

HIV and AIDS Workplace Policy Development in Non-Governmental Organizations in South India

Applied Research Report

Report by
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STOP AIDS NOW!
is a partnership
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Contents

ABBREVIATIONS	5
EXECUTIVE SUMMARY	6
1 INTRODUCTION	8
1.1 STOP AIDS NOW! South India Project	8
1.2 Summary of Rapid Needs Assessment Baseline survey	8
1.3 Applied research component	9
1.4 Content of report	9
2 STUDY METHODOLOGY	11
2.1 Two levels of information	11
2.2 Tools	11
2.3 Sampling and sample size	11
2.4 Data collection team and data collection	12
2.5 Data processing, analysis and reporting	12
2.6 Study limitations	12
3 PROFILE OF ORGANIZATIONS AND STAFF RESPONDENTS	14
3.1 Organizations	14
3.1.1 Field of work	14
3.1.2 Staff strength and gender ratio	15
3.1.3 Donors/funding	15
3.1.4 Managers in IDI	16
3.1.5 Staff in FGD	16
3.2 Staff in survey	17
4 INITIATION OF HIV AND AIDS WPP	19
4.1 Status of WPP	19
4.2 Staff's awareness about the HIV and AIDS WPP	19
4.3 WPP initiation	22
4.4 Motivation to have a WPP	22
4.5 Motivation to start developing a WPP	24
5 PROCESS OF DEVELOPMENT OF AN HIV AND AIDS WPP	25
5.1 Drafting the WPP	25
5.2 Time needed for the draft	26
5.3 Staff's perception on development process and representation	27
5.4 Opinion on WPP by staff who were not aware of WPP or have no WPP	28
5.5 Documents used for development	29
5.6 Support by SAN!SIP, SSIPG, and other NGOs	30
5.7 General interest of staff in the development of the WPP	30
6 CONTENT OF HIV AND AIDS WPP	31
6.1 Main elements of the WPP	31
6.1.1 Awareness raising	31
6.1.2 Confidentiality, anti stigma and discrimination, and the right to work	32

6.1.3	Prevention, support and care	32
6.1.4	Treatment, counselling, and family benefits	32
6.1.5	Gender	32
6.1.6	VCT, staff benefits and other elements	32
6.2	Staff's awareness about contents of WPP	33
6.2.1	Awareness raising and anti stigma and discrimination	33
6.2.2	Treatment	33
6.2.3	Confidentiality	33
6.2.4	Benefits and reimbursements	34
6.2.5	Counselling and right to work	34
6.2.6	Other contents	34
6.3	Believed beneficiaries of WPP	34
6.4	Provision of condoms for staff	34
6.5	Perceptions of staff on WPP related issues	35
6.5.1	Stigma and discrimination	35
6.5.2	Opinions on condoms for staff	36
6.5.3	WPP's influence on confidentiality	37
6.5.4	Job opportunities and decision making opportunities	38
6.5.5	Sexual harassment	38
6.6	Activity plan	39
6.7	Status of budget	40
6.8	Staff's perception on special budget allocation for WPP	40
7	ACTIVITIES AND EFFECTS	41
7.1	Activities for staff related to HIV and AIDS	41
7.1.1	HIV and AIDS information to staff	41
7.1.2	Health insurance or medical scheme for staff	42
7.1.3	Condoms in the workplace	42
7.1.4	<i>Referral to ART information</i>	42
7.1.5	VCT information	42
7.1.6	Position of PLHIV improved – less stigma	43
7.1.7	More awareness about HIV	43
7.1.8	Openness, discussing HIV and AIDS in staff meetings or informally with staff	43
7.1.9	Other mentioned effects	43
7.1.10	Not mentioned effects	44
7.1.11	Expected WPP effects by organizations without a WPP	44
8	PERCEIVED CHALLENGES	45
8.1	Challenges perceived by organizations with a WPP	45
8.1.1	Lack of financial support	45
8.1.2	Stigma and discrimination / confidentiality	45
8.1.3	Lack of interest amongst staff / conflicting ideas	46
8.1.4	Changing the organization's identity	46
8.1.5	Time constraints	46
8.1.6	Misuse of the policy	46
8.1.7	Lack of knowledge on the process	47
8.1.8	Condom promotion	47
8.1.9	Involving family members	47
8.1.10	Other challenges	47
8.1.11	No challenges	47
8.2	Challenges of organizations without a WPP	47
8.2.1	Time constraints	47
8.2.2	Lack of knowledge on the process	48
8.2.3	Lack of financial support	48
8.2.4	HIV stigma / discrimination	48

8.2.5	Lack of interest amongst staff / conflicting ideas	48
8.2.6	Other challenges	48
9	PLANS AND NEEDS	49
9.1	Plans of organizations with a (draft) WPP	49
9.1.1	Plans to disseminate the policy to all staff	49
9.1.2	Spreading idea of WPP to grantees, partners and other stake holders	49
9.1.3	Other plans	49
9.2	Plans of organizations without a WPP	49
9.2.1	Plans to disseminate the policy to all staff	49
9.2.2	Spreading idea of WPP to grantees, partners and other stake holders	49
9.2.3	Other plans	50
9.2.4	Needed support by NGOs with a WPP	50
9.3	Needed support by NGOs without WPP	50
10	CONCLUSIONS AND RECOMMENDATIONS	52
10.1	Promising practices	52
10.2	Challenges	52
10.3	Recommendations	53
10.3.1	To NGOs	53
10.3.2	To SAN!SIP	53
10.3.3	To donors	53
11	Annex A: Field of work of the NGOs in Phase One of the Applied Research	54
12	Annex B: NGOs' characteristics	55
13	Annex C: Background characteristics of IDI respondents	56
14	ANNEX D: Data collection tools	57

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
CATER	Centre for Action of Training Education & Research
CHAI	Catholic Health Association of India
COVA	Confederation of Voluntary Association
HIV	Human Immunodeficiency Virus
FBO	Faith Based Organization
FGD	Focus Group Discussion
GMO	Grammiya Mahila Okkuta
IDI	In Depth Interview
ILO	International Labour Organization
MGRDSCT	Mahatma Gandhi Rural Development & Society Change Trust
MIS	Management Information System
MSM	Men Having Sex with Men
NGO	Non Governmental Organization
PC	Project Coordinator
PLHIV	People Living With HIV and AIDS
REDS	Rural Education for Development Society
SAN!	STOP AIDS NOW!
SAN!SIP	STOP AIDS NOW! South India Project
SEDS	Social Education and Development Society
SIAAP	South Indian AIDS Action Program
SSIPG	SAN! South India Project Group
UNAIDS	Joint United Nations programme on HIV AND AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization
WPP	HIV and AIDS Work Place Policy

EXECUTIVE SUMMARY

This report discusses the findings of the first applied research of the STOP AIDS NOW! South India Project (SAN!SIP). The objectives of the AR first phase are to: Document the process of WPP development and start of implementation in partner organizations and identify promising practices, facilitating factors and challenges. Data were collected from 14 Non-Governmental Organizations (NGOs) in Andhra Pradesh, Tamil Nadu and Karnataka, through in-depth interviews (IDIs) with managers, focus groups discussions (FGDs) with staff and a staff survey. Fifteen managers have been interviewed, 159 staff members participated in the FGDs and 138 respondents were included in the staff survey. The representation of top management and staff from middle and lower levels is fairly equal. In the FGD and the staff survey, there was a higher representation of women.

Main findings

A high majority of the staff expressed that there is equality in job- and decision making opportunities in their organization. Furthermore, sexual harassment is hardly mentioned as a problem in the organizations. This indicates there is a good organizational environment for having a WPP focusing on HIV and AIDS.

Most of the 14 NGOs are working in the field of HIV work, human rights, youth matters, women's issues and health. Eleven organizations have a draft WPP, one organization is in the process of development and in two organizations the process is not yet initiated. Most organizations, irrespective of their field of work, feel having a WPP on HIV and AIDS is important. Staff's awareness on the definition of the WPP and the organizational draft is high in the 11 organizations that have a draft WPP. This awareness is much lower in the organizations that did not develop a WPP yet. In all job categories, the majority of the respondents are familiar with the definition of a WPP.

In most organizations the WPP initiation started after attending SAN!SIP training. These training and workshops were also the most important motivation to have a WPP, followed by staff benefits. Basically, management staff initiated the WPP process within their organization.

In nine organizations, the WPP was drafted in a consultative participatory process. In one organization, respondents differed in their opinion on the drafting process and in one organization the draft was made by the top level management. A vast majority of the survey respondents indicated that all level staff participated in the process of drafting. Of the respondents who were not aware of a WPP, the majority argued that all staff should be involved.

Only two organizations reported to have an activity plan attached to the WPP document, in contrast to two organizations that have not one. Four organizations had a budget attached to the WPP. There was no information about the use of the STOP AIDS NOW! budgeting tool 'What's it likely to cost' document in developing the budget.

Awareness raising, sensitization and education on HIV and AIDS have been most mentioned by IDI respondents and staff in the survey as important elements of the WPP. The other most reported elements of the WPP were confidentiality and reduction of stigma and discrimination, prevention, support and care and the right to work for people living with HIV and AIDS (PLHIV).

As reported by survey respondents, stigma and discrimination within the organizations is low. A vast majority of the respondents would not mind working with HIV positive staff, they thought discrimination of HIV positive staff is unacceptable and thought PLHIV should be employed.

Within five organizations, condoms are provided for staff members. A majority of the survey respondents indicated that either they think their organization should provide condoms or they agree with their organization providing condoms. However, 32.6% were against the provision of condoms in their organization. In the FGDs it turned out that in some organizations staff have conflicting ideas about the provision of condoms for staff.

As reported in the IDIs, HIV and AIDS related information to staff takes place in most organizations. Furthermore, referral to ART information is an important activity in the organizations. The improvement of the position of HIV positive staff members, and a reduction of stigma, is reported by all organizations with a WPP as an effect of the WPP development process. In six organizations, it was reported that awareness on HIV and AIDS increased due to the WPP. Openness on and discussions about HIV and AIDS were reported by five organizations.

Main challenges identified by NGOs were: 1) Financial constraints; 2) Stigma and discrimination of fellow HIV positive staff; 3) Lack of interest among staff for WPP; 4) Changed identity – instead of working for community now caring for staff; talking about sexuality and HIV in FBO; 5) Misuse of the benefits by HIV positive staff; 6) Time constraints – for staff to be involved in WPP activities; 7) Family members to be covered by WPP; 9) Negative stand on condom promotion (especially in FBOs); 10) Lack of knowledge: on the process.

Promising practices identified include: 1) Already starting activities without donor funds having been received; 2) Creating awareness among staff; 3) Condom supply for staff; 4) Hanging posters on the wall to create awareness of HIV and WPP; 5) Continuing capacity building by SAN! and associates; 6) Gender sensitivity; 7) Planning for review of WPP.

Recommendations

To NGOs

- Take as a first step: internal awareness raising of staff on HIV and AIDS issues
- Develop the WPP in a participatory way with all staff
- Use the SAN! documents 'Good donorship in a time of AIDS' (Good donorship guidelines) and budgeting tool 'What's it likely to cost' for the development of a WPP and budget
- Disseminate WPP to all staff, translate if needed
- Provide information to staff on HIV and AIDS and WPP – for instance on a notice board
- Look at promising practices of peer NGOs and replicate if applicable, share experiences with peer NGOs
- Start (or continue) implementing activities that do not cost money
- Write proposals for funding to bodies other than SAN! donors
- Link with other stakeholders for services, including training, VCT, ART
- Open/continue dialogue with donors about managing HIV and AIDS in the workplace.

To SAN!SIP

- Assist organizations which are willing to develop WPP but do not have technical know-how
- Facilitate linking and learning – share promising practices between organizations
- Continue training for capacity building – train NGOs on SAN! tools (Good donorship guidelines, budgeting tool)
- Lobby SAN! donors for quick release of funds
- Link with other stakeholders for services, public and private – share network with participating NGOs.

To STOP AIDS NOW! donors

- Quick release of funds for WPP
- Consider extension of funding
- Open/continue dialogue with partner organizations about managing HIV and AIDS in the workplace.

1 INTRODUCTION

1.1 STOP AIDS NOW! South India Project

The STOP AIDS NOW! South India Project (SAN!-SIP) is part of the STOP AIDS NOW! (SAN!) project 'Managing HIV and AIDS in the workplace' which is intended to support SAN! partner organizations in the South to develop and implement policies on HIV and AIDS in their workplaces. This project was developed under the theme of "Access to Treatment". SAN! is an independent organization based in the Netherlands supported by the Dutch Ministry of External Affairs and Individual donors. SAN! partners are the Netherlands based Co-Financing Agencies viz., AIDS Fonds, Hivos, ICCO, Cordaid and Oxfam Novib with a key mission of "working together towards a world without AIDS". The project lays emphasis on urging donors to acknowledge the reality of possible increased expenses and decreased productivity of their partners in the South due to HIV and AIDS, and consider how they can continue to support their partners working in these conditions. These include 1) developing guidelines for good donor ship, and implementing them, 2) supporting partner organizations in three pilot countries, Uganda, Ethiopia and India, in development and implementation of HIV and AIDS workplace policies, and 3) providing linking and learning events between the sub-projects, different partners and different countries.

Prior to the commencement of the project in South India – in the states Karnataka, Tamil Nadu and Andhra Pradesh – SAN! conducted the first workshop in October 2006, involving its 45 different NGO counterparts who have been partners of the SAN! partners. Most Indian partner organizations agreed that NGO groups need to look at HIV and AIDS as a key workplace issue. This resulted in the innovative project SAN!SIP – with a vision to "Establish an enabling working environment that is responsive to the challenges of HIV and AIDS". The objectives for the 3 year (2007-2009) SAN!SIP project are to:

- Facilitate sensitization programs on internal mainstreaming programs for SAN! SIP Partners
- Facilitate internal mainstreaming programs with follow-up mentoring for key staff from SAN! SIP Partners to prepare their workplace policies working with collaboration of INP+ and SSIPG
- Facilitate the development and implementation of internal mainstreaming programs in SAN! SIP Partners
- Organize linking and learning programs.

The project management consist of a (full time) local Programme Coordinator (PC), an assistant Programme coordinator; a local Project Group SAN! South India Programme Group (SSIPG) – with representatives of 7 participating organizations and other stakeholders, and these are supported by a Dutch Project Coordinator. SSIPG is the deciding, facilitating and governing body. INSA is the host organization, situated in Bangalore, which has assigned four programme officers to devote 50% of their time to the SAN!SIP project. Three are assigned to one of the States each, while one is overseeing the management information system (MIS).

1.2 Summary of Rapid Needs Assessment Baseline survey

In the beginning of the first year of the project – from March to May 2006 a baseline needs assessment has been conducted among the 45 partner NGOs to identify levels of HIV awareness, measure services that are currently available (relating to HIV), perceptions about the work place policy and levels of willingness to design and implement a suitable policy in their work settings.

Thirty-five organizations participated in the survey and two types of survey tools were used with structured questions: 1) Manager's Questionnaire, and 2) Staffs Questionnaire. In total 438 staff members and 33 managerial staff participated in this assessment across the 5

organizations. In two organizations, managers could not participate due to time constraints and difficulty in committing time for the survey. Data analysis was done using Microsoft Access. Double entry of data by two independent teams ensured little or no errors. SPSS package was used to analyse the data and for report creation. The survey found that most of the NGOs do not have a WPP and hence initiating the process of WPP development is essential. Overall knowledge about HIV and AIDS among 438 Staff and 33 Managers surveyed was rather good, but attitudes towards persons with HIV and AIDS (PLHIV) were less favourable. When asked whether a HIV positive person were to be employed, only 36% of the staff surveyed felt that there will be no negative reaction to this decision among their colleagues. These findings highlight the fact that though overall awareness about HIV exists, the need to enhance acceptability of HIV thus reducing stigma is an urgent need. Regarding existing facilities about care and support for HIV in their organizations, 47% of staff felt that no facilities were available while over 10% said that they are not aware of any support from their organizations. On the contrary over 60% of managers surveyed confirmed the presence of such services – this shows communication gaps and may hinder staff discussing his or her HIV status or even seeking services or help from their organization fearing discrimination. Though many NGOs are working in HIV projects and have their own programs relating to HIV and AIDS, most staff are not very enthusiastic about implementing workplace policy. With only 20% encouraging Voluntary Testing, 23% encouraging Sexuality Education and condom promotion and only 23% felt that Right to work for people with HIV to be part of the HIV and AIDS workplace policy, implementing Workplace policy in these organizations will be a major challenge.

1.3 Applied research component

Part of the SAN!SIP project is an applied research (AR) component with the aim to provide information that can inform project management, NGO managers and beneficiaries in the SAN! partner organizations on how to direct or redirect activities for successful HIV and AIDS workplace policy (WPP) development and implementation. The research is also intended to identify and analyse promising and less favourable practices that can serve as input for SAN!SIP and similar projects.

Envisioned were three phases of AR – according to the phases of the SAN! project – mainly aimed at measuring the following:

1. Process of development of a WPP in organizations (March to December 2008),
2. Start of WPP implementation (January to June 2009);
3. Implementation and effects of a WPP on workers and organizations (July to December 2009).

Thus the objectives of the AR first phase are to: Document the process of WPP development and start of implementation in partner organizations and identify promising practices, facilitating factors and challenges.

1.4 Content of report

This report presents the findings of the first phase AR for which data collection took place between May and December 2008. In Chapter 2 the study methodology will be explained, followed by Chapter 3 with a profile of the organizations and the staff participants involved. Chapter 4 describes what initiated the process of starting a WPP in the organizations and Chapter 5 outlines the various ways organizations developed their WPP, including the use of support structures and resource documents. Chapter 6 presents the contents of the WPP and some of the contentious issues. Some of the organizations have started activities as outlined in their WPP, while others had already some HIV and AIDS related activities for staff. These and the effects of these activities will be reported in Chapter 7. Chapter 8 is an evaluation by organizations of challenges, and Chapter 9 of their plans and perceived needs. The last Chapter 10 concludes with lessons learnt in this phase, extracting the promising practices and

challenges related to WPP development and implementation and ends with recommendations to the different stakeholders of the project.

2 STUDY METHODOLOGY

2.1 Two levels of information

This study collected information for two levels: staff and NGO level respectively. Managers provided information for the organization level, while different staff – from grass root to officer level – provided the staff information.

Themes at NGO level included: status of the policy; key actors in the policy development; major components/elements of the policies; contentious issues; implementation activities; organization's services related to HIV and AIDS; noticed effects; perceived challenges and good practices; sustainability measures and plans; support received from SANISIP and suggestions to SANISIP and donors.

Themes at staff level included: awareness of organization's services related to HIV and AIDS; awareness about the WPP and involvement in the development, perceptions on HIV and AIDS related issues including gender, stigma and condoms.

2.2 Tools

Three tools – qualitative and quantitative – to collect information at staff and organization level were designed during a workshop with the research team from YRG Care (see section 2.4) and the study advisor from University of Amsterdam in March 2008. The tools include (see Annex D):

1. An in-depth interview (IDI) guide to interview managers for organization level information.
2. A Focus Group Discussion (FGD) guide, to have a session with staff about their views of the WPP process in their organization.
3. A structured questionnaire – with mainly closed questions – for a face-to-face interview with staff on their personal knowledge and perceptions.

2.3 Sampling and sample size

A multi-stage purposeful sampling procedure was used to first sample organizations (out of 45), and then managers (for the IDI), staff for FGDs and staff for the survey (questionnaire).

Organizations

During the workshop in March 2008, 15 NGOs were purposely selected to be included in the sample, 5 in each of the 3 Southern India States. The NGOs were a mix of organizations of which some had, knowingly to the Project coordinator, started the process of WPP development and had a draft or final policy, and some which had not started the process. Getting the sampled NGOs to participate in the AR proved difficult in some cases and the sample of organizations was adjusted various times. The study ended up with a sample of 14 organizations which provided information. One additional organization had been visited, but they proved not willing to cooperate with the AR team, nor were they interested to participate in the SANSIP project.

Managers for IDIs

The sampled NGOs were requested to appoint a respondent for the IDI, preferably using the following criteria: Decision maker, or head of the institution, or a nominated member of the management, or person who was fully or partially involved in the process of developing or implementing the WPP. In total 15 IDIs have been conducted in the 14 NGOs

Staff for FGD

The sampled organizations were asked to select staff for two FGDs with a group of 6-8 grass-root workers and junior/midlevel employees respectively. In total 27 FGDs have been conducted.

Staff for survey

NGOs were requested to appoint 10 of their staff for the face-to-face individual interviews, with a mix of grass-root workers, age groups and sex. A total of 138 staff participated in the survey.

2.4 Data collection team and data collection

Data were collected and processed by a team from YRG Care, Chennai and analysed and reported by researchers from YRG Care and University of Amsterdam.

YRG Care is a non-profit, non-governmental organization founded in 1993 by Dr. Suniti Solomon, whose team documented the first evidence of HIV in India. YRG Care's vision is that people with HIV and AIDS and their families live with dignity and that there are no new infections. YRGCARE strives to respond to the information and care needs of the community using a broad array of client friendly services. YRG Care is also a leading training and capacity building institution and is internationally recognized for its clinical and behavioral research. In 2007, YRGCARE and few other organizations bid for the contract to conduct the Applied Research (AR) on the SAN! SIP. After two rounds of evaluation by Dr. Winny Koster from University of Amsterdam (Primary consultant to implement Applied Research), YRG Care was awarded the contract.

YRG Care's ethnographers voice recorded all IDIs and FGDs to ensure optimal data recall and each session had an individual informed consent to explain the process and to offer opportunities for participants to ask questions or decline participation either at the beginning or during the interview.

2.5 Data processing, analysis and reporting

Data collected had unique identifiers and specially created storage folders ensured easy archiving and retrieval. A log book (electronic and manual) with all important information such as date, location, organization, interviewers' details, category of interviewee, number, demographic profile etc helped the research team monitor progress and to secure these records with need to know accessibility restrictions. All vernacular data tapes were transcribed in respective language and then back translated to English. All these digital records were stored in a computer to ensure easy access for coding, analysis and report writing- all necessary security processes were built in to avoid non-study staff accessing these important documents.

The transcribed qualitative data were organized by theme, categorised and entered in spreadsheets – after which manual analysis was done. Quantitative data was entered and analysed in SPSS. In further analysis a comparison is made between information from different tools and at different levels. In this report the findings are presented by theme and those of different tools and at different levels are presented and compared where applicable.

2.6 Study limitations

The following are limitations of this study that should be taken into consideration when reading the findings and conclusions:

- In most cases, the management chose the participants for the interviews and they were often not representative of all levels of staff.
- Non-availability of participants at the time of carrying out the AR process in organizations hampered the data collection process and quality.

- The participants were not always aware of the purpose of YRG Care's visit. In some instances, they were under the impression the AR team was going to provide training or inputs on further implementation.
- Participants were hesitant to give away information especially in situations where the organizations have not progressed very well and this also hampered the data collection
- Though not evident, hierarchy did play a role in the data collection process. During focus group discussions, which sometimes consisted of a mix of participants from all levels in the organizations, participants belonging to the lower staff levels often appeared inhibited to speak in the presence of their seniors. Fear that they may misrepresent the scenario further deterred them from contributing to the discussions.
- Women were hesitant to contribute in the initial stages of the interview but slowly started contributing as the interview gained momentum.
- Time allocation and current day responsibilities pressurised the employees from sparing time for the AR process.
- In organization, lack of quiet spaces to conduct the interviews deterred the quality of recording rendering it difficult to transcribe the interviews.
- Inadequate employee strength in a few organizations rendered it difficult to obtain a representative sample.

3 PROFILE OF ORGANIZATIONS AND STAFF RESPONDENTS

3.1 Organizations

In total, 45 organizations are part of the SAN! pilot project in India. Out of these, 15 organizations were approached for this applied research on the first phase of the project. As one organization was not interested, the sample exists of 14 NGOs. The sampled organizations are located in three states in southern India. Aashray, COVA, SEDS, CHAI and MV Foundation are located in Andhra Pradesh, Cater, Rucode, SIAAP and Arogya Agam in Tamil Nadu and REDS, MASS, Sangama, GMO and MGRDSCT are based in Karnataka. CHAI is the only faith based organization; the other organizations are secular.

3.1.1 Field of work

The organizations are of different types. Cater, Rucode, SIAAP and MGRDSCT are trust, Aashray, COVA, Arogya Agam and MASS are society. The type of the other organizations is unknown. The organizations have different fields of work. As can be seen in table 1, most organizations are working in the field of HIV and AIDS (9), human rights (9), youth matters (9), women's issues (9) and health (8). (See also Annex A)

Table 1: Organizations' field of work, by state (multiple responses)

Activities	Andhra Pradesh (N=5)	Tamil Nadu (N=4)	Karnataka (N=5)	All (N=14)
HIV work	3	2	4	9
Gender / Womens' issues	3	4	2	9
Human rights / Community empowerment	1	3	5	9
Youth matters	4	2	3	9
Health	5	3	0	8
Reproductive health	4	0	2	6
Environment	3	1	1	5
Rural development / Capacity building	2	2	0	4
Communal harmony / Peace	1	0	1	2

HIV Work

For SIAAP and Sangama, HIV and AIDS work is their core business. SIAAP, for instance, was founded with the goal to increase awareness in the region and to create and implement education and prevention programmes (website AIDSMap HIV worldwide 2002). The other seven organizations are involved in HIV and AIDS work, but this is not their main domain. REDS, for instance, is not directly involved but makes referrals to government health settings, organizations working for HIV and AIDS and positive networks. Other organizations have awareness raising and prevention activities and give care.

Human rights

Nine organizations have activities in the field of human rights / community empowerment. REDS's focus is to empower the Dalit – a group of former out-cast people and generally a community suffering from discrimination and prejudice. Cater and Arogya Agam also work with Dalits. The other organizations generally work for the rights of people in the villages or 'human rights'. It is striking that all organizations in Karnataka, and three out of four organizations in Tamil Nadu, are working in the field of human rights, whereas in Andhra Pradesh only one organization is.

Youth matters

Nine organizations have activities related to youth matters. For MV Foundation, youth matters are the core business. Activities in this field are mostly concerned with children's education, child rights and children's health.

Women's issues

Organizations' activities in the field of women's issues differ, from women empowerment, helping women to form self help groups (SHGs) to working with female sex workers. For GMO and MGRDSCT women's issues are most important; GMO is a rural women's organization, MGRDSCT has women empowerment as its core business.

Health sector

Eight organizations are working in the health sector. While some organizations work on health issues in general or for some specific communities, Rucode and Cater are focussing on disability and Arogya Agam initially worked on Leprosy and TB (and now on HIV as well). For CHAI, health is the core business. This membership organization has over 3200 health institutions as its members, including hospitals, health centres and diocesan social service societies (website CHAI 2009).

Other activities

Six organizations are concerned with reproductive health. Activities in this field mostly entail family planning and health for mothers and children. Five organizations have activities in the field of environment. SEDS, for instance, started to work in this field when it turned out that environmental problems had to be tackled first before they could work on community development (website SEDS 2009). This rural development is important for three other organizations. Finally, two organizations are concerned with communal harmony / peace.

3.1.2 Staff strength and gender ratio

The fourteen organizations range in staff strength between 10 and 120. Three organizations have less than 20 staffs, 6 organizations have between 20 and 50 staff members and 4 organizations have over 50 employees. No information is available on SEDS. The ratio of male to female staff is fairly equal. Some organizations, REDS for instance, have policies in which is stated that a certain percentage of the staff must be women. Arogya Agam is the only organization with a higher percentage of male staff members. GMO is an all women organization. No information is available about male/female ratio in MV Foundation. (See Annex B)

3.1.3 Donors/funding

All 14 NGOs receive funds from different donor organizations, of which at least one is a SANI donor. Aashray, COVA, CHAI, Cater and Rucode are funded by Cordaid. MV Foundation, SIAAP, Sangama and MGRDSCT by Hivos. ICCO supports SEDS. Arogya Agam, MASS and GMO are funded by Oxfam Novib. REDS is funded by both Cordaid and ICCO. Most organizations also receive funds from other international and national donors. (See Annex B)

3.1.4 Managers in IDI

Fifteen managers, 9 male and 6 female, have been interviewed, one in each organization and two in COVA (see annex 2, table 29 for background of IDI respondents). Their age ranges from 29 to 59. Seven managers are above 46 years of age, 3 are between 36 and 40 years of age, one is 29, one is 31 and one is 42 years of age. The age of two managers is unknown. Eleven managers are married; one of them is, as a Devadasi, married to the god Ellama. One manager is unmarried and of three managers the marital status is unknown.

The managers have different positions within their organizations. The IDI respondents of COVA, Cater, Rucode and GMO are director. Two respondents, of COVA and Aashray, are executive secretary. The respondents of CHAI and Sangama are project coordinator; those of SIAAP and MGRDSC are project director. Furthermore, there are one program support coordinator, one development executive, one finance officer and one CDC coordinator. Most managers are in their jobs for many years, the CA of SEDS being on the job for the longest time, with 28 years. The project coordinator of CHAI has been working for her organization for only one week at the time of the interview.

The managers' work backgrounds differ from each other. The director of GMO worked with different NGOs for 22 years, other managers worked in other sectors than the NGO sector. Four respondents worked in education, two as teacher, one as professor of economics and one as lecturer. Other respondents, for instance, worked in the computer business, in counselling, training and program management, in a hospital and as chief consultant.

3.1.5 Staff in FGD

In all organizations two FGDs have been held, except for SIAAP which had one FGD. There are no background data on the FGD participants in MASS (in Karnataka). Within the other thirteen organizations, 159 staff members participated in the FGDs, of which 58 were men and 86 were women. Of 15 participants their sex is unknown. Table 2 provides information about the FGD respondents by State, their sex and their age, while Table 3 presents the age of the FGD participants by sex.

Table 2: Sociodemographic background of the FGD respondents, by state

<i>Background variable</i>		<i>Andhra Pradesh</i>	<i>Tamil Nadu</i>	<i>Karnataka *</i>	<i>All</i>
<i>Sex</i>	Male	38 (55%)	15 (34.9%)	5 (10.6%)	58 (36.5%)
	Female	31 (45%)	28 (65.1%)	27 (57.4%)	86 (54.1%)
	Unknown			15 (31.9%)	15 (9.4%)
<i>Age group</i>	18-20	1 (1.5%)	2 (4.7%)	0	3 (1.9%)
	21-25	3 (4.3%)	1 (2.3%)	10 (21.3%)	14 (8.8%)
	26-30	16 (23.2%)	3 (7%)	17 (36.2%)	36 (22.6%)
	31-35	13 (18.8%)	9 (20.9%)	10 (21.3%)	32 (20.1%)
	36-40	18 (26.1%)	13 (30.2%)	7 (14.9%)	38 (23.9%)
	41-45	7 (10.1%)	8 (18.6%)	3 (6.4%)	18 (11.3%)
	46+	11(15.9%)	7 (16.3%)	0	18 (11.3%)
<i>All</i>		69 (100%)	43 (100%)	47 (100%)	159 (100%)

*Excluding MASS

Table 3: Age of FGD respondents by sex

Sex	18-20	21-25	26-30	31-35	36-40	41-45	46+	All
Men	0	3 (5.2%)	7 (12.1%)	12 (20.7%)	19 (32.8%)	8 (13.8%)	9 (15.5%)	58 (100%)
Women	3 (3.5%)	6 (7%)	22 (25.6%)	18 (20.9%)	18 (20.9%)	10 (11.6%)	9 (10.5%)	86 (100%)
Unknown	0	5 (33.3%)	7 (46.7%)	2 (13.3%)	1 (6.7%)	0	0	15 (100%)
All	3	14	36	32	38	18	18	159

3.2 Staff in survey

Within all fourteen organizations, interviews have been held amongst the staff. In total, 138 staff members are included in the survey, 8 staff members of MGRDSCCT and 10 of the other organizations. Fifty-four (39.1%) respondents are men and 84 (60.9%) are women. A reason for the higher percentage of female staff participating could be the fact that in most organizations more women than men are working. Moreover, GMO only has female staff. Most respondents in the survey, 67.4%, are between 26 and 40 years of age. The only two respondents who are 20 years old or younger are working for Cater.

Table 4: Sociodemographic background of the 138 survey respondents, by state

Background variable	Andhra Pradesh	Tamil Nadu	Karnataka	All	
Sex	Male	26 (52%)	16 (40%)	12 (25%)	54 (39.1%)
	Female	24 (48%)	24 (60%)	36 (75%)	84 (60.9%)
Age group	18-20	0	2 (5%)	0	2 (1.5%)
	21-25	4 (8%)	2 (5%)	8 (16.7%)	14 (10.2%)
	26-30	11 (22%)	8 (20%)	11 (22.9%)	30 (21.7%)
	31-35	11 (22%)	9 (22.5%)	11 (22.9%)	31 (22.5%)
	36-40	9 (18%)	11 (27.5%)	12 (25%)	32 (23.2%)
	41-45	7 (14%)	4 (10%)	6 (12.5%)	17 (12.3%)
	46+	8 (16%)	4 (10%)	0	12 (8.7%)
All	50 (100%)	40 (100%)	48 (100%)	138 (100%)	

The level of staff included in the survey is diverse, although most belong to the category of grass-root workers and officers, who together constitute 82.6% of the sample. The job category of officer is represented in all organizations. The representation of men and women in the different job categories is fairly equal, however, there are more female than male grass-root workers included in the survey (table not shown). The average of years on the job differs for each organization. SEDS has the longest working staff members, with an average of 17.7 years on their job. The respondents of this organization are also classified in the highest age categories. In Sangama, the average of years on the job is 1.7, the lowest figure of the 14 NGOs. Table 5 shows the job categories of the respondents and mean time on the job by state.

Table 5: Work related background of the 138 survey respondents, by state

<i>Background variable</i>	<i>Andhra Pradesh</i>	<i>Tamil Nadu</i>	<i>Karnataka</i>	<i>All</i>
<i>Job category</i>				
Support	6 (12%)	1 (2.5%)	2 (4.2%)	9 (6.5%)
Grass-root worker	13 (26%)	18 (45%)	23 (47.9%)	54 (39.1%)
Clerical	0	0	4 (8.3%)	4 (2.9%)
Officer	27 (54%)	15 (37.5%)	18 (37.5%)	60 (43.5%)
Manager	4 (8%)	4 (10%)	1 (2.1%)	9 (6.5%)
Others	0	2 (5%)	0	2 (1.4%)
<i>Years on the job</i>				
Mean	9	7.2	4.2	
All	50 (100%)	40 (100%)	48 (100%)	138 (100%)

4 INITIATION OF HIV AND AIDS WPP

4.1 Status of WPP

The 14 NGOs are in different stages of WPP development. Eleven organizations have developed an HIV and AIDS WPP, which is either in first draft or final draft form. All these drafted WPPs have been sent to SANISIP for review. None of the 11 organizations with a draft WPP already fully implemented the WPP. (See Table 6)

Three organizations, of which one is located in Tamil Nadu and two are located in Karnataka, do not have a WPP, but are willing to develop one or have just started the process. Time constraints in these organizations have been cited as the main reason for the delay. The WPP in SIAAP is not yet developed, but according to the IDI respondent it is part of the organization's philosophy. Within REDS, the discussions on WPP are still going on. The organization is in the process of the development of the WPP. Within MASS, the development process has not yet started. In the IDI, it was argued that this is the result of the high amount of other work and the lack of efforts of the management team to develop the policy. Out of the three organizations that not yet developed a WPP, two are not directly involved in HIV work, but make, for instance, referrals to government health settings, organizations working for HIV AND AIDS and positive networks. A participant from one of these three organizations admitted, "Since we do not work in the field of HIV and AIDS, less priority was given to the WPP".

Table 6: Status of WPP, by organization and state

State	Organization name	Status of WPP
Andhra Pradesh	Aashray	Draft
	COVA	Draft
	SEDS	Draft
	CHAI	Draft
	MV Foundation	Draft
Tamil Nadu	Cater	Draft
	Rucode	Draft
	SIAAP	Process not initiated
	Arogya Agam	Draft
Karnataka	REDS	In the process of development
	MASS	Process not initiated
	Sangama	Draft
	GMO	Draft
	MGRDSCT	Draft

In the following sections, SIAAP, REDS and MASS are analysed separately from the other organizations, as it could be expected that respondents of these three organizations are less familiar with the WPP, its development process and its content.

4.2 Staff's awareness about the HIV and AIDS WPP

Organizations with a draft WPP

Within the surveys, questions have been asked about staff's knowledge of the definition of a WPP, about the existence of a (draft) WPP within the respondent's organization and about the awareness of staff that discussions regarding the development of a WPP are going on within the organization.

Table 7: Staff's awareness of WPP, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
<i>Knowledge of definition WPP</i>	Yes	46 (92%)	27 (90%)	27 (96.4%)	100 (92.6%)
	No	4 (8%)	3 (10%)	1 (3.6%)	8 (7.4%)
	Yes	46 (92%)	29 (96.7%)	18 (64.3%)	93 (86.1%)
	No	2 (4%)	0	5 (17.9%)	7 (6.5%)
<i>Organizational (draft) WPP</i>	Don't know	2 (4%)	1 (3.3%)	5 (17.9%)	8 (7.4%)
All		50 (100%)	30 (100%)	28 (100%)	108 (100%)
	Yes	3 (75%)	0	7 (70%)	10 (66.7%)
	No	0	0	3 (30%)	3 (20%)
<i>Discussions developing WPP</i>	Don't know	1 (25%)	1 (100%)	0	2 (13.3%)
All		4 (100%)	1 (100%)	10 (100%)	15 (100%)

The majority of the respondents, 100 out of 108 (92.6%), know the definition of a WPP (see Table 7). Although there is not much difference between the three states, the percentage is the highest in Karnataka.

In total, 93 respondents (86.1%) said their organization has a WPP, 7 respondents (6.5%) said their organization does not have one and 8 respondents (7.4%) did not know. The percentage of respondents saying that their organization has a WPP is relatively lowest in Karnataka. However, this is mostly the result of the majority of Sangama respondents who were not aware of a WPP. It is striking that only one out of ten Sangama respondents (10%) is aware of the existence of an organizational (draft) WPP, as it was reported in the IDI that Sangama has a final draft WPP which has been sent to SAN!SIP for review. The only respondent in this organization who is aware is a female clerical staff member who is working in the organization for one and a half year. Four respondents, a grass-root worker, a clerical, an officer and a manager, with a work-duration in the office ranging between one month and five years, said there is no WPP. Five respondents did not know.

Within Aashray, SEDS, CHAI, Rucode, GMO and MGRDSCT, all survey staff indicated to know what a WPP is. This corresponds to what was reported in the FGDs. FGD respondents of Aashray learned about the WPP from the director and SAN! trainings. Within SEDS, both management and grass-root level staff are aware of the WPP. In the FGD with grass-root staff, it was argued that the HIV and AIDS WPP is developed as part of the overall WPP, and that, through spreading awareness about HIV and AIDS they have prevented a sizeable number of infections. Also in CHAI, Rucode, GMO and MGRDSCT in both FGDs it turned out that staff are aware of the WPP. Furthermore, in other organizations also staff were aware of the definition of a WPP, and this did not differ between management and grass-root level staff. Only in COVA, staff in the management and grass-root level FGD differed in their knowledge. Although in the latter, everybody claimed to be aware of the WPP, in answer to direct questions some respondents admitted that they did not have an idea what a WPP is about.

It is striking that five out of the eight respondents who did not know what a WPP is, said their organizations has a WPP. Three of these respondents are working in Andhra Pradesh, two in Tamil Nadu. They are all either support or grass-root worker; it could be that they were not included in discussions concerning the WPP in their organization.

The 15 respondents (13.9%) who thought there is no organizational WPP or who did not know, were asked about their awareness about discussions going on regarding developing a WPP in their organization. Ten respondents (66.7%) answered there are discussions, three respondents (20%) said there are no discussions and two respondents (13.3%) did not know.

Organizations without draft WPP

Amongst the respondents of SIAAP, REDS and MASS, the knowledge of the definition of a WPP is much lower than amongst the other respondents, which is understandable because these organizations do not have a WPP. In total, half of the 30 respondents of these three organizations do not know what a WPP is. The number of unawareness is highest in MASS, where 70% of the respondents are not aware of the definition of a WPP. In SIAAP, only 20% of the respondents did not know the definition of a WPP. In REDS, 60% of the survey respondents did not know what a WPP is. In this same organization, it turned out that both in the management and grass-root level FGDs some staff members were not familiar with the definition of a WPP. Although the REDS IDI respondent argued that the organization is in the process of developing a WPP, only 40% of the survey respondents acknowledged discussions concerning the development of a WPP are taking place. (See Table 8)

Table 8: Staff's awareness of WPP in organizations without a WPP

		SIAAP	REDS	MASS	All
Knowledge of definition WPP	Yes	8 (80%)	4 (40%)	3 (30%)	15 (50%)
	No	2 (20%)	6 (60%)	7 (70%)	15 (50%)
Organizational (draft) WPP	Yes	0	0	0	0
	No	9 (90%)	10 (100%)	6 (60%)	25 (83.3%)
	Don't know	1 (10%)	0	4 (40%)	5 (16.7%)
Discussions developing WPP	Yes	7 (70%)	4 (40%)	0	11 (36.7%)
	No	2 (20%)	6 (60%)	5 (50%)	13 (43.3%)
	Don't know	1 (10%)	0	5 (50%)	6 (20%)
All		10 (100%)	10 (100%)	10 (100%)	30 (100%)

While in REDS all survey respondents were of the opinion that the organization does not have a WPP, respondents in SIAAP and MASS were more divided. In the former NGO, nine respondents argued that there is no draft WPP. In the FGDs and the IDI with SIAAP staff, it was argued that this organization does not have a written policy but they are following a WPP in practice. In MASS, 60% of the survey staff argued there is no WPP in place, against 40% who did not know.

Half of the respondents in MASS said there are no discussions going on, the other half did not know about it. Indeed, in the IDI it has been said the development process of the WPP in MASS has not started yet. The majority of the respondents of SIAAP, 70%, argued there are discussions taking place considering the development of the WPP. According to 20% of the respondents, this is not the case, and one respondent (10%) did not know.

Staff's awareness by job category

Staff of all different levels have participated in the surveys. In all job categories the majority of the respondents does know what a WPP is. With 33.3% not knowing what it is, the group of support staff is the most unfamiliar with the meaning of a WPP. Out of nine managers, one did not know the meaning of a WPP. (see Table 9) This manager is working for MASS, the organization that does not have a WPP and did not start the development process.

Table 9: Knowledge of definition WPP, by job category

		Support	Grass-root worker	Clerical	Officer	Manager	Others
Knowledge of definition WPP	Yes	6 (66,7%)	45 (83,3 %)	3 (75%)	51 (85%)	8 (88,9%)	2 (100%)
	No	3 (33,3%)	9 (16,7%)	1 (25%)	9 (15%)	1 (11,1%)	0
All		9 (100%)	54 (100%)	4 (100%)	60 (100%)	9 (100%)	2 (100%)

4.3 WPP initiation

Within most organizations, the WPP was initiated after some staff members attended the SAN!SIP trainings in Chennai (14-15 November, 2007), Bangalore (16 February 2007) or Belgaum (8-10 August 2007). CHAI already had an HIV and AIDS WPP, but started to make it a more focused policy since the SAN!SIP project. Arogya Agam decided to prepare a WPP for the organization in 2006.

Different persons have been said to have initiated the WPP process within the organizations. In general, these initiators are management staff (directors, coordinators) who were trained and in most cases made organizations aware of WPPs and motivated them. In Sangama, a board member was one of the initiators.

In SIAAP, the IDI respondent explained that discussions concerning a WPP have been going on for many years already, but have not been taken forwards. In MASS, the initiation was made by the donor, but not taken forward. Although not clarified, this probably has been Oxfam Novib.

4.4 Motivation to have a WPP

In the IDIs and FGDs, respondents were asked about their motivations to have a WPP in their organization. The answers can be grouped into six categories, as can be seen in Table 10. Information about Sangama was absent in the IDIs. REDS, SIAAP and MASS are not included.

Table 10: Motivation to have a WPP according to IDI and FGD respondents, by state (multiple responses)

		<i>SAN!SIP workshop</i>	<i>Benefits</i>	<i>Risk of HIV infection</i>	<i>Work activities</i>	<i>PLHA in organization</i>	<i>Other</i>
Andhra Pradesh	IDI	3	0	0	0	3	3
	FGD	4	2	1	2	2	3
Tamil Nadu	IDI	3	2	1	1	0	0
	FGD	3	3	3	1	0	1
Karnataka	IDI	1	0	0	0	0	1
	FGD	3	1	0	1	0	1
All	IDI	7	2	1	1	3	4
	FGD	10	6	4	4	2	5

SAN!SIP workshops

In all 10 organizations, in either the IDI or the FGD (or both), the SAN!SIP workshop or training has been a motive to develop a WPP. In the COVA FGD with management staff, for instance, it was argued that staff only felt motivated to work for the WPP after attending various workshops – amongst others of SAN!SIP – and meetings with people who work in the field of HIV and AIDS. Arogya Agam was already planning to have some policy for HIV, and SAN!SIP came “as a catalyst and triggered the initiation”.

Benefits

Different kinds of benefits have been a motive for organizations to develop a WPP. Most mentioned benefits were for HIV-positive staff. According to a management level respondent of CHAI, the organization wants to provide more opportunities to people living with HIV and AIDS (PLHA). Respondents of Rucode and Cater mentioned medical treatment for HIV-

positive staff as a motive to have a WPP. Anti stigma and discrimination was also stressed by respondents of three organizations, of GMO, CHAI and Arogya Agam. Job security was mentioned twice as a motive for having a WPP by respondents of Rucode and Arogya Agam. Reducing staff affection, confidentiality and insurance benefits were all mentioned once. Two motives for having a WPP were based on benefits for all staff members. CHAI, Rucode and Arogya Agam stressed the importance of raising awareness. Within the FGD with respondents of Aashray, it was argued that the WPP will help staffs to the maximum extent.

HIV-positive staff

For three organizations, all situated in Andhra Pradesh, PLHA within their organization have been a reason to develop a WPP. Two of these organizations, Aashray and SEDS, presently have an HIV positive staff member. The mentor institution which is associated with CHAI has one staff member who is HIV positive. Furthermore, one of the FGD management level respondents of CHAI stressed the organization's intention to integrate PLHA within the organization and giving them a warm welcome.

There is not much information available about whether there is or was HIV positive staff in the other NGOs. Cater said not to have any HIV positive staff. MV Foundation had one staff member who was HIV positive and who reportedly well treated by the organization and the staff. MASS had a staff member who died of AIDS.

Risk of HIV infection

According to IDI and FGD staff members of MV Foundation, Cater, Aashray, Rucode and Arogya Agam, risk of HIV infection has been a reason for the development of a WPP. The IDI respondent of MV Foundation reasoned that the high amount of staff members increases the probability of having staff members who are HIV positive. In Cater, it was argued that the staff members working with vulnerable people make the staff more susceptible themselves. Management staff linked staff's risk to the high prevalence in Tamil Nadu. In Arogya Agam, this susceptibility of staff working in the field also was mentioned. In Aashray and Rucode generally the possibility of staff to get infected, as it being the same for all people and for other chronic disease as well, was a reason for the development of a WPP.

Work activities

For Arogya Agam, Aashray and CHAI, the organization's focus and work activities have been a reason for developing the WPP. The IDI respondent of Arogya Agam argued that, '*As the organization is doing mainstreaming HIV and AIDS, we feel that not only external, but also internal, mainstreaming is necessary.*' A similar argument was made in one of the FGDs in Aashray. A respondent explained the need by stating "*If we didn't have provision for HIV AND AIDS in our work place policy, how will our workers feel comfortable to create awareness about HIV?*". In CHAI, FGD respondents generally referred more to the organization's main focus on health, which was the basis for developing a WPP.

Other motivations

In the category 'other', multiple reasons for having a WPP are incorporated. CHAI, GMO, Aashray and Arogya Agam had more or less the same arguments, that integrating HIV related services would be good for the organization. The IDI respondent of GMO, for instance, argued that the organization is very much concerned about the staff's health, and as they did not have a policy on HIV and AIDS yet, they thought this to be a good extension to the health policy. Within COVA, several motives were given to develop a WPP. For staff in general, it should be good to deal with the situation and to know how to treat a person with HIV. Furthermore, the organization's gender mainstreaming program was mentioned, although it was not explained how this was a reason for development. In Aashray, staff meetings have been a reason for the development of the WPP, as well as the prevention of Tuberculosis, which is closely linked to HIV. In SEDS, the hurdles new employees would face when there would not be a WPP was said to be a reason for the development of it.

4.5 Motivation to start developing a WPP

As SIAAP, REDS and MASS do not have a WPP, these organizations are analyzed separately. About MASS, there is no information available. Information about SIAAP was absent in the IDIs. In FGDs of SIAAP and REDS, respondents stressed the SAN!SIP workshops as a motivation to raise questions and start to think about the WPP. Also in both organizations certain benefits were mentioned. Within SIAAP, these benefits were not specified. In the FGDs within REDS, it was argued that HIV positive staff would benefit, as they will get monthly medicines, ART and counselling. According to the IDI respondent, the WPP would be useful to all staff members. Furthermore, in REDS the risk of getting HIV was mentioned as a motivation, as the IDI respondent realized that they might have HIV positive staff members in the future. Finally, it was argued that integrating HIV would be good for the organization.

As mentioned in the methodology, one NGO had been approached which said to be not interested participating in the SAN!SIP project and developing a WPP.

5 PROCESS OF DEVELOPMENT OF AN HIV AND AIDS WPP

This section elaborates on the processes of WPP development in the different organizations. In this and the following chapters of the report, SIAAP, REDS and MASS, the organizations that do not have a WPP, are discussed separately, unless argued differently.

5.1 Drafting the WPP

Within the IDIs and FGDs, respondents were asked about the drafting process of the WPP. As shown in Table 11, in 9 out of 11 organizations with a WPP, the WPP was drafted in a consultative participatory process. The amount in which staff could participate, varied amongst these organizations.

Consultative participatory process

IDI and FGD participants in Aashray agreed that all staff members had participated in the drafting process. Only in Aashray it was explicitly mentioned that PLWHA were included as well. The IDI respondent of COVA also stressed the participation of all staff. While in both the IDI as the FGDs in SEDS, it was argued that all staff participated, one grass-root level respondent argued that the project level employees and 'the boss' were the ones who discussed and arrived at a tentative WPP. Within CHAI, there were two main people in the development committee. However, FGD respondents argued that all staffs also participated in the development process. According to respondents of the management level FGD, all staffs and department heads were given the freedom to give suggestions and participate in the WPP.

"We developed it [WPP] collectively on participatory process. We had various sessions on WPP formulation and all the staff from our organization has attended the formulation of the process of WPP, except for those who were absent on that day. The concept note which was prepared was distributed to all the staff and they were divided into four groups, and then studied it thoroughly, they came out with suggestions which were incorporated in the later stages and we had taken the external help from CARITAS INDIA. [...] They studied it and then sent their suggestions and then that was incorporated and our authorities were informed after the modification. So it was worked out in different stages and in different levels. It was worked out with the cooperation of all the staff, outside agencies and with our administrators. So it's a collective effort." (FGD, CHAI)

In Cater, staffs could also give their opinion. However, the draft was done by a committee and discussed with the staff. According to a grass-root level FGD respondent, staffs participation and contribution was restricted to general meetings. A respondent of the senior level FGD, said *"we trust the managerial level staff because they will do good for us"*. In Arogya Agam, the draft also was done by a committee. According to management level respondents, *"the WPP was open to opinions from all the staffs and there was a mechanism to receive opinions from the staffs"*. Also all respondents from the grass-root level FGD were part of the drafting and preparation of the WPP. One of these respondents stated that the WPP was first discussed with the senior administrative staff, then with the middle level managerial staff and then with support staff.

In Sangama, the drafting process of the WPP was said to be a "collective effort". Different meetings were held in which staffs from all levels could give their opinions. However, there were different levels in discussion. According to an FGD respondent, the first level discussion took place among the senior staff, higher officials, positive employees and community workers. Other staff members were included after that. Within GMO, also different meetings have been

held with different staffs. According to the IDI respondent, it is usually the senior staff who are first involved and then the other staffs. However, she added that “*it is not a matter of exclusion or inclusion of staff, rather it is what has to be done which is important.*” Within the FGDs, respondents felt included in the drafting process. According to respondents, there has been an open discussion. One respondent said that “*we take unanimous decisions and it is never a one man show.*” In MGRDSCT, finally, no separate committee was formed for the drafting of the WPP. According to the respondents in the IDI and both FGDs, all staff were actively involved in the WPP draft process.

Draft made by top level management

Within MV Foundation, the draft was primarily made by the top level management. A committee was formed and discussions were held at management level. Within the IDI, it was argued that the policy is not discussed with staffs. In the FGDs, one respondent was part of the committee that is involved in the development of the WPP, other respondents were not involved. However, it was also argued that at a later stage all staff members were involved in the discussion when the draft was explained. According to two FGD respondents, staff’s opinions were collected during this discussion and included in the draft.

Table 11: Process of development and representation of staff in organizations, by state

		Andhra Pradesh	Tamil Nadu	Karnataka
<i>Who drafted</i>	Management / senior staff	1	1	0
	Consultative participatory process	4	3	3
<i>How long it took</i>	Time	2-5 months	1 week – 1 year	1 month – 1 year

Committee

Four organizations, CHAI, MV Foundation, Cater and Arogya Agam, formed a committee for the development of the WPP. In these organizations all staff members were involved, either in the whole process, later stages or only through staff meetings. Within eight organizations, it has been said that all staff members were involved in the development process of the WPP.

Different opinions about drafting process

In Rucode, respondents differed in their opinion about the drafting process. The drafting was said to be mainly done by the senior staff. As several respondents of the FGDs did not know how the WPP was developed and did not know the contents of the policy, it seemed that the process was not entirely participative. However, it was also argued that the WPP was discussed extensively with the staff. According to the IDI respondent, the non permanent staff were just informed about the WPP and not involved in the development of it. Within the FGDs, it was argued that each and every staff opinion was collected while drafting the policy, and that there was equal representation.

5.2 Time needed for the draft

For only 7 organizations information is available about the duration of the draft process of the WPP. The exact duration of the process in Aashray is not clear, as it only provides information about the meeting in which the draft was discussed and which took two days. In Rucode, it took one week to create a draft WPP. In GMO and Arogya Agam it took one month, although, according to an FGD respondent of Arogya Agam, it had taken one year. In COVA, MV Foundation and MGRDSCT it took up to six months to develop the draft WPP.

5.3 Staff's perception on development process and representation

In the staff survey questions have been asked about the participatory process of the development of the WPP and whether there was equal representation by gender and staff level. In total, of 103 respondents the answers are known. A vast majority (83.5%) think the development of the WPP happened in a participatory way (see Table 12). MV Foundation is the only organization in which the majority of the respondents are of the opinion there was no participatory development. This corresponds with the information from the IDI and FGDs in this organization. In total, eight respondents (7.8%) thought there was no participatory development, seven within MV Foundation and one in Cater, where, according to the IDI and FGDs, the draft was done by a committee and staffs participation was primarily through discussions in general meetings. These respondents are of different staff categories, the Cater respondent being officer and the other seven respondents being support staff (1), grass-root worker (3), officer (1) and manager (2).

Furthermore, 9 respondents answered they did not know whether there was participation or not. Three of them are respondents of COVA, where it was said by the IDI respondent that all staff participated. Another three respondents who did not know are from Sangama, where the drafting of the WPP was said to be a collective effort, but where different meetings with different level staff took place and where certain staff were involved after the first meetings. A similar situation was in Arogya Agam, where the WPP was first discussed with senior staff, then with the middle management and then with support staff. Two respondents of this organization answered they did not know about the participatory development. The last respondent who answered the same is from SEDS, where it was argued in the IDI and FGDs that all staff participated. This last respondent, as well as one of the respondents of Sangama who answered 'don't know', are officers. The other 7 respondents are support staff (3) and grass-root workers (4).

Table 12: Participation of staff in WPP development reported in survey, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
<i>Participatory development</i>	Yes	38 (77.5%)	26 (89.7%)	22 (88%)	86 (83.5%)
	No	7 (14.3%)	1 (3.4%)	0	8 (7.8%)
	Don't know	4 (8.2%)	2 (6.9%)	3 (12%)	9 (8.7%)
	All	49 (100%)	29 (100%)	25 (100%)	103 (100%)

Of the 86 survey respondents who had answered that the WPP was developed in a participatory way, the vast majority of 83 respondents (96.5%) thought all level staff were included in the development process (Table 13). As seen in section 5.1, a similar picture emerged from the IDIs and the FGDs. Two respondents thought the WPP was not developed in a participatory way and one respondent did not know. The two respondents who answered 'no' to the question whether all level staff participated in decisions were both staff of COVA, one working at grass-root level and one being an officer. The respondent who did not know is from Cater.

Table 13: Staff participation in WPP development by gender and level reported in survey, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
<i>Participation of all level staff</i>	Yes	36 (94.7%)	25 (96.2%)	22 (100%)	83 (96.5%)
	No	2 (5.3%)	0	0	2 (2.3%)
	Don't know	0	1 (3.8%)	0	1 (1.2%)
	All	38 (100%)	26 (100%)	22 (100%)	86 (100%)
<i>Participation by all gender</i>	Yes	37 (75.5%)	26 (89.7%)	25 (100%)	88 (90.6%)
	No	6 (12.2%)	1 (3.4%)	0	7 (7.2%)
	Don't know	6 (12.2%)	2 (6.9%)	0	8 (8.2%)
	All	49 (100%)	29 (100%)	25 (100%)	103 (100%)

Of the 103 respondents who answered the question concerning participation of men, women and sexuality minorities, a majority of 88 respondents (90.6%) think their participation is equal, in contrast to seven respondents (7.2%) who do not think so. Eight respondents (8.2%) did not know. In MV Foundation four respondents answered that there is no equal participation and four did not know. Five respondents of Sangama did not answer the question.

5.4 Opinion on WPP by staff who were not aware of WPP or have no WPP

Forty-five survey respondents – all respondents of SIAAP, REDS and MASS, most respondents of Sangama and some respondents of Cova, GMO and Cater – answered that their organization does not have a WPP or that they did not know about it. About half of them, 24 respondents (53.3%), answered the question who they think should participate in decisions about the content of a WPP. The majority of these respondents, 66.7%, are of the opinion that all staff should participate in the development of the WPP. Amongst them, there were all respondents of COVA, Cater, SIAAP and Sangama. Within the FGDs in these organizations the topic was not discussed.

Five respondents (20.8%), from COVA, REDS and MASS, thought a committee representing all levels of staff should be responsible. One respondent, of REDS, thought only the top management, one of MASS thought a committee representing different departments and one respondent did not know. Seventy percent of the MASS respondents in the survey indicated that all staff should participate in the development of the WPP. However, in the FGD there was quite a consensus about having a committee to develop the WPP. It was argued that as the committee is involved in administration and policy making decision, they should decide on the WPP. One respondent thought the director would have the final decision. Some staffs, however, also found it important to have some involvement in the process, by having the opportunity to make suggestions. While in the survey half of the REDS respondents thought all staff should participate, in the FGD everyone agreed on the importance of involving everybody. According to one respondent: “*Any decision in the organization is not taken single handed*”. Another respondent thought that “*everyone should come forward and hold regular meetings and talk about this and prepare the policy*”.

Looking at work related background, staff category does not seem to be of influence on staff's perceptions of who should develop a WPP. All clerical staff thought everyone in the organization should participate. From the other staff categories, half or more of the respondents thought so. The respondent who argued that top management only should be responsible is an officer. However, 88.8% of the officers thought either all staff or a committee representing all staff should develop a WPP. Respondents that have worked for a long period

in the organization are more likely to feel that all staff should participate in decision making. Looking at gender, 83.3% of the female respondents were in favour of participation of all staff, against 50% of the male respondents. However, the respondents who argued that top management only or a committee representing departments should decide were also women.

Table 14: Opinions on who should develop a WPP, reported in survey by staff category, sex and years on the job

	<i>Top management only</i>	<i>Committee representing departments</i>	<i>A committee representing all levels of staff</i>	<i>All staff</i>	<i>Don't know</i>	<i>All</i>
<i>Staff category</i>						
Support	0	0	1 (33.3%)	2 (66.7%)	0	3 (100%)
Grass-root	0	1 (14.3%)	0	5 (71.4%)	1 (14.3%)	7 (100%)
Clerical	0	0	0	3 (100%)	0	3 (100%)
Officer	1 (11.1%)	0	3 (33.3%)	5 (55.5%)	0	9 (100%)
Manager	0	0	1 (50%)	1 (50%)	0	2 (100%)
<i>Sex</i>						
Male	0	0	5 (41.7%)	6 (50%)	1 (8.3%)	12 (100%)
Female	1 (8.3%)	1 (8.3%)	0	10 (83.3%)	0	12 (100%)
<i>Years on the job</i>						
0-1 year	1 (16.7%)	0	2 (33.3%)	3 (50%)	0	6 (100%)
2-5 years	0	1 (11.1%)	2 (22.2%)	5 (55.6%)	1 (11.1%)	9 (100%)
6-10 years	0	0	0	6 (100%)	0	6 (100%)
11-20 years	0	0	1 (33.3%)	2 (66.7%)	0	3 (100%)
All	1 (4.2%)	1 (4.2%)	5 (20.8%)	16 (66.7%)	1 (4.2%)	24 (100%)

5.5 Documents used for development

Little information is available about the use of documents by organizations in the WPP development process. ILO documents are used by three organizations, COVA, SEDS and Arogya Agam. The latter organization also made use of SAN!SIP documents. Aashray also used SAN!SIP documents, as well as internet sources. MGRDSCT is the only organization that reported to have used the SAN! document Good Donorship in a Time of AIDS (Good Donorship Guidelines), although this was only for references. COVA and Cater reported to have used other documents. COVA received '10 points of developing a WPP' from SAN!, Cater used CDs given by SAN!, with information regarding HIV positive people and WPPs.

SIAAP and REDS, both not having a WPP, have the intention to make use of ILO documents. REDS is also planning to use the Good Donorship Guidelines.

5.6 Support by SAN!SIP, SSIPG, and other NGOs

In almost all organizations the first contact with the WPP was through SAN!SIP, mostly because of workshops they were invited for. As seen in section 4.4, for 7 organizations the motivation to develop a WPP was also through these SAN!SIP workshops.

Within two NGOs, Aashray and Arogya Agam, it was explicitly stated that support was received by SAN!SIP, in terms of advice, inputs on and ideas for the WPP. COVA, CHAI, Rucode and Arogya Agam had support from other NGOs. COVA met with CHAI and other organizations, which motivated the executive secretary to adopt a WPP. CHAI received input from Cordaid and CDCMA. Rucode had discussions with other NGOs that already adopted a WPP. Arogya Agam, finally, received input from INSA India and had their WPP being reviewed by the same NGO and YRG Care.

5.7 General interest of staff in the development of the WPP

Within the IDIs, the general interest of 11 NGOs with a WPP has been discussed. In all NGOs, it was indicated that staff members seem to be interested in and positive about the WPP, as was the case within the FGDs. Basically, arguments for the need to have a WPP were the benefits to staff and family, the encouragement to disclose, more awareness and the reduction of stigma and discrimination. One FGD respondent of Aashray argued that he would have worries about his family, if he would pass away because of AIDS. Now, because of the WPP, he feels confident about it. In a FGD with COVA staff, it was argued that this WPP should not only focus on HIV and AIDS, but also extend to other diseases, for instance cancer, diabetics and other chronic illnesses. This was also mentioned by FGD respondents of CHAI, Rucode and Arogya Agam. In the latter organization, a FGD respondent even argued that “a WPP exclusively for HIV and AIDS may appear to be discriminating”.

Within two organizations, SEDS and Sangama, the IDI respondents reported to have had or expect some difficulties promoting the WPP. In SEDS it was indicated that the level of tolerance is a challenge, however, this was not further explained. In the FGD in SEDS a participant explained that initially staff members did not feel the need to have a WPP, as there are no HIV positive staffs within the organization. However, finally they were convinced about the necessity of having a WPP. This was similar in Sangama, where the IDI respondent argued that after a first period where not all staff were very enthusiastic presently a consensus was reached. However, an FGD respondent of Sangama argued that having a WPP is not necessary for the organization, as they had already been treating infected persons with dignity. In contrast, another respondent argued that as Sangama has an ideology of non-discrimination which is verbal, having a written policy is necessary. Within MV Foundation the WPP has not been discussed with the staffs. In GMO, FGD respondents argued that the concept of a WPP is very good, as “staff are working for the community but for the staff there is no one to help them out”.

Interest in organizations without WPP

Within the IDIs in SIAAP and MASS, the general interest has not been discussed. The IDI respondent of REDS argued that staff feel that it is time to have a WPP and that it would be good for their organization. However, in the FGD not all REDS respondents agreed on this. One respondent felt that it is not necessary as they are not directly involved in HIV and AIDS work. Other staff members also questioned the need of having a WPP. Also in SIAAP, FGD respondents had different opinions about the necessity of having a WPP. While some of them did not think priority should be given to a written WPP, as their organization already has some HIV and AIDS related facilities in practice, other respondents felt having a WPP is necessary. FGD respondents of MASS realized having a WPP is necessary. They argued that if they had such a policy earlier, they could have saved a colleague who died of AIDS.

6 CONTENT OF HIV AND AIDS WPP

This chapter provides information about the specific contents of the developed WPPs. Information of the IDIs is compared with the information from the staff survey. Table 15 provides an overview of the WPP elements and the number and percentage of organizations with the specific element, as well as the percentage of staff who reported the element, divided into spontaneously and after probing.

Table 15: Summary of WPP elements reported in IDIs and staff survey

Elements WPP	Number NGOs	% NGOs (N=10)	% staff reported (N=103)	
			Spontaneously	After probe
Awareness raising	8	80	59.2	31
Confidentiality	7	70	53.4	38.8
Anti Stigma and discrimination	6	60	59.2	35.0
Prevention	5	50	-	-
Condom promotion	-	-	14.6	51.5
Support+care	5	50	-	-
Right to work	5	50	43.7	49.5
Family	4	40	-	-
Gender	4	50	25.2	50.5
Counselling	4	40	43.7	43.7
Treatment	4	40	56.3	28.2
VCT	2	20	31.0	51.5
Staff benefits	2	20	47.6	38.8
Sex education	-	-	19.4	52.4
Staff participation	-	-	26.2	61.2
Specific budget allocations	-	-	18.4	47.6
Other	2	20	2.9	

6.1 Main elements of the WPP

Within the IDIs, respondents were asked about the main elements of their organizational WPP. There is no data available of Cater on this topic; hence in the analysis ten organizations are included.

6.1.1 Awareness raising

Awareness raising, sensitization and education on HIV and AIDS have been most mentioned as one of the important elements of the WPP, by IDI respondents of Aashray, COVA, SEDS, MV Foundation, Rucode, Arogya Agam, Sangama and MGRDSCT. Awareness raising seems to be most important and is basically done by having special sessions on HIV and AIDS, providing trainings and paying attention on the topic in news letters.

6.1.2 Confidentiality, anti stigma and discrimination, and the right to work

Confidentiality has been mentioned by seven IDI respondents, of Aashray, SEDS, CHAI, Arogya Agam, Sangama, GMO and MGRDSCCT, as being an important element of their organization's WPP. Six organizations, in addition, have anti stigma and discrimination activities as one of their core elements. Equal treatment of staff who are HIV positive and staff who are not is important here. In GMO, staff that discriminate HIV positive colleagues can be even terminated. Concerning the right to work for PLHA, Aashray, SEDS, CHAI, MV Foundation and GMO argued this to be one of the main elements of the WPP. Basically, this involves ensuring a good working environment and equal chances to PLHA.

6.1.3 Prevention, support and care

Prevention, support and care for HIV positive staff are mentioned by IDI respondents of five organizations as one of their main elements. Concerning prevention, IDI respondents of Rucode and Arogya Agam stressed on the condoms provided for staff – and in some cases for the community – within their organization. In Aashray and MV Foundation preventive measures were discussed, although it is not clarified what measures were taken. Within five organizations, IDI respondents stressed HIV positive staff that receive care and support. Within three out of five NGOs that stressed HIV positive staff to receive care and support, it was argued that this care and support is also extended to the family of staff. COVA and GMO IDI respondents mentioned health insurance for all staff members to be one of the main elements of the WPP. In this latter organization there is also a provision to help the infected staff to get assistance from public institutions. SEDS explicitly said that women and children will receive most support and care, for them being more vulnerable for HIV and AIDS.

6.1.4 Treatment, counselling, and family benefits

Treatment of opportunistic infections (OI) and with ART, counselling and family benefits were discussed in four organizations as being an important element of the WPP. COVA provides medical check-up for staff. CHAI has treatment and care for PLWHA. Arogya Agam provides referrals, and GMO has provisions for accessing medical care. Counselling is important in Aashray, COVA, MV Foundation and Arogya Agam. In Aashray, this is in form of providing education, information and prevention methods. COVA educates stake holders. Family benefits, finally, are mentioned by IDI respondents of COVA, MV Foundation, Rucode and GMO. In MV Foundation, provisions are there to support the spouse of the infected. In Rucode provisions are there to protect family and children of staff and to make sure they do not suffer.

6.1.5 Gender

Four NGOs mentioned gender as an important element of the WPP. In MGRDSCCT, that has gender experts working with them, it is argued to be one of the most essential components in any issue they address. In Aashray, the focus is on gender equality and the contentious issue, as women are more susceptible to HIV and AIDS. In MV Foundation, especially the message that any person, irrespective of gender, is vulnerable for HIV and AIDS, is conveyed. SEDS has special attention on specific gender needs. The IDI respondent of GMO was asked about gender in the WPP. She stated that she did not feel the need to include it, as it is an all women's organization.

6.1.6 VCT, staff benefits and other elements

IDI respondents of CHAI and Arogya Agam mentioned VCT services amongst their core elements. Rucode and Sangama stressed staff benefits. Rucode has a focus on this topic to keep the staff healthy, in Sangama special attention is paid on the impact of the epidemic of the staff. Rucode and GMO are the two organizations with elements in the category 'other'. In Rucode, one of the elements is helping the staff in the promotion of improvement of the work in the organization, as the production of work should not go down and HIV and AIDS should

not be an impediment. It is not further explained what they exactly mean with this. GMO, finally, has the mobilization of funds from an outside source as one of their main elements.

6.2 Staff's awareness about contents of WPP

In the staff survey, respondents have been asked about their awareness of the WPP's contents. A difference has been made between contents mentioned spontaneously and those mentioned after probing. SEDS has the most respondents who answered contents of the WPP spontaneously, followed by Cater, Aashray and MV Foundation. COVA had the most respondents being unaware of the WPP contents, having 42 times answered 'don't know'. However, three respondents were responsible for 39 times 'don't know'. These respondents, who were not at all aware of the contents, were all male and support staff. In Arogya Agam, all 'don't knows' are said by two respondents, both grass-root workers. In Cater, where 36 times 'don't know' was answered, one respondent did not know one of the elements of the WPP, and two were unaware of the majority of these elements. In the other organizations, the division of awareness about the contents of the WPP is more spread amongst all respondents.

6.2.1 Awareness raising and anti stigma and discrimination

As was the case with the IDI respondents, having an HIV education and awareness program was mentioned most as being an important element in the WPP in the survey, by 61 respondents spontaneously (59.2%). All survey respondents of Aashray, SEDS, Rucode, Sangama, CHAI and GMO thought awareness raising to be one of the core elements within their organization, whether spontaneously or after probing. In the latter two organizations, IDI respondents did not mention this topic. Although the IDI respondent of COVA stressed this topic, three survey respondents did not know about it, against six who did mention it.

Non discrimination was also mentioned spontaneously by 61 respondents (59.2%). Within eight organizations, all respondents stressed this topic as one of the core elements of their WPP. Only six respondents, of COVA (3 respondents), Cater (1 respondent) and Arogya Agam (2 respondents), answered they did not know about it.

6.2.2 Treatment

Where the provision of treatment was discussed in only four IDIs, this was spontaneously mentioned by 58 respondents (56.3%) and by 29 respondents (28.2%) after probing. While, according to the IDI respondents, this is an important topic in COVA, Arogya Agam, CHAI and GMO, respectively four and three survey respondents of the former two organizations did not agree on this or did not know. In CHAI, GMO, Rucode, Sangama and MGRDSCCT all survey respondents thought treatment to be an important element of their WPP.

6.2.3 Confidentiality

Confidentiality was spontaneously mentioned by 55 respondents, and after probing by another 40 respondents, in total 92.2%. While in the IDI of Arogya Agam confidentiality was mentioned as an important element, two survey respondents did not know about it. Other respondents who did not know are from Cater, COVA and MV Foundation. Survey respondents of the other six organizations where it was stressed in the IDIs all agreed on it being important in the WPP. While the IDI respondent of Rucode did not mention confidentiality as being important, all survey respondents of this organization mentioned it.

6.2.4 Benefits and reimbursements

Where in the IDIs only the respondents of Rucode and Sangama stressed staff benefits, this was spontaneously mentioned by 47.6% and after probing by 38.8% of the survey respondents. Two respondents of MV Foundation thought staff benefits and reimbursements not to be part of the WPP and 12 respondents, of MV Foundation, Cater, COVA and Arogya Agam did not know about it.

6.2.5 Counselling and right to work

Counselling and the right to work for people with HIV were both spontaneously mentioned by 45 respondents (43.7%). This is quite similar to the percentage of IDI respondents who mentioned these topics. Respondents of Aashray were least convinced about counselling as an element within their WPP; according to two respondents it is not part of the WPP and three did not know. This is striking, as the IDI respondent of the same organizations mentioned it as a very important topic in the organization. Considering the right to work for HIV positive people, eight respondents did not know whether this is part of the WPP, no one said this is not an element of it.

6.2.6 Other contents

VCT, gender, staff participation, sex education, specific budget allocations and condom promotions are the elements least mentioned by survey respondents spontaneously, ranging between 31% and 14.6%. VCT and gender are the only elements which were discussed in the IDIs. IDI respondents of CHAI and Arogya Agam mentioned VCT to be important in their WPP. Two survey respondents of both organizations did not know about this. MV Foundation respondents were mostly represented amongst the respondents who thought VCT not to be part of the WPP or who did not know. Of the organizations which were in the IDIs said to address gender in the WPP, two respondents of Aashray and one of SEDS did not see gender as an important element of the WPP. Condom promotion was least mentioned spontaneously as an issue addressed or discussed in the organization. However, after probing 51.5% of the respondents indicated that this issue has been important. All respondents of MV Foundation either said condom promotion has not been addressed or discussed in the organization or did not know about it, followed by six respondents of Cater and five of CHAI and COVA. FGD staff of GMO argued that demonstration of using condoms as a preventive measure is part of the WPP. However, these condoms are not provided for staff.

6.3 Believed beneficiaries of WPP

Within the questionnaires, staff have been asked whether they think their family will also benefit from the organization's WPP. All 114 respondents who knew what a WPP is answered the question. A majority of 96 respondents (84.2%) were of the opinion that their family will also benefit, against seven (6.1%) who do not think so and eleven (9.7%) who do not know. Survey respondents of MV Foundation, Rucode and GMO were most convinced about their families' benefits, as all of them thought their family to benefit. Indeed, the IDI respondents of these organizations acknowledged family to be included in the WPP, although to a different extent. In MV Foundation, there are provisions to support the spouse of the HIV positive staff members. In GMO, support is extended to immediate family members, and in Rucode family members, counting children, are included. Of the seven respondents who argued their family does not benefit from the WPPs, two are from SEDS, two from COVA, and the others from Aashray, Sangama and MGRDSCT. In the IDIs, COVA however was the fourth organization in which family benefits were mentioned as an element of the WPP.

6.4 Provision of condoms for staff

Besides a question concerning discussions about condom promotion in the development process of the WPP, survey respondents have been asked about the provision of condoms for

staff. In SEDS, SIAAP, Arogya Agam, MASS and Sangama all respondents answered that their organization does provide condoms for staff. In the FGDs in Arogya Agam and Sangama this was also mentioned by the respondents as one of the WPP contents. The IDI respondent of MASS argued that condoms were placed in the office for community people, which can also be used by staff members. Also in the IDIs with respondents of Sangama and Arogya Agam the condoms in the workplace were discussed. In the other organizations no condoms are provided. Indeed, the IDI respondent of Aashray argued that sex education and condoms are not part of their WPP. In the survey, one respondent of CHAI was of the opinion there are condoms for staff available, in contrast to the other who argued this is not the case.

6.5 Perceptions of staff on WPP related issues

6.5.1 Stigma and discrimination

Table 16 summarizes the answers to questions related to stigma and discrimination of HIV positive staff.

Table 16: Stigma and discrimination reported by survey staff, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
<i>Mind working with HIV POSITIVE staff</i>	Yes	11 (22%)	0	0	11 (8%)
	No	39 (78%)	40 (100%)	48 (100%)	127 (92%)
<i>Acceptability of discrimination HIV POSITIVE staff</i>	Yes	2 (4%)	1 (2.5%)	0	3 (2.2%)
	No	48 (96%)	39 (97.5%)	48 (100%)	135 (97.8%)
<i>Recruitment of HIV POSITIVE staff</i>	Yes	49 (98%)	39 (97.5%)	47 (97.9%)	135 (97.8%)
	No	0	0	1 (2.1%)	1 (0.7%)
	Don't know	1 (2%)	1 (2.5%)	0	2 (1.4%)
All		50 (100%)	40 (100%)	48 (100%)	138 (100%)

Work with HIV POSITIVE staff

Within the questionnaires, staff members have been asked whether they would mind working together with a person with HIV. Out of 138 respondents, eleven (8%) respondents indicated that they would mind, in contrast to 127 (92%) who would not. It is striking that all ten respondents in SEDS said they would mind working together with a person with HIV, as SEDS is, amongst others, involved in HIV work. The other respondent who reported to mind working with HIV positive staff is working for Aashray. Of the people who would mind working with a person with HIV, six (54.5%) are men and five (45.5%) are women. These respondents belong in the older age categories; one is between 31 and 35 years old, four are between 36 and 40, also four are between 41 and 45 and two respondents are 46 or older. Four of these respondents are grass-root workers, seven are officer. (These job categories are most represented in the sample.)

Acceptability of discrimination of HIV-positive staff

Another question regarding stigma and discrimination referred to the staff's opinion about the acceptability of discrimination of HIV positive staff. Near to all respondents (97.8%) were of the opinion that discrimination of HIV positive staff is unacceptable. The other three answered affirmative to the question. While all respondents of SEDS answered that they would mind working with HIV positive staff, only one of them also found it acceptable to discriminate HIV positive staff. The other two who thought so are working for Cater and COVA. These three respondents are all women, are between 26 and 40 years of age and a grass-root worker, officer and an employee in the category 'other' (not specified).

Recruitment of HIV positive staff

A third question concerning stigma and discrimination asked for staff's opinion about the recruitment of a person who is HIV positive. Only one respondent (0.7%), working for GMO, was of the opinion that the organization should not recruit such a person. Two respondents (1.4%), of SIAAP and COVA, did not know. All others thought their organization should recruit HIV positive people. Again, it is striking that while all SEDS staff argued they would mind working with HIV positive staff, they similarly are all of the opinion that their organization should recruit HIV positive staff.

6.5.2 Opinions on condoms for staff

As seen in the previous section, 5 NGOs are providing condoms for their staff. In the survey a question was included considering staff's opinion about the possible provision of condoms. A majority of 88 respondents (63.8%) indicated either they think their organization should provide condoms or they agree with their organization providing condoms, while 45 respondents (32.6%) were against the provision of condoms in their organization. Five respondents (3.6%) did not know.

In two of the five organizations that do provide condoms, Arogya Agam and Sangama, all respondents were unanimous in their opinion that it is good that their organization provides condoms. In the other organizations where condoms are provided, SEDS, SIAAP and MASS, the majority of the respondents thought it to be good that their organization does provide them. In SEDS, two out of ten respondents are against the organization's provision of condoms, in SIAAP and MASS both one respondent.

Of the organizations that do not provide condoms to their staff (according to the survey), in Aashray, Cater and GMO the majority of the respondents were of the opinion that their organization should provide them. While in Cater six and in Aashray seven respondents thought so, in GMO nine out of ten think their organization should provide condoms.

In REDS and MGRDSCCT the opinions are equally divided, which is also visible in the FGDs held in these organizations. Regarding the provision of condoms within the organization, some REDS respondents felt that it will affect the value system and bring disrespect to women. What they exactly mean with this is not clarified. However, few respondents were against it and some argued that it is not a problem at all. In MGRDSCCT, some respondents argued that as they know where to get condoms, it is not necessary to have them at the workplace. On the other hand, a respondent thought it to be easier when the organization would provide condoms.

In the other organizations the majority of the respondents were against the provision of condoms. This was also visible in the FGD with COVA respondents. Although they felt that creating awareness concerning condoms is necessary, many of them are not happy with having a condom box in the organization. This is primarily based on community's attitude towards condoms. As one FGD respondent put it: *"Somehow promoting condoms is being equated with promoting free sex. And it goes against the religious norms. [...] It's a private affair, don't make it public that is the kind of attitude that is there among the people"*. Another respondent added that *"our organization is a communal based organization. So promoting condoms or talking about it in such organization is wrong. There is staff in the organization to give awareness particularly in this matter. So to promote this is not right"*. In CHAI, the only faith based organization of the sample, two respondents are of the opinion that condoms should be provided, against seven who don't think so and one who does not know.

Table 17: Staff's opinion about the provision of condoms, by sex and age

		Yes	No	Don't know	All
Sex	Male	35 (64.8%)	17 (31.5%)	2 (3.7%)	54 (100%)
	Female	53 (63.1%)	28 (33.3%)	3 (3.6%)	84 (100%)
Age	18-20	2 (100%)	0	0	2 (100%)
	21-25	8 (57.1%)	4 (28.6%)	2 (14.3%)	14 (100%)
	26-30	19 (63.3%)	11 (36.7%)	0	30 (100%)
	31-35	20 (64.5%)	11 (35.4%)	0	31 (100%)
	36-40	19 (59.4%)	11 (34.4%)	2 (6.2%)	32 (100%)
	41-45	13 (76.5%)	4 (23.5%)	0	17 (100%)
	46+	7 (58.3%)	4 (33.3%)	1 (8.3%)	12 (100%)

The percentage of male and female respondents that either answered 'yes', 'no' and 'don't know' to the question whether condoms should be provided for staff is fairly equal. Furthermore, there are no notable differences between the different age categories of respondents. In all age categories, the majority of the respondents is in favour of providing condoms in the organization.

Looking at the work related background of respondents, the number of years working in the organization is fairly equal for both the respondents pro and against the provision of condoms. The average job duration of the category of respondents who did not know what to think about it, however, is about half that of the other respondents. From the different job categories, support staff are with 33.3% the category least in favour of providing condoms in the organization. In the other job categories, half or more of the respondents think the provision of condoms is good. All four clerical staffs were in favour of providing condoms, followed by grass-root level staff (68.5%) and officers (63.3%).

Table 18: Staff's opinion about the provision of condoms, by staff category and job duration

		Yes	No	Don't know	All
Staff category	Support	3 (33.3%)	5 (55.6%)	1 (11.1%)	9 (100%)
	Grass-root	37 (68.5%)	16 (29.6%)	1 (1.9%)	54 (100%)
	Clerical	4 (100%)	0	0	4 (100%)
	Officer	38 (63.3%)	20 (33.3%)	2 (3.4%)	60 (100%)
	Manager	5 (55.6%)	3 (33.3%)	1 (11.1%)	9 (100%)
	Others	1 (50%)	1 (50%)	0	2 (100%)
Number of years in organization	Mean	6.78	7.2	3.45	

6.5.3 WPP's influence on confidentiality

Within the questionnaire, staff have been asked whether they think talking about WPPs causes less confidentiality for HIV positive staff – because they would now have to disclose. A majority of 103 respondents (74.6%) did not agree – they thought confidentiality would remain the same, or even be increased. Thirty respondents (21.7%) thought WPP causes loss of confidentiality and five (3.6%) did not know. Within Rucode, GMO and MGRDSCCT, all respondents had the similar idea that talking about the WPP does not cause less confidentiality. In other organizations the opinions are more divided.

In MASS, one of the three organizations without a WPP, the majority of the respondents thought having a WPP does cause more confidentiality. However, this idea is based on a potential WPP and not on the actual situation.

6.5.4 Job opportunities and decision making opportunities

In general, respondents in the survey indicated that there are equal job opportunities and also equal decision making opportunities for men, women and sexual minorities in their organizations. Out of the 138 respondents, only 15 staff members (10.9%) thought job opportunities not to be equal within their organization, while 10 respondents (7.2%) were of the opinion that decision making opportunities are not equal in their organization. In both questions, MASS is the organization with the highest number of respondents stating that opportunities are not equal. This could be a result of the big size of the organization, with about 100 staff members. There is no noteworthy difference in answers of male and female staff. Table 19 shows staff's perceptions on gender equality in job opportunities and equality in decision making, by state.

Table 19: Gender equality in job opportunities and decision making according to staff, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
Equal job opportunities	Yes	47 (94%)	37 (92.5%)	38 (79.2%)	122 (88.4%)
	No	3 (6%)	3 (7.5%)	9 (18.7%)	15 (10.9%)
	Don't know	0	0	1 (2.1%)	1 (0.7%)
Equal decision making opportunities	Yes	48 (96%)	37 (92.5%)	43 (89.6%)	128 (92.7%)
	No	2 (4%)	3 (7.5%)	5 (10.4%)	10 (7.3%)
All		50 (100%)	40 (100%)	48 (100%)	138 (100%)

As shown in Table 19, staff's opinion about equality in job opportunities and decision making is quite similar in Andhra Pradesh and Tamil Nadu. In both states, over 90% of the respondents agreed on the equality within their organizations considering these topics. In Karnataka, almost 80% of the respondents thinks their organization to provide equal job opportunities and about 90% thinks so about decision making opportunities. However, considering the equality in job opportunities, MASS is responsible for eight of the nine respondents who disagreed on this equality.

6.5.5 Sexual harassment

A majority of survey respondents (126, 91.3%) recognized sexual harassment, for instance lewd remarks or unwanted touching, as being a problem in Indian society. In Andhra Pradesh, the percentage is much lower than in the other two states, where almost all respondents saw sexual harassment as a problem (see Table 20).

Table 20: Sexual harassment in society according to staff, by state

State	Yes	No	Don't know	All
Andhra Pradesh	41 (82%)	7 (14%)	2 (4%)	50 (100%)
Tamil Nadu	39 (97.5%)	1 (2.5%)	0	40 (100%)
Karnataka	46 (95.8%)	2 (4.2%)	0	48 (100%)
All	126 (91.3%)	10 (7.2%)	2 (1.5%)	138 (100%)

However, as shown in Table 21, sexual harassment does not seem to happen in the organizations. Only seven respondents (5.1%), five women and two men, actually saw sexual harassment as a problem within their organization. Although it was not a problem in the organizations, still 89 respondents (64.5%) thought it to be necessary for their organization to

have a sexual harassment policy, in contrast to 45 respondents (32.6%) who did not think so and four (2.9%) who did not know (see table 9). It is striking that this need is mostly recognized within Tamil Nadu, where 92.5% of the respondents think a sexual harassment policy is necessary. In Andhra Pradesh, this percentage is the lowest, with 46%. The necessity in Karnataka is in between, with 60.4% of the respondents feeling that having a sexual harassment policy is necessary.

Table 21: Sexual harassment in organization according to staff, by state

State	Yes	No	Don't know	All
Andhra Pradesh	2 (4%)	45 (90%)	3 (6%)	50 (100%)
Tamil Nadu	3 (7.5%)	37 (92.5%)	0	40 (100%)
Karnataka	2 (4.2%)	43 (89.6%)	3 (6.2%)	48 (100%)
All	7 (5.1%)	125 (90.6%)	6 (4.3%)	138 (100%)

Table 22: Need for sexual harassment policy, according to staff, by state

State	Yes	No	Don't know	All
Andhra Pradesh	23 (46%)	23 (46%)	4 (8%)	50 (100%)
Tamil Nadu	37 (92.5%)	3 (7.5%)	0	40 (100%)
Karnataka	29 (60.4%)	19 (39.6%)	0	48 (100%)
All	89 (64.5%)	45 (32.6%)	4 (2.9%)	138 (100%)

All staff members of the opinion that sexual harassment happens in their organization, thought it to be necessary to have a sexual harassment policy. Of the 6 staff members who did not know whether sexual harassment happens in their organization, 4 thought it to be necessary to have a sexual harassment policy, one did not think so and one did not know. Again, the difference in answers concerning sexual harassment between male and female staff is hardly notable.

6.6 Activity plan

In the IDIs, respondents have been asked whether an activity plan is attached to their WPP. Of the NGOs that do have a WPP, only in about four NGOs something is known of their activity plan. Arogya Agam and MGRDSCT both have an activity plan, while GMO and Sangama do not.

First activity planned

Little information is available about the first activity planned for each organization. However, the activities planned in general have been discussed in the IDIs. In spite of the minimal knowledge about eventual activity plans attached to the WPP, most organizations do have planned activities or ideas about their activities. In Aashray, it is planned to motivate staff members who are HIV positive to go to the hospital. Furthermore, the organization is planning to extend HIV and AIDS WPP elements to community members. This last activity is also planned in COVA. Furthermore, COVA is planning to involve family members of staff in the WPP, to motivate staffs to undergo an HIV test and to invite experts from the field who do awareness sessions. In CHAI, different types of training sessions are planned, and some training – it is unknown what kind of trainings – were already conducted by the CDC department. Furthermore, discussions are going on about employing PLHA in the organization. In MV Foundation, activities are planned to create awareness amongst staff and to have meetings. In MGRDSCT, finally, workshops that focus exclusively on HIV and AIDS are planned.

6.7 Status of budget

In nine IDIs, the status of the budget has been discussed. Sangama and COVA do not have a budget; in the latter organization it was argued that it has to be prepared. Aashray, MV Foundation, Arogya Agam and MGRDSCCT have a budget attached to the WPP document. The IDI respondents of SEDS and GMO argued that there was no budget attached to the WPP, the respondent of CHAI, who worked for the organization for only one week at the time of the interview, did not see a budget plan attached to the WPP. There is no information available on the use of the document 'What's it likely to cost' in the process of writing a budget.

6.8 Staff's perception on special budget allocation for WPP

Table 23: Staff's perception on special budget allocation, by state

		Andhra Pradesh	Tamil Nadu	Karnataka	All
Aware of any special fund allocation for the WPP	Yes	25 (51%)	16 (55.2%)	16 (64%)	57 (55.3%)
	No	17 (34.7%)	7 (24.1%)	8 (32%)	32 (31.1%)
	Don't know	7 (14.3%)	6 (20.7%)	1 (4%)	14 (13.6%)
All		49 (100%)	29 (100%)	25 (100%)	103 (100%)

In the survey, staff have been asked about their awareness of a special budget allocation for the WPP. The 114 respondents that have knowledge of the WPP answered the question. The 11 respondents of SIAAP and REDS are discussed separately. About half of the 103 respondents, 57 (55.3%), were aware of such a special budget allocation. Amongst them, there were nine respondents (90%) of Aashray and GMO, and eight (80%) of SEDS and Rucode. Knowledge of a special budget allocation is highest in Karnataka. A high amount of 32 respondents (31.1 %) said not to be aware of it. In COVA and Sangama most respondents answered not to be aware. Furthermore, 14 respondents (13.6%), of Cater, MV Foundation, CHAI, Arogya Agam and GMO, did not know.

In only one IDI, a special budget allocation was discussed. This respondent of MGRDSCCT argued that there is a need for a separate budget allocation for the project and that the funding agency should be sent a copy of their budget to support "for the cause of the staff welfare".

Of the seven SIAAP respondents who answered the question, three (42.9%) were aware of a special budget allocation for the WPP, two (28.6%) were not and two (28.6%) did not know. All four REDS respondent were not aware of it.

7 ACTIVITIES AND EFFECTS

7.1 Activities for staff related to HIV and AIDS

In all but one of the IDIs, GMO, activities considering HIV and AIDS within the organizations have been discussed. There is no information available from Cater. In all other NGOs, except for GMO, activities take place. In GMO, various awareness programs were held until 2007. However, due to financial constraints these activities had to be stopped, and until now they are still not there anymore. Within the other organizations, it is not known whether these activities take place because of the WPP or whether they already were happening before.

Within the IDIs and staff survey, respondents were asked about different HIV and AIDS related services provided by the organization. Sangama is the only organization with services in all five mentioned categories, according to the IDI respondents. This corresponds with the answers of Sangama staff in the survey. While in Arogya Agam all staff members in the survey also thought that all services were provided, this is not affirmed by the IDI respondent of the organization. In the other organizations, both IDI and survey respondents mentioned services in certain, but not all, categories. Below Table 24, the HIV and AIDS related services will be discussed.

Table 24: Summary of WPP activities implemented reported in IDI and survey

<i>Activities</i>	<i>NGOs</i>	<i>% NGOs (N=10)</i>	<i>% staff reported (N=138)</i>
HIV and AIDS information to staff	8	80.0	89.9
Health insurance or medical scheme for staff	7	70.0	76.8
Condoms in the workplace	5	50.0	39.1
Referral to ART information	3	30.0	84.1
VCT information	1	10.0	81.9

7.1.1 HIV and AIDS information to staff

HIV and AIDS information to staff is mentioned by eight IDI respondents as a service provided by the organization. MV Foundation and Sangama are planning to provide information on HIV and AIDS and hold trainings for staff. SEDS has a movie program on AIDS. MASS promoted wall paintings on HIV and AIDS, conducted street plays and gave trainings. Arogya Agam has two-monthly input meetings and monthly staff meetings in which mainstreaming and awareness about HIV and AIDS are discussed. COVA addresses the issue of HIV AND AIDS with staff and educates stake holders. MGRDSCT has an awareness program and workshops for both the staff and the community.

In the survey, all respondents of Aashray, CHAI, Cater, Rucode, Arogya Agam, MASS, M.V Foundation, Sangama, GMO and MGRDSCT said HIV AND AIDS information to be provided for staff. In COVA, SEDS and SIAAP few respondents thought the organization not to provide this information, which is, in the latter two organizations, in contrast to the information of the IDI respondent. In REDS, eight out of ten respondents were convinced that the HIV AND AIDS information is not available within the organization.

7.1.2 Health insurance or medical scheme for staff

As reported in the IDIs, SIAAP, Arogya Agam, MGRDSCT, COVA, SEDS, Sangama and MV Foundation have a medical scheme or health insurance. In most cases, these cover all staff. Arogya Agam provides free treatment for staff as well as their families. In MV Foundation, the medical scheme depends on the grade of the staffs. GMO reported to have had health benefits earlier that stopped because of a lack of funds. However, in the survey, respondents of this organization thought either a medical scheme or health insurance to be present in the organization. Furthermore, respondents of SEDS, CHAI, Arogya Agam, REDS, Sangama and MGRDSCT reported their organization has a medical scheme or health insurance. In Aashray, Rucode and MASS the majority of the survey respondents thought this not to be present.

7.1.3 Condoms in the workplace

Five NGOs, SEDS, SIAAP, Arogya Agam, MASS and Sangama provide condoms for their staff in the workplace. Sangama is doing social marketing of condoms and provides them to the staff, MASS has placed condoms in the office for both staff and community people. Thirty-nine percent of staff report to have condoms available in the workplace, while 58% said condoms are not provided and the remaining 3% did not know whether condoms are provided or not.

7.1.4 Referral to ART information

IDI respondents of Aashray, Arogya Agam and Sangama indicated that referral to ART information is amongst the organization's services. Within the IDI with Arogya Agam, HIV services, for example medical facility, counselling and gender consultant, were discussed. Aashray is involved in prostitution work, and makes referrals to the hospital. In Sangama, CD4 tests are done for the staff and patients are referred and admitted to ART. Within the survey, nine of the Aashray respondents and all respondents of Arogya Agam and Sangama answered affirmative to the question whether ART referral information is available. Also respondents of CHAI, Rucode, SIAAP and GMO did so. Again, the opinion of MV Foundation respondents on this topic was divided and most respondents of REDS did not think this ART referral information to be available.

7.1.5 VCT information

Within the IDIs, only the respondent from Sangama stressed the VCT information provided to staff, saying that information about VCT and other services will be given. Sangama respondents in the survey also affirmed this. However, also all survey respondents of CHAI, Rucode, Arogya Agam, MASS, GMO and MGRDSCT were of the opinion that this VCT information is available. While the opinions of MV Foundation respondents on this topic were divided, in most other organizations the majority of the respondents thought VCT information to be available within the organization. Only in REDS, nine out of ten respondents did not think this VCT information to be provided.

Table 25: Effect of WPP process reported in IDI and FGD

<i>Effect of WPP process</i>	<i>NGOs IDI</i>	<i>% NGOs IDI (N=11)</i>	<i>NGOs FGD</i>	<i>% NGOs FGD (N=11)</i>
Position of PLHIV improved-less stigma	11	100	11	100
Openness, discussing HIV and AIDS in staff meetings, or informally among staff	5	45.5	6	54.5
More awareness about HIV	3	27.3	6	54.5
Other	6	54.5	8	72.7

7.1.6 Position of PLHIV improved – less stigma

All NGOs with a WPP mentioned changes in staff's attitude towards the position of PLHIV. In the IDI, a COVA respondent said that the concern of staffs towards positive people has increased. In a similar vein, in the FGD with management level staff of the same organization respondents stressed the attitude shift of staff with respect to HIV and AIDS. This latter argument was also made in the FGD with Rucode staff, where it was said that *"a sense of acceptance among staff has come"*. In the FGD with grass-root level staff of SEDS, it was argued that the WPP made staff realize that everyone is equal. In other NGOs also a reduction of stigma and discrimination towards PLHIV was noticed.

Within several IDIs and FGDs the benefits for HIV positive staff were mentioned, for it being a reason for the improvement of the position of PLHIV. Medical benefits, job security, financial support, education and extra leave were mentioned as improvements for HIV positive staff. According to a respondent in the FGD among grass-root workers in Arogya Agam, *"a WPP will benefit the HIV infected and affected equally"*. In the management level FGD in CHAI, it was stated that the organization is planning to employ PLHIV. In an FGD in Arogya Agam, it was said that *"as there are already HIV positive staff members, the WPP will be helpful for HIV positive staff who do not want to reveal their HIV status"*. According to a respondent of a grass-root level FGD in MV Foundation, *"with the WPP the infected person is treated with dignity among the society, as he/she is accepted in the workplace"*.

7.1.7 More awareness about HIV

According to IDIs and FGDs, within six organizations more awareness about HIV has been created due to the WPP. The awareness level and knowledge about HIV and AIDS have increased in COVA, SEDS, CHAI, Cater, Rucode and MGRDSCT. In the IDI and FGD with grass-root workers in COVA, respondents stated that awareness about the importance of intervention programs and counselling has raised. In the FGD with management staff, it has been said that myths and facts about HIV and AIDS are differentiated. In CHAI, the acceptance of staff on HIV has increased due to more awareness, according to a respondent in the FGD with management staff. In Cater and MGRDSCT, it has been argued that staff are more able to take preventive measures. As in Rucode staff attended several trainings, they have come to know about different ways of HIV transmission, as well as the possibilities of treatment in case of an HIV infection.

7.1.8 Openness, discussing HIV and AIDS in staff meetings or informally with staff

In five NGOs, it was reported that discussions and meetings about HIV and AIDS increased. Five organizations reported that initial inhibitions among the staff to talk about HIV and AIDS have reduced, and that openness about the topic increased. In the FGD with management level staff of CHAI, it was said that *"being a faith based organization it was difficult to talk on issues like condoms, HIV and MSM [Men having Sex with Men], but now it became easy to talk on delicate matters"*. It seems that staff in most organizations feel freer to discuss HIV and AIDS.

7.1.9 Other mentioned effects

Many other effects of the WPP have been mentioned in the IDIs and FGDs. According to respondents of COVA and CHAI, the level of involvement and initiative of staff members increased. In the same two organizations, respondents stressed the increase in activities in the field of HIV and AIDS, however, they did not elaborate on this. In an FGD with Aashray staff, it was mentioned that the WPP gives moral support to all the staffs and that it motivates other HIV positive individuals in the district. Other effects mentioned are the development of counselling skills in MV Foundation and the inclusion of family members in Rucode.

Respondents of COVA mentioned talking about gender has increased due to the WPP. According to the IDI respondent, *“initially there were inhibitions among the staff in discussing gender issues and HIV/ AIDS, which is not there now”*.

7.1.10 Not mentioned effects

There are two usually expected effects of WPP processes that were not mentioned in the IDI and FGDs: While five NGOs are providing condoms to staff (see 7.1.3), in none of the IDIs and FGDs in NGOs with a WPP this was mentioned as being an effect of the WPP. In none of the organizations the availability of education materials or posters as an effect of the WPP process has been mentioned.

7.1.11 Expected WPP effects by organizations without a WPP

While there are presently no WPP effects in REDS, SIAAP and MASS, some effects are expected when the WPP would be developed and implemented. First, they expect openness of discussing HIV and AIDS in staff meetings or informally with staff. FGD respondents of MASS feel that the WPP would create an environment in which the staff can speak openly about HIV and AIDS issues and where there is no stigma and discrimination. In this organization, as well as in REDS, respondents argued that openness about HIV and AIDS is necessary and that meetings about the WPP will be necessary to create such openness. Second, respondents expected there would be education materials available. In an FGD with MASS staff, respondents argued that it would be useful to have the WPP and education materials showed on the wall in the office. Additionally, in SIAAP, respondents argued that not only confidentiality concerning HIV and AIDS may increase, but also confidentiality on other diseases, like diabetes and cancer.

8 PERCEIVED CHALLENGES

In this chapter, the WPP related challenges, discussed in the IDIs and FGDs, will be addressed. The first analysis will focus on the 11 organizations with a WPP. In the end, perceived challenges and plans in SIAAP, REDS and MASS will be discussed.

8.1 Challenges perceived by organizations with a WPP

Table 26 presents the summary of challenges reported by NGOs with a (draft) WPP.

Table 26: Perceived challenges reported in IDI and FGD

<i>Perceived challenges</i>	<i>NGOs IDI</i>	<i>% NGOs IDI (N=11)</i>	<i>NGOs FGD</i>	<i>% NGOs FGD (N=11)</i>
Lack of financial support	9	81.8	8	72.7
Stigma and discrimination / confidentiality	8	72.7	5	45.5
Changing organization identity	1	9.1	4	36.4
Not all staff interested / conflicting ideas	1	9.1	4	36.4
Misuse of the policy	2	18.2	2	18.2
Time constraints	2	18.2	1	9.1
Lack of knowledge on the process	0	0.0	2	36.4
Involving family members	1	9.1	1	9.1
Condom promotion	1	9.1	1	9.1
Other	4	36.4	6	54.5
No challenges	2	18.2	3	27.3

8.1.1 Lack of financial support

Within the IDIs, as well as the FGDs, staff have been asked about the perceived challenges in the WPP process. Out of 11 categories, lack of financial support has been indicated as a challenge by most respondents. Respondents of Sangama, GMO, MV Foundation and SEDS perceived financial constraints as a challenge for their organization. Several respondents mentioned the increase in costs, for instance due to trainings and medical expenses for the HIV positive staff. COVA and Arogya Agam are the only organizations where this has not been mentioned as a challenge.

8.1.2 Stigma and discrimination / confidentiality

In eight NGOs, stigma and discrimination / confidentiality has been mentioned as a challenge. Within three organizations, MV Foundation, CHAI and Cater, it has been said that staff might have problems to accept an HIV positive staff member. However, in the staff survey another picture emerged. As seen in section 5.5, eleven respondents (8%) indicated that they would mind working with a person with HIV. Only three respondents (2.2%) thought discrimination of HIV positive staff to be acceptable. Therefore, it seems that amongst the survey staff stigma and discrimination has not been regarded as a challenge. Within the FGD with management staff of CHAI, it was said that problems with acceptance could be on both sides, both from infected and un-infected staffs. Amongst FGD management level respondents of Arogya Agam, the idea that HIV positive staffs would also be discriminated subtly if they are obviously given less work was present. In Aashray, Arogya Agam and SEDS also stigma in general has

been mentioned. In the latter organization, all ten staff members in the survey indicated that they would mind working with a person with HIV, which is hardly understandable as this organization is involved in HIV work. In the FGDs, several times it was said that staff's lack of knowledge on how to deal with HIV positive staff could be a challenge, as this could result in stigma and discrimination. SEDS and COVA are the only organizations where confidentiality also has been mentioned as a possible challenge. The IDI respondent of SEDS reported the difficulty of maintaining confidentiality as a challenge. In the FGD with grass-root / junior level staff in COVA respondents even stressed lack of confidentiality as a problem for a good working WPP.

8.1.3 Lack of interest amongst staff / conflicting ideas

Within six organizations, lack of interest of staff or conflicting ideas about the WPP has been mentioned as a challenge. According to an FGD respondent of Aashray, "*The initial enthusiasm for implementing the WPP will fade away as time progresses*". Within MV Foundation, an FGD respondent said that "*motivating staffs who are not very much interested is a challenge*". In the IDI, a GMO respondent stated that staffs' doubts about whether the WPP can be practically implemented is a challenge. The same argument was made in the FGD with grass-root / junior staff in COVA. In both FGDs of Arogya Agam the mixed opinions about making health check-ups mandatory was mentioned as a challenge.

8.1.4 Changing the organization's identity

For five organizations, the WPP poses or could pose challenges to their identity. Working for the community and not for staff is argued by a Cater respondent to be a problem. As they used to focus on community health care, they now need to venture a new space of staff health care. In a similar vein, a grass-root level respondent of MV Foundation felt that staff are more focused on child rights and other projects than on the organization's WPP. For CHAI, their faith based identity has posed a challenge, as it used to be difficult to talk about HIV. However, training programs which were conducted in CHAI for religious leaders as well improved this.

8.1.5 Time constraints

In three NGOs, time constraints have been mentioned as a challenge. These time constraints are described very general. According to the IDI respondent of CHAI, "*implementation of WPP needs time, money and manpower*". In the FGD with management staff of MV Foundation, one respondent argued that the involvement of all the staff will be specifically time consuming. In Aashray, other work activities are already time consuming so there are time constraints regarding the WPP.

8.1.6 Misuse of the policy

In three NGOs, staff misusing the WPP has been discussed as a possible challenge. In the IDI with SEDS, the respondent felt that the positive people could misuse the benefits of the WPP, like the permission to come late, to leave early or to have a day off to visit the hospital. In this interview, the question was raised how to tell staff in case they are misusing the policy. Similar arguments have been made in the FGD with SEDS staff, in the FGD with grass-root workers of Arogya Agam and in the FGD with management staff of Sangama, where respondents felt that HIV positive staff could misuse the freedom they will be given. According to a CHAI respondent in the IDI, "*staff may take leave for granted*".

8.1.7 Lack of knowledge on the process

In two organizations lack of knowledge on the process was mentioned as a challenge. Rucode faced a challenge in finding an ideal model for the WPP. In COVA, the lack of professional counselling skills is seen as a problem.

8.1.8 Condom promotion

COVA is the only organization in which condom promotion has been argued to be a challenge, both in the IDI and the FGD with grass-root workers / junior level staff. The IDI respondent did not explain what the specific challenge contains. In the FGD, a respondent argued that there are a lot of differences in staff's opinions on the use of condoms, as was discussed in section 6.5.2.

8.1.9 Involving family members

The involvement of family members has been mentioned as a challenge within two organizations. While the IDI respondent of COVA only said that "*involving family members of staff might not be easy*", in the FGD with management / senior level staff of MV Foundation a respondent argued that "*family members and others may also claim the benefits*".

8.1.10 Other challenges

Other challenges have been mentioned in almost all IDIs and FGDs. One of the management staff members of Sangama argued that showing favour to HIV positive staff above staff with other diseases poses a challenge. The IDI respondent of MV Foundation referred to the social problems which will occur when someone's got to know his own status. Other challenges that were mentioned are the lack of tolerance towards homosexuality (COVA IDI and FGD grass-root/junior level staff), getting PLWHA in the organization (CHAI IDI), the compensation for staff who miss work due to their health conditions (Cater FGD management), the difficulty to discuss certain sex related issues with female staff (Cater IDI) and the need to translate WPP training materials into the vernacular language as well (Cater IDI).

8.1.11 No challenges

Finally, in five organizations it has been argued that no challenges are expected. Arogya Agam does not expect any challenges as there is full support from all levels of staff. Within Sangama, a grass-root level worker argued that the non-discrimination policy of the organization and their respect for HIV positive people will make sure there are no challenges. In the FGD with Cater and Rucode, staff stressed that once the policy is implemented and evaluated, challenges may rise. However, as a FGD respondent of Cater stated: "*If it is a good policy there won't be any challenge*".

8.2 Challenges of organizations without a WPP

Within the IDIs and FGDs in SIAAP and REDS, challenges in six categories were mentioned. There is no information available about challenges in MASS.

8.2.1 Time constraints

Both REDS and SIAAP stressed challenges in time constraints. Respondents of both organizations generally spoke about the amount of time spent on the work that will be a problem, as there is not much time available for WPP related activities.

8.2.2 Lack of knowledge on the process

In REDS and SIAAP, lack of knowledge on the process is perceived a challenge. The IDI respondent of REDS foresees challenges on the sensitization of staffs, and especially on how to sensitize the people. In the FGD, a SIAAP respondent argued that in a policy document not all possible situations can be taken into account and overcome. According to this respondent, *"Since all our human nature's capacity is limited, this is the biggest challenge"*. He did not further explain what was meant here.

8.2.3 Lack of financial support

Financial constraints are mentioned by REDS respondent as a challenge. The IDI respondent argued that staff that work under different projects, other than funded by Dutch donors, also should be brought under the WPP and the organization also has to spend money on them. The FGD respondents mentioned different financial expenses as a challenge, for instance on training, opening a counselling centre and providing awareness (e.g. putting up banners and posters).

8.2.4 HIV stigma / discrimination

As is the case with MV Foundation, CHAI and Cater, within REDS, it was argued that staff might have problems to accept an HIV positive staff member. According to the IDI respondent of REDS, *"The reactions of staff towards an infected colleague are also a challenge"*.

8.2.5 Lack of interest amongst staff / conflicting ideas

Within REDS, it was argued that there might be different opinions about certain topics amongst staff. However, the IDI respondent acknowledge the importance of discussing these topics with staff, in order to overcome these conflicting ideas.

8.2.6 Other challenges

In the FGD with SIAAP staff, respondents stressed that once the policy is implemented and evaluated, more challenges may arise that they do not foresee presently.

9 PLANS AND NEEDS

9.1 Plans of organizations with a (draft) WPP

9.1.1 Plans to disseminate the policy to all staff

Six NGOs spoke about their plans to disseminate the policy to all staff. In Sangama, meetings are planned in which HIV and AIDS and the WPP will be openly discussed and all staff can have their input. Sangama respondents explicitly mentioned the importance of having all staff included in the process. In Rucode, it is argued that also part-time staff should be included in the WPP. MV Foundation is planning to have more programs, trainings and workshops for staff members. In CATER, awareness posters on WPP and HIV and AIDS are going to be put up in the office. The respondent of Aashray felt that the area of work should be expanded. However, he did not explain what this would contain. The respondent of Arogya Agam, finally, said that the policy is already disseminated among the staff.

9.1.2 Spreading idea of WPP to grantees, partners and other stake holders

In Rucode and Arogya Agam, respondents mentioned the spread of the idea of the WPP. In Arogya Agam, involved in HIV work, it was stated that other partners might also follow the organization policy models in their set up. However, how this will be done was not discussed. Rucode, that does not have activities in the field of HIV and AIDS, is planning to spread the WPP initiative to other groups, like SHG, and through this make them feel the need for such a policy in their setting.

9.1.3 Other plans

Besides the plans discussed above, five NGOs mentioned other plans. COVA does not have a specific plan, but is simply going to implement the WPP. GMO is waiting for funds, and then they will start working on the WPP. Rucode is planning to have an internal evaluation after completing the one year of implementation, in order to find out how far it was useful and effective in the organization. This way, improvements could be made. Aashray is planning to also address this issue at community level. Cater has a plan for the next three years, to start an orientation program, an awareness program, a medical check-up and a health care program.

9.2 Plans of organizations without a WPP

9.2.1 Plans to disseminate the policy to all staff

In order to disseminate the future WPP to all staff, in SIAAP and REDS meetings are planned in which HIV and AIDS and the WPP will be openly discussed and all staff can have their input. In a similar vein, REDS is planning to have a lot of discussions on the topic, in which special attention is given to new staff, young staff and women's voices. Furthermore, in REDS it is considered important to start with the grass-root level staff. SIAAP respondents explicitly mentioned the importance of having all staff included in the process, although it is also considered important to have discussions with the community, in which people can give their inputs. REDS is planning to have more programs, trainings and workshops for staff members.

9.2.2 Spreading idea of WPP to grantees, partners and other stake holders

SIAAP has done a presentation on the WPP to Hivos and INSA, and is planning to do one for the board of trustees for approval. In this presentation the emphasis will be on

recommendations to the board to take up the WPP. Furthermore, after approval, SIAAP will start the process in the community.

9.2.3 Other plans

REDS is planning to circulate the draft WPP to everyone and collect opinions on it. After the start of the drafting process, they are planning to prepare a budget. Furthermore, they are trying to get help from another organization that already has developed a WPP. It is unknown whether this organization will be one of the SAN! partner organizations.

9.2.4 Needed support by NGOs with a WPP

Technical support

Nine organizations indicated that they need technical support, in different forms and with different purposes. Aashray, Sangama and GMO indicated that they need technical assistance, respectively for report writing and documentation, to prepare a budget, and to make a better draft of the WPP. COVA and GMO need training, the first specifically for field staff, the latter to train and guide staff, in order to prepare them to train the rest of the community. However, it is not further clarified what kind of trainings these respondents mean. For SEDS, guidance is important in how to face certain challenges, like confidentiality and tolerance. In order to assess the benefits, CHAI indicated that it needed more time. Cater pointed towards support from SAN!SIP in the form of literature, especially in the vernacular language. Arogya Agam thought mutual sharing between SAN!SIP NGOs to be important, in order to share the negative and positive things of the WPP with each other and to get more ideas about the WPP and the content of it.

Financial support

Six organizations indicated that they need financial support. However, CHAI, Sangama, GMO and MGRDSCCT did not specify what the money is needed for. Aashray needs financial assistance for the staff salary and travel and medication expenses for the HIV positive people. According to the respondent of Cater, it would be good if SAN!SIP would advise funding agencies not to stop the funding, as that would stop the WPP implementation.

No support needed

Rucode respondents stated that at the moment no support is needed. According to them, this could change when the Dutch funding ends. Then they might need financial help from outside to sustain the program, as well as staff contributions.

REDS and MASS both thought mutual sharing between SAN!SIP NGOs to be important, in order to share the negative and positive aspects of the WPP with each other and to get more ideas about the WPP and the content of it. MASS furthermore indicated that they need support from their donors.

No support needed

SIAAP respondents stated that at the moment no support is needed. The respondent of SIAAP felt that SAN! is already supporting the organization, and said that he has not thought about seeking support. From the moment the WPP is started, the organization could need support. The only support that they require at the moment is support from the community and their own staff.

9.3 Needed support by NGOs without WPP

REDS and MASS both thought mutual sharing between SAN!SIP NGOs to be important, in order to share the negative and positive aspects of the WPP with each other and to get more ideas about the WPP and the content of it. MASS furthermore indicated that they need support from their donors.

No support needed

SIAAP respondents stated that at the moment no support is needed. The respondent of SIAAP felt that SAN! is already supporting the organization, and said that he has not thought about seeking support. From the moment the WPP is started, the organization could need support. The only support that they require at the moment is support from the community and their own staff.

10 CONCLUSIONS AND RECOMMENDATIONS

This chapter discusses lessons learnt by presenting promising practices and challenges. Based on these lessons learnt recommendations will be given directed to the participating NGOs, to SAN!SIP, and SAN! donors.

10.1 Promising practices

Starting activities without donor funds having been received

The fact that 11 out of the 14 organizations in the sample have developed a WPP, and most are implementing some activities even if not having received donor fund is already encouraging itself. It is promising that almost all organizations give so much importance to the WPP.

Participatory development of WPP

It is a promising practice to involve staff in the process of development of a WPP. Within nine organizations, the WPP was developed in a consultative participatory process. When staff feel they are involved in the development process, they are more familiar with and feel more content about the WPP. Several respondents reported that the WPP development process was done in a participatory way.

Condoms in the workplace

Making condoms available to staff as some NGOs do is a good practice – also viewing the fact that a majority of staff members would like to have condoms available for staff in the workplace.

Training by SAN!SIP

Continuing sensitization and capacity building by SAN!SIP and associates is a good promising practice to build capacity and skills in NGOs.

Information and education to staff on HIV and AIDS

NGOs hanging posters on the wall with HIV and AIDS information and messages, and organising discussions and sessions about HIV and AIDS for staff is good practice, building commitment and awareness of staff. This was found to improve the attitude towards PLHIV and reduce HIV related stigma.

Planning for review of WPP

An NGO already planning for review of the WPP is good practice. This will build on experiences with the WPP and the views of staff and management.

10.2 Challenges

Lack of financial support

Financial support seems to be a big challenge to development and implementation of a WPP, as also indicated by the challenges perceived by NGOs. For some NGOs the fear of financial implications was the reason they did not start the process of WPP development. The increase in costs, for instance for training and medical expenses for HIV positive staff, was perceived as a challenge.

HIV related stigma

HIV related stigma and discrimination of PLHIV still is a problem according to NGO managers, and staff in FGDS. A consequence is that HIV positive staff will not likely disclose in the workplace, also because they are not sure of confidentiality. However, according to the staff survey, stigma and discrimination is not a big problem in organizations.

Challenge to identity

Especially for FBOs it is a challenge to talk about sexuality, HIV risk and prevention for their staff. Many FBOs have been used to provide services to beneficiaries of their programmes, but talking about these issues among staff is threatening the organization's and its staff's identity.

Time constraint

Some NGOs fear the WPP development and activities will take too much of their scarce time. Also it is difficult for them to appoint an FPP and allocate time to the person.

10.3 Recommendations

10.3.1 To NGOs

- Take as a first step: internal awareness raising of staff on HIV and AIDS issues
- Develop the WPP in a participatory way with all staff
- In developing a WPP and budget, use the SAN! documents 'Good donorship in a time of AIDS' (Good donorship guidelines) and budgeting tool 'What's it likely to cost'
- Disseminate WPP to all staff, translate if needed
- Provide information on HIV and AIDS and WPP for staff – for instance on a notice board
- Look at promising practices of peer NGOs and replicate if applicable, share experiences with peer NGOs
- Start (or continue) implementing activities that do not cost money
- Write proposals for funding to bodies other than SAN! donors
- Link with other stakeholders for services, including training, VCT, ART
- Open/continue dialogue with donors about managing HIV and AIDS in the workplace.

10.3.2 To SAN!SIP

- Assist organizations who are willing to develop WPP but which do not have technical know-how
- Facilitate linking and learning – share promising practices between organizations
- Continue training for capacity building – train NGOs SAN! tools (Good donorship guidelines, budgeting tool)
- Lobby SAN! donors for quick release of funds
- Link with other stakeholders for services, public and private – share network with participating NGOs.

10.3.3 To donors

- Quick release of funds for WPP
- Consider extension of funding
- Open/continue dialogue with Indian partner organizations about managing HIV and AIDS in the workplace.

11 Annex A: Field of work of the NGOs in Phase One of the Applied Research

Organization	Full name	FIELD OF WORK									All
		1	2	3	4	5	6	7	8	9	
Aashray		X	X		X		X			X	5
COVA	Confederation of Voluntary Association		X		X	X		X		X	5
SEDS	Social Education and Development Society	X	X	X	X	X			X	X	7
CHAI	Catholic Health Association of India	X	X	X		X			X		5
MV Foundation			X			X			X	X	4
Cater	Centre for Action of Training Education & Research		X	X	X		X				4
Rucode			X	X	X				X	X	5
SIAAP	South Indian AIDS Action Program	X			X		X				3
Arogya Agam		X	X		X		X			X	5
REDS	Rural Education for Development Society	X					X		X		3
MASS		X					X			X	3
Sangama		X					X				2
GMO	Grammiya Mahila Okkuta				X	X	X			X	4
MGRDSCT	Mahatma Gandhi Rural Development & Society Change Trust	X			X	X	X	X		X	6
All		9	8	4	9	6	9	2	5	9	

- 1= HIV work
2= Health
3= Rural development / Capacity building
4= Gender / Womens' issues
5= Reproductive health
6= Human rights / Community empowerment
7= Communal harmony / Peace
8= Environment
9= Youth matters

12 Annex B: NGOs' characteristics

	Staff strenght			SAN! Donor	Faith based / Secular		Any HIV POSITIVE staff		
	Male	Female	Total		FB	S	Yes	No	Previously
Aashray	3 (25%)	9 (75%)	12 (100%)	Cordaid		X	1 staff		
COVA	30 (50%)	30 (50%)	60 (100%)	Cordaid		X			
SEDS				ICCO		X	1 staff		
CHAI	25 (50%)	25 (50%)	50 (100%)	Cordaid	X				
MV Foundation			30 (100%)	Hivos		X			X
Cater	4 (12.3%)	29 (87.6%)	33 (100%)	Cordaid		X		X	
Rucode			38 (100%)	Cordaid		X			
SIAAP			48 (100%)	Hivos		X			
Arogya Agam	60 (60%)	40 (40%)	100 (100%)	Oxfam Novib		X			
REDS	5 (50%)	5 (50%)	10 (100%)	Cordaid, ICCO		X			
MASS	15 (15%)	85 (85%)	100 (100%)	Oxfam Novib		X			X
Sangama			120 (100%)	Hivos		X			
GMO	0	10 (100%)	10 (100%)	Oxfam Novib		X			
MGRDSCT				Hivos		X			

13 Annex C: Background characteristics of IDI respondents

	Age	Sex		Marital status		
		Male	Female	Married	Unmarried	Unknown
Aashray	49		X	X		
COVA	50	X				X
	?	X				X
SEDS	40		X	X		
Chai	29		X	X		
M.V. Foundation	52	X		X		
Cater	50	X		X		
Rucode	59	X				X
SIAAP	47		X	X		
Arogya Agam	55	X		X		
Reds	?	X		X		
MASS	42		X	Married to God Ellamma		
Sangama	31	X			X	
GMO	38		X	X		
MGRDSCT	39	X		X		

14 ANNEX D: Data collection tools

**Survey questionnaire
Focus group discussion guide
IDI guide
SANISIP FIRST PHASE OF APPLIED RESEARCH
QUANTITATIVE SURVEY FOR STAFF**

Introduction

- Interviewer shortly to introduce 1) yourself, 2) YRG Care, 3) SANISIP, 4) applied research
- The aim of this interview is to hear from staff members their ideas about HIV and AIDS workplace policies and their perceptions towards HIV related issues.
- Interview will last about 15 minutes.
- No name of respondent will be noted – so anonymous
- Ask for permission to proceed – and thank for time.

SECTION 1: Demographics

1. Name of the organization :
Organization Code
State Code
2. Sex
 - a. Female
 - b. Male
 - c. Other
3. Age in years:
 - a. 18-20;
 - b. 21-25;
 - c. 26-30;
 - d. 31-35;
 - e. 36-40;
 - f. 41-45;
 - g. 46 & above
4. # of years in the organization :
5. Staff category
 - a. Support
 - b. Grass-root worker
 - c. Clerical
 - d. Officer
 - e. Manager
 - f. Others (Specify)

SECTION 2: Organization's services related to HIV and AIDS

6. Does your organization provide information about HIV and AIDS to staff?
 - a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
7. Does your organization provide information to staff about VCT?

- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
8. Does your organization provide information to staff about referrals for care (ART)?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
9. Does your organization have a health insurance or medical scheme for staff?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
10. Does your organization provide condoms for staff?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer

SECTION 3: Awareness about the HIV and AIDS Work Place Policy

11. Do you know what an HIV and AIDS Work Place Policy is?
- a. Yes
 - b. No*
- *► *INTERVIEWER: IF 'NO' SHORTLY EXPLAIN WHAT A WPP IS*
12. Does your organization have a (draft) Work Place Policy for HIV and AIDS?
- a. Yes (► *Go to section 4*)
 - b. No
 - c. Don't Know
13. Are you aware that discussions are going on regarding developing a Work Place Policy for HIV and AIDS in your organization?
- a. Yes
 - b. No (► *If NO, Go to section 5*)
 - c. Don't Know (► *If Don't Know, Go to section 5*)

SECTION – 4: About organization's HIV and AIDS Work Place Policy

► *Interviewer: Adjust the questions according to whether a draft has been developed or whether discussions are going on*

14. Was/Is the HIV and AIDS workplace policy developed in a participatory process?
- a. Yes
 - b. No (► *If 'NO', go to Q 16*)
 - c. Don't Know (► *If 'Don't know', go to Q 16*)
15. Did staff of all levels participate in decisions about your Work Place policy on HIV and AIDS?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer

16. Did men, women and sexuality minorities equally participate in decisions about your Work Place policy on HIV and AIDS?
- Yes
 - No
 - Don't Know
 - Refused to answer
17. Did you personally participate in developing the work place policy on HIV and AIDS?
- Yes
 - No
 - Don't know
 - Refused to answer
18. Are you aware of any special fund allocation for the HIV an AIDS workplace policy in your organization?
- Yes
 - No
 - Don't Know
 - Refused to answer
19. For whom has/is the HIV and AIDS work place policy been developed?
- Interviewer to read out the first four options to the respondent
- HIV-positive staff only
 - All staff only
 - All staff and their family
 - Others (specify)
 - Don't Know
 - Refused to answer

20. What issues does your HIV and AIDS workplace policy address / Which issues for your HIV and AIDS workplace policy are being discussed (► for an organization still developing)?
- Interviewer: First ask as an open question (circle "YES" under spontaneous), then probe on each issue and circle answer after probe

	<u>Spont.</u>	<u>After Probe</u>		
a. Voluntary testing	Yes	Yes	No	Don't know
b. Confidentiality	Yes	Yes	No	Don't know
c. Non-discrimination	Yes	Yes	No	Don't know
d. Sex Education	Yes	Yes	No	Don't know
e. Condom Promotion	Yes	Yes	No	Don't know
f. Counselling	Yes	Yes	No	Don't know
g. Treatment (STI, OI, ART, TB)	Yes	Yes	No	Don't know
h. Gender	Yes	Yes	No	Don't know
i. Staff participation	Yes	Yes	No	Don't know
j. Benefits and reimbursements (f.i. travel reimbursement, time for relaxation)	Yes	Yes	No	Don't know
k. Specific budget allocations Don't know		Yes	Yes	No
l. Right to work for people with HIV Don't know		Yes	Yes	No
m. HIV education and awareness program	Yes	Yes	No	Don't know
n. Other, specify		Yes		

z. Total number of spontaneous answers (► Interviewer counts from first column)

21. Will your family also benefit from the organization's Work Place Policy on HIV and AIDS?

- a. Yes
- b. No
- c. Don't Know
- d. Refused to answer

22. If you would have a family member with HIV, will your management provide special support to you? (for instance, time off for care)
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer

► AFTER Q 22, GO TO SECTION 6 (Q 24)

SECTION 5: Not aware of the HIV and AIDS Work Place Policy in the organization or No policy

► *I have explained to you what a workplace policy for HIV and AIDS is (REPEAT IF RESPONDENT DID NOT UNDERSTAND).*

23. If your organization were to develop a Workplace policy for HIV and AIDS, who do you think should participate in decisions about the content of such a policy?
- a. Top Management only
 - b. A committee representing different departments
 - c. A committee representing all levels of staff
 - d. All staff
 - e. Don't Know
 - f. Refused to answer

SECTION 6: Perceptions on issues related to HIV and AIDS

24. Does your organization provide equal opportunities for jobs for men, women and sexuality minorities?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
25. Does your organization provide equal opportunities for decision making for men, women and sexuality minorities?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
26. Do you think sexual harassment is a problem? (for instance, lewd remarks, unwanted touching)
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer
27. Is sexual harassment happening in your organization?
- a. Yes
 - b. No
 - c. Don't Know
 - d. Refused to answer

28. Do you think it is necessary for your organization to have a sexual harassment policy?
- Yes
 - No
 - Don't Know
 - Refused to answer
29. Would you mind working together with a person with HIV?
- Yes
 - No
 - Don't Know
 - Refused to answer
30. Do you think discrimination of staff with HIV is acceptable?
- Yes
 - No
 - Don't Know
 - Refused to answer
31. Do you think your organization should recruit a person of who is HIV positive?
- Yes (– should recruit)
 - No (– should not recruit)
 - Don't Know
 - Refused to answer
32. Do you think your organization should provide condoms for staff?
(► *If the organization is already providing condoms, this question asks for the respondent's opinion on it*)
- Yes
 - No
 - Don't Know
 - Refused to answer
33. Do you think talking about HIV and AIDS workplace policies causes less confidentiality for HIV-positive staff?
- Yes
 - No
 - Don't Know
 - Refused to answer
34. Do you have any questions or comments?
.....
.....

► THANK YOU VERY MUCH FOR YOUR TIME AND COOPERATION

SECTION 7: About the organization

(► *DO NOT ASK, to be filled later by the interviewer with information from IDI*)

35. HIV and AIDS work Yes / No
36. Faith based organization Yes / No
37. Status of WPP 1) final 2) final draft 3) in the process 4) not started
38. Participatory process all staff Yes / No
39. Health insurance/ medical scheme for staff Yes / No
40. Condoms in the workplace Yes / No

IDI GUIDE
FOR RESEARCH SAN!SIP WORKPLACE POLICY – Phase 1

Introduction:

Good morning / afternoon I am..... from YRG CARE, Chennai. YRG CARE is a not for profit charity, working among people with HIV and attempting our best to prevent newer infections. We are here for the applied research part of the SAN! South India Project about HIV and AIDS workplace policies that your organization is also part of. Since SAN!SIP is a pilot project it is very important to listen to the experiences of the people involved – like all of you – and to get ideas about the project and how it can be improved. That is why we are here with you. Thanks for giving me this opportunity to interact with you all.

Today, I would like to discuss with you your ideas and opinions about the HIV and AIDS workplace policy in your organization, which you are developing. This interview will approximately be for 45 minutes.

Since very important information will be shared today, I seek your permission to voice record this interview - this again is to go back and transcribe data, so that we do not misinterpret what you said. If agree, I can switch on the tape recorder and begin the interview. Can we begin now? Kindly tell me that you have agreed to participate in an interview that is being voice recorded? This is to assure ourselves that the process of informed consent is understood by you all and that you have agreed to participate without any compulsion.

Personal information

- Job / designation / position
- How long on the job
- Age:
- Sex:
- Marital status:
- Work Experience (Previous experience on similar job)
- Training in HIV and AIDS WPP

Organization

I would like to get some additional information about your organization – some I already know from SAN!SIP (Do not ask what you already know – or only confirm)

- Organization type, (trust, Society, Social Welfare, other)
- Field of work (probe whether HIV work, health)
- Staff strength number of male, number of female staff
- Organization structure: levels of staff (management, fieldworkers, support staff)
- Donors/funding: SAN! and other donors
- Faith Based /secular
- Any HIV-positive staff now or previously
- Health insurance / medical scheme for staff – specify: coverage, staff only, also family

Initiation of HIV and AIDS WPP

1. Can you tell us something about when, how and why the process to develop a HIV and AIDS WPP started in your organization? **Probes**
 - When / what occasion (SAN!SIP workshop?)
 - Initiation by whom (Position in organization)
 - Motivation: Why considered important to have one:
 - foreseen direct and indirect benefits,

- for whom benefits (only PLHIV, all staff, also family),
- what benefits (knowledge gaining, treatment, capacity building, prevention etc),
- staff at risk of HIV infection,
- PLHIV in organisation
- want to please donor

Development of the HIV and AIDS WPP

2. What is the status of your policy now?
 - **Probe:** in the process of drafting, first draft (something on paper), final draft for submission to review committee

3. Once it was decided to have a policy, how did the organization go about developing the policy? **Probes:**
 - Who drafted? (name, position, trained in SAN!SIP)
 - How long did it take to draft
 - Was it a participatory development, committee (and who was in the committee, different departments / levels of staff), or everyone involved
 - Gender representation in participation
 - Different levels of staff representation,
 - PLHIV represented
 - Documents used for development? (ILO, internet, SAN!SIP, others)
 - Used Good Donorship guidelines?
 - Any support by SAN!SIP, SSIPG, other NGOs within or outside SAN!SIP. If so, what sort of support (visits, workshops, documents ..)

4. What has been the general interest of the staff in developing a WPP?

Probe: Any difference in staff interest by

 - gender,
 - level of staff / job activities (HIV/health),
 - marital status,
 - time on the job
 - permanent job or not

Content of HIV and AIDS workplace policy

5. What are the main elements of your HIV and AIDS workplace policy?

If not mentioned spontaneously, **Probe and ask to specify:**

 - Awareness raising, sensitization and education on HIV and AIDS,
 - Prevention (condoms, sex education),
 - Support and care of HIV-positive staff
 - Treatment of OI and with ART (who pays, health insurance??),
 - VCT,
 - Staff benefits
 - Gender
 - Confidentiality,
 - Sexual harassment
 - Anti stigma and discrimination
 - Counselling
 - Right to work for PLHIV

6. Were there some contentious issues / point for discussion whether to include or not in the policy

If not yet mentioned **probe for:**

 - Provision of condoms for staff,

- Who is covered for treatment, benefits, etc, staff only, spouse, family
7. Is there an activity plan attached to your HIV and AIDS WPP?
- Probe for the main activities
 - What is be the first activity planned
8. Have you attached a budget to your plan / or are you in the process of writing a budget?
- Used the SAN! document: "What's it Likely to cost"?
 - If budget has been completed, has it been sent to the SAN! donor in the Netherlands?
 - Money received by donor?

Could I please see the draft of your HIV and AIDS WPP, activity plan and budget

Challenges:

9. What do you see and foresee as some of the challenges in further developing or implementing this HIV and AIDS workplace policy? **Probes:**
- Lack of knowledge on the process,
 - lack of support (financial and organizational)
 - Time constraints for staff, management and staff co-ordination,
 - Changing organization identity,
 - Being a faith based organization,
 - Not all staff interested

Activities related to HIV and AIDS for staff

10. Are some educational activities taking place or are services provided related to HIV and AIDS by the organization? **Probe:** Whether these started because of the WPP or already existed before WPP process started.
- Information about HIV and AIDS to staff (which information)
 - Information about VCT
 - Information about referral to ART
 - Health Insurance or medical scheme for staff (and who is covered)
 - Condoms in the workplace for staff

Effect / impacts of WPP

11. Have you already seen some changes in the organization or among staff because this process of development of HIV and AIDS workplace policies?
- Education materials available, posters, aids corner etc
 - More awareness about HIV
 - Openness, discussing HIV and AIDS in staff meetings, or informally among staff,
 - Talking about gender,
 - Position of PLHIV improved – less stigma,
 - Condoms provided for staff

Plans

12. What are your further plans for developing and implementing your HIV and AIDS WPP?
- How do you plan to disseminate the policy to all staff?
13. Do you see that your grantees, partners and other stake holders may also initiate Work Place programs on HIV and AIDS in their respective organizations? (As far as applicable)

Support

14. What is the support you would like/need to further develop and implement the WPP
- Probe also for *not financial* support, for instance technical support, other inputs on which issues, and let the person specify what the money is needed for

Suggestions

15. Do you have any suggestions to
- SAN!SIP,
 - SSIPG
 - The Dutch donors
 - Other SAN!SIP organizations

Any questions

16. Is there anything you would like to tell or ask us?

THANK FOR YOUR TIME AND VALUABLE INPUTS!

SAN!SIP PHASE ONE RESEARCH
FGD GUIDE

Introduction:

Good morning / afternoon we are..... and (facilitator and note taker) from YRG CARE, Chennai. YRG CARE is a not for profit charity, working among people with HIV and attempting our best to prevent newer infections. We are here for the applied research part of the SAN! South India project about HIV and AIDS workplace policies that your organization is also part of. Since the SAN!SIP is a pilot project it is very important to listen to the experiences of the people involved – like all of you – and to get ideas about the project and how it can be improved. That is why we are here with you. Thanks for giving me this opportunity to interact with you all.

Today, I would like to discuss with you your ideas and opinions about the HIV and AIDS workplace policy in your organization, which you are developing. This group discussion will approximately be for 45 minutes and I hope you will all contribute and express your ideas. There are no right or wrong answers, so please feel free to air your view and add to or comment on answers of others because you may have different views. All what you say is valuable to us.

Since very important information will be shared today, I seek your permission to voice record this interview - this again is to go back and transcribe data, so that we do not misinterpret what you said. If you all agree, I can switch on the tape recorder and begin the interview. Can we begin now? Kindly tell me that you all have agreed to participate in an interview that is being voice recorded? This is to assure ourselves that the process of informed consent is understood by you all and that you have agreed to participate without any compulsion.

A. Background of respondents:

Do you know each other already, but I want to ask you to first tell me who you are and what is your position / designation / job in this organization and how long you have been working here already

(Try to keep this short, and let the note taker write down – to be filled in further later or otherwise the note taker/interviewer can collect those details before interview start)

B. General on WPP

1. Have you heard about the HIV and AIDS workplace policy that your organization is developing?
 - If the people do not know – try to give more clues, about SAN!SIP, doing something for staff about HIV prevention within their workplace, etc.
 - **If they really do not know, go to section G**
2. How did you get to know about it?
 - From whom, when and what
3. Can you tell me who started it, when and why it was initiated?
 - Names and position of initiators,
 - Motivation, were there maybe PLHIV in the organization, or someone affected, or some staff died of AIDS
 - Motivation: observing other Partner organizations developing such policies
4. Do you think such a policy is necessary, or important to have?
 - Let people explain their YES or NO answer.
 - **If YES:** what are the possible benefits, and whether also benefit for the family

- **If NO; try to challenge** a bit, if they say we have no PLHIV in the organization, ask: how can they be sure? Maybe the person does not want to say it, or in future some one may be HIV-positive.
- **Find out** whether they think the policy is only for HIV-positive staff

C. Development of the policy

Your organization is now in the process of developing a policy / has a draft policy

5. What was the process for developing the workplace policy?
 - Who developed the policy?
 - Was it a participatory process
 - Were any of you involved in the process of development?
 - Did one of you attend a training on workplace policies (by SAN! South India)
 - That is: were any of you asked your opinions about the content, or maybe participated in the writing?
 - **If YES:** How were the persons involved, meetings, giving comments on drafts that were circulated, were in the writing committee
 - **If NO:** Who (positions) is/are developing the policy and how do they do it; would you like/have liked to participate?
 - **Probe:** is there any influence of **1)** level of staff or **2)** gender on who participated in the development?

D. Content

6. Do you know any of the contents of the policy, what are issues addressed?
 - After the answers to the open question, probe on the issues that are not mentioned:
 - Awareness raising, and education on HIV and AIDS
 - Prevention (condoms, sex education),
 - Support and care of HIV-positive staff
 - Treatment of OI and with ART (who pays, health insurance??),
 - VCT,
 - Staff benefits
 - Gender
 - Confidentiality,
 - Anti stigma and discrimination
 - Counselling
 - Sexual harassment
 - Right to work for HIV positive staff
 - If they know some contents, probe: How do you know about this??
7. Where any of this contents you mentioned before points for discussion?
 - Which points, probe if not mentioned for condom provision, coverage of the policy, access to treatment
 - Were some of you involved in the discussions
8. Do you think the power structure in your organization, that is the relations between bosses, managers, different levels of staff, (either equal or hierarchical) has any influence on the contents of the policy?
 - Explain the YES and the NO answers

E. Challenges:

9. What do you see and foresee as some of the challenges in further developing or implementing this HIV and AIDS workplace policy?

- Lack of knowledge on the process,
- lack of support (financial and organizational)
- time constraints for staff, management and staff co-ordination,
- organization identity,
- being a faith based organization,
- not all staff interested

F. Effect / impacts of WPP

10. Have you already seen some changes in the organization because this process of development of HIV and AIDS workplace policies?
- Education materials, posters on the wall
 - More awareness,
 - More openness,
 - discussing HIV and AIDS in staff meetings, or informally among staff,
 - Talk about gender, PLHIV,
 - stigma reduction,
 - condoms for staff in the workplace (for instance at toilets, HIV focal point person)

SKIP SECTION G AND GO TO SECTION H

G. Not aware of WPP in organization or in organization there is no WPP

11. Do you know what is a workplace policy for HIV and AIDS?
IF NOT AWARE – THE FACILITATOR EXPLAINS WHAT IS HIV AND AIDS WPP
12. Do you think such a workplace policy on HIV and AIDS in your organization is important?
- Explain the answers: Yes and NO
 - Why do you think it is important
 - Why do you think it is not important
 - Explore possible benefits
13. What would be important issues to address in such a policy?
Probes on KEY points and leave the others if they do not come up from the discussion
- KEY Prevention (condoms, sex education), KEY
 - KEY Gender and sexual harassment
 - KEY Confidentiality,
 - KEY Anti stigma and discrimination
 - KEY Right to work for HIV positive staff
 - Awareness raising, and education on HIV and AIDS
 - Counselling
 - Support and care of HIV-positive staff
 - Treatment of OI and with ART (who pays, health insurance??),
 - VCT,
 - Staff benefits
14. Who should develop such a HIV and AIDS workplace policy?
- Senior management, a committee (and who should be in the committee), all staff
15. Why do you think your organization has not started the process of developing a WPP for HIV and AIDS
- No capacity to start developing WPP (funds, human resources, unskilled staff on WPP),
 - HIV and AIDS is not a priority for the organization
 - They follow another policy

- Not into direct AIDS work
- Low staff strength
- No time for an extra program
- We will make our own programme at our own time
- Scaling down on programmes, staff, financial resources

H. Any questions

16. Is there anything you would like to tell or ask us?

THANK YOU ALL FOR YOUR TIME AND VALUABLE INPUTS!