

MANAGING HIV/AIDS IN THE WORKPLACE

STRATEGIC PARTNERS REPORT



STOP AIDS NOW! (SAN) AND OXFAM INTERNATIONAL (OI)
MUYENGA CLUB, Kampala, Uganda
7th and 13th of June 2005

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Report Summary

Introduction

This report contains proceedings, emerging issues and agreed actions arising out of a two day 7th and 13th of June meeting for the "strategic" partners of STOP AIDS NOW! (SAN!) and Oxfam International (OI) on "Managing HIV/AIDS at the Workplace". Strategic partners are those partners who have been invited by each of the SAN! partners (Novib, ICCO, Cordaid and HIVOS) for this specific meetings. The workshop was organized by ACORD on behalf of SAN! and OI. The partners that were invited and participated are ACORD, Oxfam GB, TTP, CDRN, UCS, Concern and Health Need Uganda. The workshop was facilitated by Judith Bakirya, an organizational development specialist.

Objectives of the Strategic Partners Meeting (SAN/OI)

1. Creating harmony and alignment among the "strategic" partners of SAN/OI for the HIV/AIDS at the Workplace Initiative;
2. Generating and harmonizing Terms of Reference for the Local Project Group and Project Coordinator;
3. Developing an action plan for the way forward of the project;
4. Enhancing teamwork and ownership of the project.

Expectations of Strategic Partners (Uganda)

- Sharing experiences;
- Successful initiation of the project;
- Learning more about Managing HIV/AIDS in the Workplace Project;
- Integrating HIV/AIDS issues at the workplace;
- Work together on HIV/AIDS workplace projects.

Fears

- Limited resources to meet partners' expectations;
- Lack of commitment by top management;
- Building a stigma free environment at the workplace;
- Failure to keep time as indicated by work plan;
- Lack of information on the way forward;
- Workshop duration too short for fruitful deliberations;
- Sustainability of health policies (including HIV/AIDS) at the workplace;
- Wide project scale;
- Lack of commitment among partners to implement the proposed project.

Brief back ground

STOP AIDS NOW! is a partnership between four Dutch Co- Funding Agencies (CFA) – Hivos, ICCO, Memisa (Cordaid) and Novib (Oxfam) and the Dutch Aids Fund

established in 2000. The mission of this partnership is “*working together towards a world without AIDS*”. The objective is to increase and improve the Dutch contribution to the global HIV/AIDS response, summarized as “more and better”. SAN Partners and OXFAM International undertaking a number of initiatives with their southern partners to respond to HIV/AIDS. In Uganda the response is through an initiative called Managing HIV/AIDS at the Workplace. It aims at facilitating all counterparts to develop and implement comprehensive workplace policies and programmes. A strategy on how to cope with stigma and discrimination in the workplace should be part of this policy and programme. The project will support the process of developing and implementing a workplace policy. The conditions for southern partner organisation are: to develop and implement a workplace policy, to define expectations from their donors, to access resources and services when needed, to advocate towards government and national health programs. The strategic partners workshops challenged the organizations to formulate and implement an Ugandan project plan, which is ultimately aimed at having HIV/AIDS Workplace Policies and Programmes within each of the participating organization.

Emerging Issues

Uganda strategic partners are implementing HIV/AIDS workplace programmes but they are at different levels of operation. All strategic partners have workplace policies in place and they discussed the functionality of these policies. The Uganda strategic partners have local partner organizations they are working with to strengthen their capacity for HIV/AIDS internal mainstreaming. It was noted the issue of monitoring and evaluation which is crucial to the process of developing and implementing an HIV/AIDS workplace policy was absent in the presentations. Summary of the issues that were discussed:

1. HIV/AIDS mainstreaming is a process that covers different stages:
 - Policy development;
 - Delivery mechanism;
 - Implementation;
 - Organizational learning;
2. Guidelines are available for comprehensive policies;
3. Importance of capacity building;
4. HIV/AIDS workplace policies can have aspects that do not require a lot of funds for implementation;
5. Establish a supportive environment at workplaces to encourage staff to declare their status;
6. Health insurance schemes including treatment of HIV/AIDS could be a joint issue for this project;
7. How to maintain confidentiality at the workplace;
8. Lack of ARV treatment literacy and community preparedness;
9. Implementation of a HIV/AIDS workplace policy particularly the provision of ARVs and determining how many family members of staff should be included

- and for how long remains a struggle;
10. Buy-in process of management when developing a HIV/AIDS workplace policy needs specific attention;
 11. HIV/AIDS has a gender perspective;
 12. Workplace policy must take into account the organizational values and principles;
 13. Absence of action plans as part of the policy has hindered the implementation of workplace policies;
 14. Monitoring and evaluation should be addressed.

Agreed Actions (Summary)

1. TOR for the Local Project Group and Project Coordinator are defined and the need arose for TOR for the participating organization to be defined before the official launch of the Project;
2. Composition of the Local Project Group is agreed upon;
3. Have an intermediate period for the start of the initiative i.e. recruiting the Project Coordinator. The recruitment process will start mid June and the aim is to have the Project Coordinator on board by the end of August. The Local Project Group, whose composition was agreed, will participate in the recruitment process;
4. ACORD HASAP is chosen to be the host organization for the Local Project Coordinator, after confirming their willingness to do so;
5. Action plan for six months including the initial activities to start the initiative such as formulating the project and the official launching scheduled for November 7th, 2005.

Proceedings Day One

Overview

Participants were asked to give a 10 minute presentation on the processes of developing and implementing HIV/AIDS workplace in their organizations. At the end of the presentations, plenary discussions were made to share experiences, similarities and differences and also agree on areas of common ground. Copies of the detailed presentations are attached in Annex 1.

Presentations

Benedict Kiwanuka, Executive Director, Tri-partite Training Program (TTP)

This is a capacity building organization which was established in 1992 by three indigenous NGOs- DENIVA, URDT and ACFODE. In 2003 the organization embarked on HIV/AIDS mainstreaming activities with support from Cordaid. These have entailed;

- Training on how to mainstream HIV/AIDS at the workplace;
- Developing an HIV/AIDS policy and successfully incorporating HIV/AIDS issues in the human resource policy;
- Training staff in counseling as back up support to the HIV/AIDS awareness raising and to offer support to affected and infected staff;
- Training 5 partner organizations on how to mainstream and develop HIV/AIDS work place policies.

The lack of adequate resources for the implementation of an HIV/AIDS workplace policy remains a challenge for the organizations TTP works with.

Ida Kusiima, a young professional from the Center for Resource Development Network (CDRN)

CDRN has developed and implemented a health policy that integrated HIV/AIDS issues since July 2003 and has since been reviewed twice. The process involved the following steps:

- Situational analysis of HIV/AIDS and CDRN;
- Drafting of policy by focal point person;
- Discussion of draft and approval by staff;
- Training staff on integration and mainstreaming of HIV/AIDS issues at the workplace;
- Sharing experiences of integration at staff monthly meetings;
- Provision of IEC materials on HIV/AIDS;
- Establishment of HIV/AIDS committee to ensure integration of HIV/AIDS issues.

CDRN staff have a health policy support fund whereby each staff member contributes 1% of their gross salary and the organization contributes 1% of the total monthly staff wage bill.

Dennis Nduhuura, Program Manager, ACORD HIV/AIDS Support and Advocacy Program (HASAP)

HIV/AIDS workplace policy has been developed and is approved in principle. The process entailed:

- Conducting a baseline survey on staff attitudes to policy;
- Drafting a discussion paper;
- Creating a supportive work environment;
- Conducting awareness workshops for staff management and staff at the ACORD secretariat, HASAP, and some field programs;
- Supporting staff access ARVs remains a key challenge because of its associated costs. However, discussions and consultations are still on going on how best this support can be provided in a more sustainable manner;
- ACORD has documented its experiences on the process of developing an HIV/AIDS workplace policy, which can be utilized as a guide by other organizations to start similar processes.

More information on ACORD HIV/AIDS workplace policy can be found in *Working Positively*, a guide for NGOs managing HIV/AIDS in the workplace from UK Consortium on AIDS and International Development¹.

Monica Asekenye, Project Officer, Oxfam Great Britain

Oxfam GB HIV/AIDS workplace policy has been operational since 2002. The policy provides for the following:

- Staff and two family members can access ARVs;
- Protects confidentiality of staff who have declared their status;
- Non-mandatory testing;
- Continued provision of care and support to members of staff for a period of 1 year after leaving the organization.

In addition the organization has put in place mechanisms that have created a supportive environment for staff to openly discuss concerns related to HIV/AIDS at the workplace. These are:

- Putting condoms in the washrooms for both men and women;
- Supplying IEC materials to staff;
- Encouraging staff to undertake VCT;
- Organizing HIV/AIDS training;
- Institutionalization of HIV/AIDS champions who are responsible for conducting ongoing awareness.

¹ www.aidsconsortium.org.uk

Dr. Harriet Kivumbi, Regional HIV/AIDS Policy Coordinator, Oxfam International, East and Central Africa Regional Strategy team

The presentation centered on experiences of internal mainstreaming of HIV/AIDS in pilot projects in Burundi and Tanzania. The process involved:

- Establishing a country/project team on HIV mainstreaming;
- Conducting awareness raising sessions;
- Development of and implementation of action plans;
- Training leaders on HIV/AIDS impact on the workplace;
- Networking with other stakeholders on HIV/AIDS.

A detailed copy of the presentation is attached as Annex 1.

Concern Worldwide, Mya Gordon

The organization has developed an HIV/AIDS workplace policy which covers both internal and external issues. The policy provides for the following:

- Supporting staff and all family members access ARVs, VCT;
- Provision of IEC materials on HIV/AIDS;
- External mainstreaming of HIV/AIDS;
- Establishment of supportive environment by creating open space, initiating discussion on HIV/AIDS.

Managing HIV/AIDS at the Workplace Project

Presentation by Yvette Fleming, Project Officer, STOP AIDS NOW! (SAN!)

STOP AIDS NOW! (SAN!) is a partnership between four Dutch Co- Funding Agencies (CFA) – Hivos, ICCO, Memisa (Cordaid) and Novib (Oxfam) and the Dutch Aids Fund established in 2000. The mission of the partnership is “working together towards a world without AIDS.” The objective is to increase and improve the Dutch contribution to the global HIV/AIDS response summarized as “more and better”. A power point presentation is attached as Annex 2.

Project Background

The theme of the project was informed by the following workshops and meetings:

- Access to Treatment chosen as a development theme (September 2004);
- State of Affairs on HIV/AIDS Workplace Policies Background Paper (August 2004);
- Expert Meetings on “HIV/AIDS and the workplace”: (October and November 2004);
- Three day Workshop: “Managing HIV/AIDS in the workplace” (January/February 2005) → resulted in initiation of project.

Rationale/History

Rationale of the project was based on two studies:

- CDRA (Cordaid) Southern Africa Study (report 2004);

- Oxfam Study “Managing HIV/AIDS in the Workplace” (November 2004).

The studies revealed that the donors and local NGOs have been silent on the issues of HIV/AIDS at the workplace and were therefore yet to adopt a position.

Project Initiation Document

The project document is sub-divided into three sub-divisions;

1. Good Donorship (Donor) – this should result into guidelines for program officers and partner organizations on how to support the development and implementation of a comprehensive HIV/AIDS Workplace Policy/Programmes with counterparts and what counterparts should expect from the donors.
2. Workplace Policies (South) An HIV/AIDS Workplace Policy defines an organization’s position and practices for preventing HIV transmission and for handling HIV infection among employees. The policy provides guidance to supervisors who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy informs employees about their responsibilities, rights and expected behavior on the job. Uganda and India have been chosen as pilot countries to develop and implement their own comprehensive workplace policies including a stigma reduction and access to treatment strategy. However, the content will be defined in the respective countries.
3. Communication (Link North-North, South-South and North-South) This should result into mutual understanding and shared ownership and responsibility towards supportive policies of donors described in the “Good Donorship Guidelines” and workplace policies of partner organisations

Implementers of project

Local Project Group Uganda and Local Project Coordinator will be the implementers of this project. The terms of reference of both will be drafted by the participating partner organizations

Group Work

Participants were grouped into two groups to:

- Develop terms of reference for the local project group;
- Develop terms of reference for the project coordinator;
- Develop an action plan for the project coming months.

Each group presented their results in plenary sessions, and discussions to enrich the outputs were made. These results and those gained at a similar group work session at the one day workshops held on June 8th, 10th and 13th for the 65 partner organisations were combined by the strategic partners at the second day. This group work session was done every day to enhance the process of building ownership for the project.

Proceedings Day Two

Overview

Participants of day one were the same as day two. Day two involved harmonizing all the outputs from the previous workshops. Summary of all the outputs was presented to bring all participants on board and issues arising were discussed. Agenda for the day included selection of the hosting organization, confirmation of the members of the local project group, generating an intermediate plan for project initiation, and finalisation of the terms of reference for local project group, project coordinator and development of the six month action plan for the project.

Feedback of Previous Workshops (June 8, 10 & 13)

A presentation was made on what had taken place during the last three days. Common expectations and fears of the three groups were discussed. The three groups had developed action plans; they had also expressed common expectations and fears. The following expectations and fears were worth stressing for the benefit of the day's meeting:

Expectations

- move beyond policies to implementation;
- have a framework for their initiatives;
- mainstreaming HIV/AIDS into development programs – this was not, however, what the program was about; rather it addresses how HIV/AIDS could be mainstreamed within organizations (internal mainstreaming) not into programs (external mainstreaming).

Common Fears

- resources became a common fear although it did not come during the expectations;
- the timing was short to meet expectations;
- stigma – preventing staff from accessing support offered through a policy.

Striking Issues

- HIV/AIDS prevalence rates in Uganda appeared smaller in the minds of participants than the actual rates;
- Throughout the workshop everybody saw HIV/AIDS not just a health issue but a development issue too;
- If somebody was infected, should this person be afraid?;
- People knew very little about the ILO Code of Conduct;
- Mandatory testing before employment in Uganda – is a common practice.

Question/Discussion/Issues

A question was asked: Is mandatory testing still taking place in Uganda?

Discussion revealed that though the practice is becoming less common there are organizations in the public and private sector still doing it. There was no law in

Uganda protecting persons from mandatory testing. There is no framework in place yet – it was an important area that could be explored for advocacy for this forthcoming project.

Selection of the hosting organization

Participants discussed ways to come up with a hosting organization, and agreed to generate a criteria. Based on that criteria each organization was asked to either qualify or disqualify their organizations and giving reasons why.

Criteria for a hosting organization:

- Financial and administration system in place;
- Be a credible/reputable organization;
- Experience with HIV/AIDS and the workplace;
- Role model with regard to implementing a HIV/AIDS workplace policy;
- Willingness to take responsibility for managing the project coordinator and be accountable to key stakeholders (SAN, OI, Project Group);
- Hosting and managing project coordinator within its structure;
- Based in Kampala for logistical reasons;
- Ability to offer technical assistance;
- Providing access to organizational infrastructure;
- Providing office space.

The criteria was applied on each of the organizations represented: Concern did not have office space; OXFAM GB preferred ACORD to host the project Health Need did not have an office in Kampala and in addition recommended ACORD; Uganda Catholic Secretariat recommended ACORD; TTP did not have space, and CDRN met criteria and in addition was a local organization with experiences in Organizational development and has experience. ACORD and CDRN were contenders for the hosting role.

ACORD emerged as the strongest candidate because apart from scoring very well on the criteria, had performed excellently in organizing the on-going workshops, and also expressed interest in doing so. The Project Group agreed on ACORD being the host organization for the Project Coordinator. It was also agreed that the project would be reviewed annually.

Selection of Local Project Group

Proposed members of the local project group are the participating “strategic” partners TTP, CDRN, CONCERN, ACORD, OXFAM GB, UCS and Health Need Uganda. Additional members are could be three local NGOs and a PWHA (either a person or organization). Total active members local project group should not exceed 10 members. CDRN was selected to chair the local group for one year and chair its meetings. Selection of CDRN was by participants’ unanimous consensus based on their capabilities of being a potential hosting organization.

Question/discussion/action

What would each participating organization be expected to do to help realise the deliverables of the project?

What should my organization be doing in order keep at the same level as other partner organizations?

A framework (TOR) would be needed on the minimum expectations from partner organizations. A memorandum of understanding could be used to express commitment from participating organizations. The need to have regular meetings to evaluate achievements, constraints and to determine appropriate benchmarks has been expressed. It was important to engage chief executives and board members in order to commit their organization to meet agreed expectations. Action such as organizing a workshop/ conference for this target group before launching the project. At organization level, open dialogues could be used to agree on issues between management and workers.

Recruitment of a Project Coordinator

The following timetable and procedure for recruitment was agreed after participants' discussions.

Add in paper before the end of June (responsible ACORD sharing with local project group):

- Applications before 15th of July;
- First interviews beginning of August;
- Second interview (if second round is not necessary) second week August.

Task	Responsible	Timeframe
• Develop the draft person specification and job advertisement, and share the draft with SAN and OI officials, and members of the local project group	ACORD	By June 20, 2005
• Place the final advert in the local Newspapers	ACORD	By June 30, 2005
• Receive applications	ACORD	Deadline of July 15, 2005
• Do the initial screening following an agreed selection criteria	ACORD and CDRN	By July 30, 2005
• Conduct the interviews	ACORD, CDRN, Oxfam GB, OI and TTP	2 nd week of August 2005
• Appointment of Coordinator	Local Project Group	By the end of August 2005

Recruitment process

Members discussed the proposed activities and contributed as follows:

It was agreed that ACORD be helped to identify a committee which would carry out the recruitment exercise on behalf of member organizations. After further discussions two committees were identified from member organizations as follows:

Members of the Recruitment Committee

TTP	- Male
Oxfam International/GB	- (suggested Harriet)
ACORD	- Male
CDRN	-Female

Responsibilities

ACORD was assigned with the responsibility of putting an advert in the paper before the end of June. ACORD would do the initial screening of applications, and then the Recruitment Committee would read applications, identifies appropriate candidates and interview them.

Members proposed and agreed on other issues as follows:

- *Financial Structure*
ACORD would manage the project resources as per guidelines which will be approved by the Project Group and according to operational systems of ACORD.
- *Reporting Structure*
The Project Coordinator will report through the Project Group.
- *Project Group Chair:*
The need for another organization to be the Chair of the Project Group was proposed and agreed by members. CDRN expressed interest and was confirmed by members to be Chair for the first year. CDRN would be responsible for the following:
 - Chairing the Local Project Group;
 - Calling meetings of the Local Project Group (preparations are done by Project Coordinator).

Meetings should be held monthly, the first meeting will be on the 14th of July, 2005 at 9.30 a.m. – 3.00 p.m. The venue will be communicated to members.

Group Activity

Participants were divided into two groups to review the terms of reference of the Local Project Group and Project Coordinator that were put together during each one day workshop and also finalize the Action Plan for six months: Following were the combined results:

Terms of Reference (ToR) for project coordinator

1. Project Management
 - Lead on strategic and operational planning
 - Mapping of participating partners (reflecting in a database accessible for all) and other relevant issues brought on board such as available resources – peer educators, consultants, success stories, agencies - (direct or outsourced)
 - Organize training (outsourcing)
 - Responsible for providing/organizing technical support (direct or outsource)
 - Monitoring and reporting
2. Coordination
 - Organizing meetings with the Local Project Group
 - Secretariat to the Project Group
 - Liaison with SAN! Project Officer
3. Project Administration
 - Financial management
 - Logistical support
4. Communication
 - Organizing learning and sharing events
 - Documentation of lessons learnt and best practices
5. Collaboration and Networking
6. Fund raising from local donors
 - Establish an overview on the profile donors' programs
 - Arrange meetings with donors
 - Writing proposal
7. Accountability
 - Accountable to participating organizations, local project group, hosting organization, STOP AIDS NOW! and OI
8. Representation
 - Linkages with government, private sector, SAN!/Oxfam International, donors and other forums
9. Lobby and advocacy
 - Specifically for this initiative on behalf of the participating organizations

Terms of Reference (ToR) for local project group

1. Policy development
2. Developing and periodical review of country project proposal that includes a working document with an action plan (process and implementation)
3. Monitoring implementation
4. Developing research and advocacy strategies which should be informed by issues arising from monitoring exercises
5. Knowledge management, linking and learning
6. Review reports made by the Local Project Coordinator to be submitted to SAN and Oxfam International
7. Will meet quarterly to review the progress and whenever the need arises to review progress
8. Recruit and appraise the coordinator with the hosting organization
9. Accountability (report) ensuring for coordinator and hosting organization
10. Developing regulations for partner organizations (responsibilities) and project group (guidelines/ working strategy)

Activityplan

Activity	Responsible	June	July	August	September	October	November
Transitional Budget	SANI	End of June					
Recruitment of Coordinator	ACORD/ Committee	advert in paper recruitment					
Establishment Local Project Group	Strategic Partners	ongoing process identifying possible members					
July Meeting Local project Group 14th of July 09.30 – 16.00	ACORD		Agenda: Framework Project Proposal/ Conference Directors Board Members				
Outline Country Project Proposal/ Log Frame	Local Project Group	ongoing dead line will launch of the project					
Conference for Directors/	Local Project Group				Scheduled in September		
September Meeting Local Project Group	ACORD/ Concern				Agenda: TOR baseline study and proposal outline (facilitating)		
TOR for baseline	Local project Group				dead line end September		
Baseline Study defining	Local Project Group					start of study (University?)	
October Meeting Local Project Group	Project Coordinator					Agenda: Preparations for the launch	
Official LAUNCH of the Project	Project Coordinator				Preparation		7th November First person: Philly Lutaaya Day

Workshop Evaluation

An evaluation was carried out on what went well and what did not go well during the strategic workshop. The following responses were made:

What went well?

The way forward was clear to all strategic partners
Activity Plan and concrete decision on way forward

Lessons learnt

Knowledge on current initiatives on HIV/AIDS at the workplace policies
Future direction of the project
New issues/aspects of HIV/AIDS workplace policy

Closing Remarks

Members were thanked for participating in the process and for being very involved and supportive. They were thanked for the confidence they have put in ACORD to host the project. Judith (the consultant) and her team were thanked for facilitating the workshop well and for putting the report together. Yvette was thanked for guiding the process well; she was requested by participants to thank the donors for making the activity a success. According to Yvette, the meeting has been successful only because of the involved participation of each organization.

The elected chairperson thanked the participants for giving CDRN the opportunity to be Chair of the Project Group. He hoped the partnership would be successful.

ANNEXES

ANNEX 1: HIV/AIDS mainstreaming:

Lessons learnt-Oxfam International pilot project in Burundi & Tanzania

How was the process initiated?

Establishing a country/project team on HIV mainstreaming with a committed leader to coordinate Oxfam partners in the country.

Empowering leading staff members of partner institutions on the rationale for HIV mainstreaming in line with Oxfam's mission & purpose.

How were partner institutions involved?

- Mobilizing and creating broad awareness among partners on issues of HIV/AIDS impact on individuals, the family, workers and the community;
- Partners participated in developing action plans and implementation;
- Conducting leader's workshops;
- Trained leaders on HIV/AIDS impact on the workplace;
- Establish the leaders role in leading and facilitating the process of mainstreaming HIV/AIDS;
- Networking with other stakeholders on HIV/AIDS;
- Involve respected local leaders on HIV/AIDS to re-enforce that HIV/AIDS is a local community issue;
- Partner with local AIDS agencies to act as training resources;
- Baseline studies to identify needs;
- Local context analysis with an analysis of HIV/AIDS stakeholders;
- Mapping participating partners;
- HIV knowledge, attitude & practice survey;
- HIV risk & impact surveys at community level in our program areas;
- Process of initiating HIV & workplace programs;
- Train HIV workplace peer educators, initially 2 per workplace;
- Agency;
- A 5-day training is sufficient. Provide them with IEC materials and sources of IEC, condoms etc.;
- Policy development for partners;
- Support institution management to develop own workplace policy;
- Partner with local AIDS agencies for HIV workplace activities-prevention & care;
- Mainstreaming HIV in programs: Learning event;
- Program mainstreaming;
- 3 day training in mainstreaming in programs;

- Training should be action oriented;
- Appropriate follow up to support project work and for baseline studies;
- Follow up training after 6-months;
- Other areas of capacity building;
- Training in advocacy and implementing advocacy plan;
- How to ensure ongoing monitoring , evaluation and program reviews.

What are the lessons we learnt from Burundi?

Mainstreaming HIV/AIDS is a change management process, and like all new ideas and approaches, it requires time to understand and to implement changes.

HIV & workplace

At least six months be planned for the basic training and awareness sessions used, 5-day training is sufficient for WP peers and an additional six months for individual assistance for implementing the HIV workplace policy.

Mainstreaming into programs

Training should be divided into two three days sessions to allow participants more time to absorb the information and to allow an extra day for the training. Simplified tools should be used

Target trainees

Target trainees for workplace programs are human resources & general managers. Target trainees for mainstreaming HIV in programs are project managers, trainers, animators, monitoring and evaluation persons. Hence both processes can go on at the same time

Program ownership

HIV mainstreaming is a capacity building process that improves program quality and impact. Hence it should be owned and directed by the beneficiary institutions-the Oxfam partners.

Involvement of PLWA

Involving people living with HIV/AIDS at the beginning of trainings was very beneficial for raising awareness and for changing attitudes about HIV/AIDS. As well as creating improved understanding of the impacts of HIV/AIDS.

Indirect benefits of the capacity building process on HIV mainstreaming

Improved communication skills that can be useful in other contexts, such as discussing political and cultural problems (war, gender, ethnic)

Collaboration and networking

The most important output of the mainstreaming program has been the joint work among the Oxfam affiliates and the partner organizations which has improved networking & collaboration.

ANNEX 2: Presentation by Yvette Fleming, Project Officer SAN!



STOP AIDS NOW!

Partnership between 4 development organizations (donors) and an aids specific organization:
ICCO, Novib, Cordaid, HIVOS and the Aidsfund



Project Background

- “Access to Treatment” → development theme (September 2004)
- State of Affairs on HIV/AIDS Workplace Policies Background Paper (August 2004)
- Expert Meetings on “HIV/AIDS and the workplace”: (October and November 2004)
- Three day Workshop: “Managing HIV/AIDS in the workplace” (January/February 2005) → resulted in initiation of project

Managing HIV/AIDS in the Workplace Project Proposal

Rationale/History

- CDRA (Cordaid) Southern Africa Study (report 2004)
- Oxfam Study “Managing HIV/AIDS in the Workplace” (November 2004)

Outcome:

- Donor position?
- Silence

Managing HIV/AIDS in the Workplace Project Proposal

Project Initiation Document

- Good Donorship (Donor)
- Workplace Policies (South)
- Communication

(Link North-North, South-South and North-South)

Managing HIV/AIDS in the Workplace Project Proposal

Good Donorship Results

- Guidelines for program officers and partner organizations.

Guidelines how to support the development and implementation of a comprehensive HIV/AIDS Workplace Policy/Programmes with counterparts and for counterparts what to expect from the donor

Managing HIV/AIDS in the Workplace Project Proposal

Workplace Policies Results

Pilot countries chosen Uganda and India

Each participating counterpart develops and implements their **OWN** comprehensive workplace policies including a stigma reduction and access to treatment strategy

content to be defined in Uganda and India

Managing HIV/AIDS in the Workplace Project Proposal

Definition

HIV/AIDS Workplace Policy:
 Defines an organization's position and practices for preventing HIV transmission and for handling HIV infection among employees.

The policy provides **guidance to supervisors** who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy **informs employees** about their responsibilities, rights and expected behavior on the job.

Managing HIV/AIDS in the Workplace Project Proposal

Communication Results

Mutual understanding and shared ownership and responsibility towards supportive policies of donors described in the "Good Donorship Guidelines" and workplace policies of partner organisations

Managing HIV/AIDS in the Workplace Project Proposal

WHOM

Local Project Group Uganda (according to TOR)

Chair
 Local project co-ordinator
 Delegation of participating local counterparts with specialties on subjects such as:

- Lobby/Advocacy
- Support and Care
- Aids Service Organization
- PWHA organization/person to guarantee the GIPA principle

Tasks

- Designing and implementing sub-project Workplace Policies
- Reporting about sub-project Workplace Policies to the Project Coordination Group (Yvette Fleming Project Officer)

Managing HIV/AIDS in the Workplace Project Proposal

WHEN (activity plan)

Subproject B: Uganda

Design of project	June 2005 - August 2005
Establishment Local Project Group and recruitment of Local Project Coordinator	
Implementation pilot project	August 2005 onwards
Linking & Learning event	March 2006
Evaluation pilot project Uganda	January 2007- March 2007

Managing HIV/AIDS in the Workplace Project Proposal

ANNEX 3: List of participants

ORGANIZATION	NAME	POSITION
Concern World Wide Uganda	Mya Gordon	Program Development Officer
	William Luboobi	HIV/AIDS Advisor
Oxfam GB	Monica Asekenye	Project Officer – Partners
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