnaire for the first phase is in annex 1 – the questionnaires for the third phase will be developed after the second phase (see for the research phases 4.7).
- In-depth interviews will be conducted with project coordinators, managers, staff representatives etc

Focus group discussions

- With staff of partner organisations and the local project group
- With representatives from different organisations (during seminars or workshops)

4.6 Sampling and sample size

All 82 partner organisations will be involved in the study, however case studies will be conducted of some partner organisations, selected after information of the monitoring system and/or entries in the project database.

Sampling of staff for the surveys will be done proportionally to staff size; between 20 and 50% of the staff will be involved. Literate staff will fill a self-administered questionnaire, whereas those who are illiterate will be interviewed (with the same questionnaire). In the selection process, the issue of balancing gender and staff level will be considered. In the smaller organisations (up to 10 staff), all staff will be involved, whereas in the bigger organisations we will sample proportionately.

4.7 Data collection

This is a phased study with three main data collection phases outlined as follows and detailed in annex 2:

Phase one: Exploratory – June to December 2006

- Supplement the project baseline survey of March 2006
- Describe the process of development WPP
- Documentation of best practices

Phase two: Mid way – January to June 2007

- Supplement monitoring:
- Describe process of implementation
- Documentation of best practices

Phase three: Up to end of project – July 2007 to June 2008

- Describe and analyse effects of HIV/AIDS workplace policies
- Documentation of best practices

4.8 Data processing and analysis

Quantitative data of the interviews with semi-structured questionnaire will be entered and exported to statistical software (SPSS) for analysis. Qualitative data of the interviews (in-depth and with a questionnaire) will be summarised and categorised by theme and put in master sheets. Case studies will be compiled and compared by theme. Analysis of qualitative data will be conducted manually.

4.9 Expected written outputs

The following documents will be produced by the principal investigators:

- Report of findings baseline survey applied research
- Study progress reports at the end of each research phase (total 3)
- Fact sheets at the end of each research phase (total 3)
- Case studies of best practices at the end of each phase
- Abstract to ICASA Senegal 2007
- Abstract to IAC Mexico 2008
- Article for international scientific journal on total research

4.10 Personnel

Researchers and research assistants include social scientists from Makerere University, Kampala and the University of Amsterdam, the Netherlands. The principal investigator from Makerere University is Dr Stella Neema (PhD); the principal Investigator from University of Amsterdam is Dr Winny Koster (PhD). The three research assistants, two MA Sociology and one master student, are from Makerere University. Data collectors will be members of partner organisations. Data processors will be hired for specific tasks, such as for data entry and transcribing of audiotapes of focus group discussions.

5 Budget

Activities of documenting the project will be ongoing, whereas there will be three periods of intensive data collection, analysis and report writing. Personnel will be budgeted for according to daily fees and DSAs when traveling outside of Kampala (and for the Dutch principal investigator also within Kampala). The daily fees for the principal investigator from

the Netherlands will be paid for by the Netherlands budget. Table 3 presents the fees and DSAs for the different research personnel.

Table 3: Daily rates of fee and DSA (in Euro):

Personnel	Daily fee	DSA
PI Uganda (PIU)	62	50
PI Netherlands (PIN)	-*	50
Research assistants (RA)	20	25
Student assistant researcher (SRA)	15	25
Driver	10	10

The major expenses in the budget are for personnel cost, including fees and DSA, whereas lesser expenses are incurred for stationery and transport. The principal investigator from Uganda will attend two international conferences on HIV/AIDS to present project experiences. Days are budgeted for both principal investigators to document the research in reports, fact sheets and a scientific article. The detailed budget is in Annex 3, whereas table 4 presents the summary of budget costs in the three phases of the research, with 15% overhead cost for Makerere University.

Table 4: Summary of budget (in Euro)

	Expenses	Overhead Makerere University at 15%	Total expenses
Phase 1	23,486	3,523	27,009
Phase 2	20,184	3,028	23,212
Phase 3	34,144	5,122	39,266
Total	77,814	11,673	89,487

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workplace. Amsterdam: SAN!
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The revised National Strategic Framework for HIV/AIDS activities in Uganda: 2003/4-
2005/6. Kampala: Uganda Aids Commission.
- UK Consortium on AIDS and International Development 2003,
Case studies:
- Oxfam GB – Central policy with regional implementation
 - Experience of people living with HIV & AIDS
 - VSO – updating existing policies
 - UNICEF – Minimum standard guidelines supported by a step-by-step implementation
guide
 - Save the Children UK – guidance for developing chronic illness policies at country
level
 - ACORD – Introducing a strategy while restructuring
 - Christian Aid – Central policy with regional implementation
 - DIAGEO Africa – Global guidelines for HIV & AIDS policy
 - International HIV & AIDS Alliance – Rolling out experiences to partners
- Download from: <http://www.aidsconsortium.org.uk>
- UK Consortium on AIDS and International Development 2003
Working positively. A guide for NGOs managing HIV & AIDS in the workplace. London:
UK Consortium on AIDS and International Development.
Download from: <http://www.aidsconsortium.org.uk>

Annex 1: Questionnaire: (See other file)

Annex 2 Activity Plan

Notes: PIU = principal investigator Uganda; PIN = principal investigator Netherlands; RA = research assistant, SRA = student research assistant, PC = project consultant.

Activities Phase One: June to December 2006

	-July	Aug	Sept	Oct	Nov	Dec	Person responsible	Others involved
Develop research proposal	X	X					PIU, PIN	
Analyse raw data baseline in-depth interviews	X	X	X				PIN	PIU, 2 RA,
Transcribe FGDs baseline		X	X				PIU	Specialist transcriber
Analyse FGD baseline		X	X				PIU & PIN	2 RA
(Set up project data base)	X	X	X	X	X	X	PC, SAN!	Consultant. PIU, PIN
Develop survey instrument for workers	X	X					PIN	PIU
Pretest survey instrument			X				PIU	2 RA
Document the project (read and analyse ongoing project documents, including review of WPP)	X	X	X	X	X	X	PIU	PIN 2RA
Attend LPG meetings, training seminars	X	X	X	X	X	X	PIU	RA
Fieldwork: Document case studies on WPP development			X	X	X		PIU	PIN
Fieldwork: Survey of workers			X	X	X		PIU	2 RA 1SRA
Data management and analysis first round					X		PIU	PIN 2RA
Report writing first phase					X	X	PIU	PIN
Presentation of report and feedback in project meeting						X	PIU	RA
Produce fact sheet on experiences						X (+ Jan)	PIN	PIU SAN!/N

Activities Phase Two: January to June 2007

	Jan	Feb	March	April	May	June	Person responsible	Others involved
Fieldwork: Case studies	X	X	X	X	X	X	PIU	2RA, PIN
Fieldwork: In-depth interviews, FGDs				X	X		PIU	2RA, SRA, (PIN)
Analyse FGD and in-depth interviews					X		PIU	RA, PIN
Document and analyse project documents	X	X	X	X	X	X	PIU	PIN
Attend LPG meetings, training seminars	X	X	X	X	X	X	PIU	RA
Data management and analysis second round				X	X		PIU	2RA
Report second phase					X	X	PIU	PIN
Presentation of report and feedback in project meeting						X	PIU	
Abstract for ICASA, Senegal				X	X		PIU	PIN
Produce fact sheet						X	PIN	SAN!/N

Activities Phase Three: July 2007 to June 2008

	July/ Aug	Sept/ Oct	Nov/ Dec	Jan/ Feb	March /Apr	May/ June	Person responsible	Others involved
Develop survey instrument for staff			X				PIU, PIN	
Pretest survey instrument			X				PIU	2RA, SRA
Document and analyse project documents	X	X	X	X	X	X	PIU	PIN 2RA
Attend LPG meetings, training seminars	X	X	X	X	X	X	PIU	RA
In-depth interviews with project coordinators in Uganda and Netherlands				X			PIU PIN	
FGD LPG				X			PIU	RA
Document case studies on WPP effects / best practices	X	X	X	X			PIU	2RA, PIN
Fieldwork: Survey of workers				X			PIU	2RA SRA, PIN
Data management and analysis third round					X		PIU	PI/N 2RA, consultant PIN
Report writing third phase					X		PIU PIN	
Final applied research report					X	X	PIU PIN	
Presentation for World Aids Conference Mexico				X	X	X	PIU PIN?	
Fact sheet					X	X	PIN	PIU/SAN!
Academic article						X	PIU, PIN	

Annex 3: Budget

Notes with the budget:

- Exchange rate: 1 euro = 2300 Uganda Shilling
- Fuel in Uganda at 1.2 euro a liter; stationery include pens, paper (ream at 5 euro), printer and photocopy cartridges (at 75 euro), notebooks, pens, pencils, files.
- Daily fees of the PIN will be paid for by the Netherlands budget, number of days put in brackets in the budget (her travel and DSA will be paid for by the Uganda budget).

Budget Phase 1 – June to December 2006

Activity	Budget items	# days /items	# persons	Rate/ item	Total/ item	Total per activity
Develop applied research proposal	Days	6	PIU (PIN 3 days – paid for)	62	372	372
Analyse raw data baseline in-depth interviews	Days	3	2RA	20	120	120
Transcribe FGDs	tapes page	20 160	1 transcriber 1 secretary	20 5	400 800	1200
Analyse and report FGD	Days	10	2 RA ½ PIU (PIN 2 days – paid for)	20 62	400 310	710
Develop survey instrument for staff	Days	Catered for	PIU PIN			0
Develop checklist for case studies	Days	1	PIU (PIN 1 day)	62	62	62
Pretest survey instrument and checklist and finalise instruments	days Stationery Fuel	3	PIU 2 RA, SRA Driver	62 20 15 10	186 120 45 30 50 50	481
Document the project and attend LPG meetings, training seminars	Days	15	1 RA PIU (PIN 3 days)	20 62	300 930	1230
Fieldwork: Survey of staff, collect case studies on WPP development	days Ticket & visa PIN	60	½ PIU 2 RA SRA Driver ¼ PIU DSA ½ 2 RA DSA ½ SRA DSA ½ Driver DSA 6 days PIN (PIN 5 days)	62 20 15 10 50 25 25 10 50 1,150	1,860 2,400 900 600 750 1,500 750 300 300 1,150	10810
Materials for fieldwork	Stationery Fuel				200 2,500	2700
Data management and analysis first round	Days	30	2 RA ½ SRA ½ Statistician ½ PIU (PIN 3 days)	20 15 100 62	1,200 225 1,500 930	3855
Report writing first phase	Days	15	PIU (PIN 3 days)	62	930	930

Presentation of report and feedback in project meeting	Days	2	PIU RA	62 20	124 80	204
Factsheets	Days	1	(PIN 1 day) PIU	62	62	62
Stationery for office	Paper etc					250
Running office car	Fuel etc					500
Subtotal						23,486
15% overhead Makerere University						3,523
Total phase 1						27,009

Budget Phase Two – January to July 2007

Activity	Budget items	# day/items	# persons	Rate/ item	Total/ item	Total per activity
Fieldwork: Case studies ongoing	Days	10	PIU Driver ½ PIU DSA ½ Driver DSA	62 10 50 10	620 100 250 50	1020
Develop and pretest data collection instruments fieldwork	Days stationery /fuel	3	PIU 2RA SRA Driver (PIN 2 day)	62 20 15 10	186 120 45 30 100	481
Fieldwork: In-depth interviews and FGDs/case studies	Days Travel PIN	30	PIU 2 RA SRA Driver ½ PIU DSA ½ 2 RA DSA ½ SRA DSA ½ Driver DSA 6 days PIN (PIN 6 days)	62 20 15 10 50 25 25 10 50 1,150	1860 1200 450 300 750 750 375 150 300 1150	7285
Materials for fieldwork	Stationery Fuel				200 1,200	1400
Data management and analysis FGD and in-depth interviews	Days Tapes Pages	15 20 160	PIU 2 RA Transcriber Secretary (PIN 2 days)	62 20 20 5	930 600 400 800	2730
Document and analyse project documents	Days	10	PIU 2 RA (PIN 2 days)	62 20	620 400	1020
Attend LPG meetings, training seminars	Days	6	PIU 2 RA	62 20	372 240	612
Report writing second phase	Days	10	PIU (PIN 3 days)	62	620	620
Presentation of report and feedback in project meeting	Days	2	PIU 2RA	62 20	124 80	204
Fact sheets	Days	1	PIU (PIN 1 day)	62	62	62
Prepare for and attend ICASA 2007			PIU 2 RA (PIN 1 day)		4000	4000
Stationery for office						250
Running office car	Fuel etc					500
Subtotal						20,184
15% overhead Makerere University						3,028
Total phase 2						23,212

Budget Phase Three – July 2007 to July 2008

Activity	Budget items	# day/items	# persons	Rate/ item	Total/ item	Total per activity
Develop survey instrument for staff	Days	1	PIU (PIN 1 day)	62	62	62
Pretest survey instrument	Days	3	PIU RA SRA	62 20 15	186 60 45	291
Document and analyse project documents	Days	15	PIU ½ RA (PIN 3 days)	62 20	930 300	1230
Attend LPG meetings, training seminars	Days	10	PIU 2 RA	62 20	620 400	1020
In-depth interviews with PC and LPG in Uganda and Netherlands,	days	2	PIU (PIN 1 day)	62	124	124
FGD LPG	days tape page	1 1 8	PIU transcriber secretary	62 20 5	62 20 40	122
Fieldwork: Document case studies on WPP effects / best practices and survey of workers	Days Travel PIN	60	½ PIU 2 RA SRA Driver ¼ PIU DSA ½ 2 RA DSA ½ SRA DSA ½ Driver DSA 6 days PIN (PIN 5 days)	62 20 15 10 50 25 25 10 50 1,150	1,860 2,400 900 600 750 1,500 750 300 300 1.150	10810
Data management and analysis third round	Days	30	2RA ½ SRA ½ Statist ½ PIU (PIN 3 days)	20 15 100 62	1,200 225 1,500 930	3855
Materials fieldwork	Stationery Fuel				200 2,500	2700
Report writing third phase	Days	15	PIU (PIN 3 days)	62	930	930
Prepare and presentation of findings	Days	3	PIU RA (PIN 1 day)	62 20	186 60	246
Final applied research report	Days	10	PIU (PIN 5 days)	62	620	620
Prepare presentation for World Aids Conference Mexico	Days	5	PIU (PIN 2 days)	62	310	310
Attend World Aids conference Mexico	days travel		PIU (PIN ??)		4000??	4000
Factsheet 3 rd round/ and total project	Days	2	PIU (PIN 2 days)	62	124	124
Academic article	Days	10	PIU, (PIN 5 days)	62	6200	6200
Stationery office					500	500
Running office car	Fuel etc				1000	1000

Subtotal						34,144
15% overhead Makerere University						5,122
Total phase 3						39,266