

Development of workplace policies and start of policy implementation

Applied Research, Phase 2 Report

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May 2010



STOP AIDS NOW!
is a partnership
between Aids Fonds,
Cordaid, Hivos, ICCO
and Oxfam Novib

20100805

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Acknowledgements

Members of the research team have a high regard for the office of SAN! Ethiopia, in particular in the person of Mr Wassie for the continuous support provided from conception to completion of the survey. He participated actively in the workshop to design the study methodology, facilitated the data collection out of Addis Ababa, and provided logistical support.

In spite of the tight work schedule, the cooperation accorded to the research team by the management and HIV and AIDS Focal Point Persons in all NGOs involved in this study is highly valued. The research team also wants to praise all the in-depth interview respondents and focus group discussion participants for being involved in the study, and for honestly sharing their opinions and their organizations' experiences concerning HIV and AIDS workplace policies. Without their cooperation the study would not have been a success.

Lastly thanks go to Mr Wassie and Yvette Fleming of STOP AIDS NOW! for their valuable comments on the final draft, and to Zoe Goldstein for editing this document.

Abbreviations

ACORD	Agency for Cooperation and Research for Development
AfD	Alliance for Development
AR	Applied Research
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Treatment
BCC	Behavioural Change Communication
BT	Budget Tool ('What's it likely to cost')
CEYSD	Circus Ethiopia for Youth and Social Development
EDA	Emanuel Development Association
FA	Funding Agency
FBO	Faith Based Organization
FGD	Focus Group Discussion
FPP	HIV and AIDS Focal Point Person
HAPCO	HIV and AIDS Prevention and Control Office
GDG	Good Donorship Guidelines
HIV	Human Immunodeficiency Virus
IDI	In-depth Interview
IEC	Information, Education, and Communication
IHA-UDP	Integrated Holistic Approach-Urban Development Project
ILO	International Labour Organization
KMG	Kembatti Menti Gezzimma
MJATD	Mary Joy Aid Through Development
NAC	National AIDS council
NEP+	Network of Networks of HIV Positives in Ethiopia
NGO	Non-Government Organization
OI	Opportunistic Infection
ORDA	Organization for Relief and Development in Amhara
PLHIV	People Living with HIV
PI	Principal Investigator
PO	Partner Organization
SAN! Ethiopia	STOP AIDS NOW! Ethiopia
VCT	Voluntary Counselling and Testing for HIV

Executive summary

Between October and December 2009 SAN! Ethiopia conducted a study of 11 NGOs, chosen from 30 NGOs covered in the baseline study. The study sought information with three overall objectives: (1) to assess the processes employed in the development of an HIV and AIDS workplace policy (WPP) and the factors contributing toward ownership of this process; (2) to identify and document success stories and emerging challenges associated with the development of a WPP; (3) to document the promising practices of NGOs which have already begun implementing their WPP.

Methodology

Qualitative methods of data collection were used: in-depth interviews (IDI) with a semi-structured questionnaire, and focus group discussions (FGDs) with a topic guide. The IDIs were conducted with 18 members of management and HIV and AIDS Focal Point Persons (FPPs). The FGDs were conducted with 65 employees – 36 males and 29 females – from middle management level and lower level support staff. In addition, observations were made of the availability of policy documents, information, education, and communication (IEC) materials, condoms, and an AIDS corner.

Findings

Availability of WPP

All eleven NGOs had a WPP, either in draft or final form. Six NGOs were in the drafting process, one NGO had a final document, and four NGOs had started implementing their policy. Eight NGOs had a stand-alone WPP. A positive finding was that for many NGOs, the process of developing a WPP became a factor in forcing them to review the effectiveness of associated areas, such as human resources (HR) policies and medical benefits. Most FGD participants were knowledgeable about their organization's WPPs, including its status, and when and by whom it had been or was being developed.

Development of WPP

Most WPP documents took into account Ethiopia's legal and policy framework by considering the supportive legal and policy arrangements that recognize HIV and AIDS as a workplace issue. According to IDIs, nine NGOs had involved staff in the WPP development process. However, FGD participants in only seven NGOs indicated that they had been involved in WPP development. SAN! Ethiopia training supported NGOs in developing their WPPs. Represented by directors, senior management staff, and FPPs, all NGOs had attended SAN! Ethiopia training. Nine of the NGOs had been involved in all the workshops: project launch (March 2008), leaders' training (April 2008), FPP training (August 2008), and the experience exchange workshop (January 2009). All IDI respondents who reported receiving WPP related documents from SAN! Ethiopia indicated that they were very useful. The Good Donorship Guidelines (GDG) and Budget Tool 'What's it likely to cost' (BT) were found to be helpful for updating final or draft documents. Five NGOs reported using GDG and four reported using BT.

Communication of WPP to staff

The WPP document, either draft or final, was communicated to staff in seven NGOs. A good experience was observed in four NGOs which provided orientation on WPP to new staff, either by their FPPs or HR personnel.

Content and its implementation

All NGOs had made *education and prevention* a central tenet of their policy, but not all had started implementation. With the exception of a few NGOs, the current education programs have limitations in that sessions are conducted irregularly and the distribution and use of the IEC materials is limited.

Condoms were made available in five NGOs, in offices and toilets. In one of the NGOs, condoms were now available in the newly established AIDS corner. Some other NGOs had discussed the placement of condoms once they had established an AIDS corner. The majority of the FGD discussants, including those in NGOs that did not promote condoms, supported the provision of condoms at the workplace.

All NGOs had made a firm policy commitment to *voluntary counselling and testing* for HIV (VCT), but only five NGOs promoted and advised staff to go for VCT. Two NGOs had established a relationship with VCT centres. One NGO had initiated a peer education and counselling program.

In relation to *treatment*, NGOs considered AIDS as any other disease. Six NGOs had health insurance which covered anti-retroviral treatment (ART) and medicines for opportunistic infections (OIs). In one NGO without health insurance, staff could be reimbursed for medical expenses, including ART, and in another NGO staff could get free treatment in clinics and health centres run by the organization. Facilitating access to free ART was addressed in the WPPs (content) of seven NGOs. Many FGD participants, however, were doubtful that current coverage limits would extend to the management of OIs and other HIV and AIDS related care.

All NGOs had made strong policy commitments to *non-discrimination and confidentiality*. This included: not requiring pre-employment screening or testing for HIV and AIDS; not terminating any employee on the basis of his or her HIV status; and treating knowledge of an employee's HIV status with complete confidence. All NGOs were looking for tangible and concrete ways of dealing with the fear of disclosure. FGDs highlighted staff concerns about confidentiality, specifically how confidentiality could be maintained if employees disclosed and sought treatment.

Most NGOs gave special consideration for *gender* specific issues. Six NGOs had a formal gender policy document, however all had measures in place for gender equality, and for giving special priority to female applicants. Only one NGO reported having a committee to oversee gender (together with HIV and AIDS) related activities in the workplace.

Five NGOs reported having an official *support* mechanism for (future) HIV positive staff, through the establishment of a social committee and an AIDS fund, upheld by staff contributions. Only one NGO had developed a mechanism to support sick family members.

Few NGOs had set up a mechanism for *monitoring* WPP activities. Only three had *committees* to oversee WPP activities in the workplace.

All but one NGO at the time of research had an *HIV and AIDS Focal Point Person* (FPP). In six NGOs SAN! Ethiopia training initiated the appointment of FPPs. Except for in one NGO, FPPs worked part-time on WPP activities. During FGDs, participants from seven NGOs knew who was responsible for WPP activities, and knew the FPP in their NGO.

In eight NGOs, to a varying degree, the higher management *participated* in HIV and AIDS related activities, from the initiation of WPP development to subsequent activities, including VCT.

Involvement of people living with HIV and AIDS (PLHIV) in policy development and training, and/or the NGO having a relationship with an association of PLHIV was found to be minimal.

Effects

The majority of IDI and FGD participants reported observing that the WPP process brought more and deeper discussions on HIV and AIDS, and increased openness among staff.

Promising practices

- The development of WPPs in a participatory process involving all levels of staff;
- The establishment of AIDS funds and social committees for care and support;

- Continuous provision of condoms, and their availability in the AIDS corner;
- Management commitment for the implementation of WPPs;
- Setting up of a committee for HIV and AIDS;
- Involve PLHIV
- Special consideration for gender specific issues while designing WPPs.

Challenges

- Lack of time for WPP activities, of staff and FPPs;
- Not involving all levels of staff in WPP development and training;
- Lack of commitment of senior management;
- Lack of funding for activities – no support by donor;
- Difficulty in developing clear guidelines to ensure confidentiality, and against stigmatisation and discrimination of PLHIV;
- Difficulty in setting up a network of SAN! partner organizations;
- Uncertainty about the legal implications of WPPs.

Recommendations

To NGOs

- Speed up efforts to implement WPPs, especially with regard to HIV and AIDS education and prevention;
- Put greater effort and emphasis into promoting VCT;
- Communicate every detail of WPPs to staff;
- Establish and communicate confidentiality procedures;
- Set up structures that are central to the workplace, such as HIV and AIDS committees;
- Design a monitoring system with measurable objectives;
- Appoint an FPP with dedicated time and clear descriptions of responsibility;
- Develop and strengthen a peer counselling program;
- Involve PLHIV;
- Work on establishing the network among SAN! Ethiopia partner NGOs.

To SAN! Ethiopia and steering group

- Facilitate the establishment of networking among SAN! Ethiopia NGOs;
- Continue organizing training, including for lower level workers.

To SAN! Netherlands and donors

- Scale up support for WPP implementation, helping NGOs to have appropriately funded programs integrated into existing structures.

1 Introduction

1.1 HIV and AIDS in Ethiopia, policies and programs

The HIV and AIDS pandemic continues to remain a global challenge. Ethiopia is no exception, and like many other Sub-Saharan countries, it is one of those hardest hit. In 2009, the national HIV prevalence rate among adults aged 15-49 years was estimated to be 2.3 (7.7% urban and 0.9% rural). Currently, there are about 1,116,216 PLHIV in Ethiopia, of which nearly 73,000 are children under the age of 14 (See Annex A).

The government of Ethiopia has taken different measures in its response to the epidemic. As the epidemic began to spread, the government responded by issuing a national AIDS policy, a strategic framework, and the establishment of a multi-sectoral and broad based National AIDS Council (NAC) and secretariat, which evolved into the current HIV and AIDS Prevention and Control Office (HAPCO). Despite these and other concerted efforts, the epidemic still continues to grow steadily both in urban and rural settings, claiming the lives of the most productive segment of Ethiopian society. HIV and AIDS has now become one of the major challenges to the socio-economic development of the country; in all sectors, efficiency is undermined by high morbidity and mortality, absenteeism, and skill shortages.

In 2004, to intensify the multi-sectoral response to HIV and AIDS, the government developed a strategic plan to enhance and strengthen the ongoing multi-sectoral prevention and control activities. To this effect the community at large, including NGOs, were assumed to significantly contribute to the fight against the epidemic. The Ethiopian government was also well aware of the problem of HIV and AIDS in the workplace, and gave this due attention in the strategic plan and national policy on HIV and AIDS which guide the handling of HIV and AIDS at large. The workplace is where a considerable number of people convene, interact, and educate one another on many important issues. With this assumption, it is supposed that the problem of HIV and AIDS in the workplace can be better dealt with in the workplace itself, since it is seen as a convenient and conducive setting for HIV and AIDS control activities and workplace based interventions.

With the leading role of the government and the emphasis on community ownership there has been a call for an integrated and comprehensive intervention strategy among all sectors, including NGOs, faith based organizations (FBOs), and the private sector. This can be best achieved if all sectors mainstream prevention, care, and support activities in the workplace through organizational mandates and plans. According to the Ethiopian strategic plan for HIV and AIDS, civil society organizations – including NGOs participating in the SAN! project – are considered to be the main actors and partners in the multi-sectoral response to the epidemic. In addition to mobilizing their constituencies and organizing and implementing community initiatives, they are expected to organize and implement HIV and AIDS workplace programs.

1.2 SAN! project: 'Managing HIV and AIDS in the Workplace'

Considering the vulnerability of Ethiopian NGOs to the HIV and AIDS epidemic, the Dutch Funding Agencies (FAs) Cordaid, Icco, Oxfam Novib, and Plan Netherlands initiated and supported a joint project with the aim of assisting their Partner Organizations (POs) to internally mainstream HIV and AIDS. The pilot phase was run from 2004 to 2005, and a workshop was held to review the impact and benefits of the project. During this workshop, organizations concluded that the pilot phase: (1) supported NGOs in better understanding HIV and AIDS mainstreaming in their organizations, as well as programmatic interventions; (2) assisted in the quest for further knowledge and capacity development to effectively respond to the negative impacts of HIV and AIDS in their organization. Based on suggestions made by the POs, the FAs decided to continue supporting the project for a longer period and install a management structure in Ethiopia.

The three year SAN! project on Managing HIV and AIDS in the Workplace, running from July 2007 to June 2010, targets 35 NGOs in Ethiopia cooperating with Oxfam Novib and Cordaid. The purpose of the project is to strengthen the NGOs' capacity to effectively respond to the challenges of HIV and AIDS in their organizations.

The project envisaged employing four organizational learning cycles in the process of project intervention. These were: (1) WPP (re)formulation; (2) implementation of a WPP and program; (3) reflection on the process; and (4) drawing lessons from the process. These cycles were interlinking and complemented one another.

1.3 Activities in the SAN! Ethiopia project in 2009

In 2009, the project continued facilitating learning among participating NGOs that led to the development and implementation of WPPs. During the last two years, the project office as well as POs learned substantial lessons, based on findings from the baseline study, through training and experience sharing events, and the circulation of tools and reference materials. The project office has encouraged and systematically supported POs to use the knowledge and experience they have gained from different events. The major learning events conducted in 2009 are presented in the following sections.

In January 2009, a training workshop on WPP formulation was conducted for NGOs' HR personnel. In total, 31 people from 24 organizations participated in this training program. Of the total participants, the proportion of male and female participation accounted for 67% and 33% respectively. The training emphasized an introduction to the tools, methods, and practical experiences guiding the formulation of WPP. The topics covered included: (1) the basics of HIV and AIDS from a workplace perspective; (2) Ethiopian policy frameworks on HIV and AIDS in the workplace; (3) the International Labour Organization's (ILO) code of good practice; (4) introduction to the 12 boxes model; (5) budgeting to manage HIV and AIDS in the workplace; (6) recommended steps to develop a WPP; and (7) an action plan for WPP formulation.

In June 2009 a consultation/experience exchange workshop was conducted. The workshop aimed to deepen the understanding of participating NGOs about the development and implementation of WPPs. Twenty-four participants from 24 NGOs participated in this workshop. Of the total participants, 71% were male while 29% were female. The topics of the workshop included: (1) introduction to learning processes – theoretical and experiential learning; (2) lessons from the Ethiopian organizations responding to HIV and AIDS in their workplace, including private businesses, the public sector, and NGOs outside of the SAN! network; (3) plenary presentations and discussion by participating NGOs in the project; and (4) managing learning and the ways forward.

In November and December 2009, tailor made training sessions were conducted for the project offices of NGOs in three rounds in three towns (Bahir Dar, Nekemte, and Hawassa). In total, 67 people from project offices participated in this training. The proportion of male participants (67%) was higher than female participants (33%). The objectives of this training were to: (1) increase the knowledge of project staff about the basics of HIV and AIDS and its prevention mechanisms, the impacts of HIV and AIDS on NGOs, etc; and (2) create better understanding of the development and implementation of WPPs.

The project provided support to partners to establish an AIDS corner. An HIV and AIDS corner is a specialized corner where relevant reading materials are displayed and condoms are made available. The target beneficiaries of an AIDS corner are primarily the staff of organizations. The practical applications of an AIDS corner in the workplace was explained in different training events, and the project coordinator elaborated on the advantages of having an AIDS corner during monitoring visits to organizations. As per the plan of action for 2009, the project office provided an amount of 7,000 Birr (around 375 Euro in 2009) to organizations to purchase a shelf, to make photocopies, and to bind resource materials for display in the corner. In each training event, the SAN! project provided to participants sufficient reading materials in hard and soft copies, thereby encouraging organizations to print and display these

materials for wider use by their colleagues. Accordingly, 22 NGOs established an AIDS corner (most after the data collection for AR Phase 2). The remaining NGOs will establish their AIDS corner in the fiscal year of 2010.

Useful reference materials for WPP development and implementation were photocopied and shared with partner organizations. The materials ranged from global tools and manuals to relevant Ethiopian policy frameworks for WPP development and implementation.

1.4 Applied research

As part of the project, during the project period a series of applied researches (AR) were planned, with the objective of creating better understanding about the organizational, social, and economic impacts of HIV and AIDS on the working environment of the 35 NGOs. The AR findings are expected to provide valuable data to enable informed decision making, for participating NGOs in particular and for the wider public in general. The AR is conducted in three phases: baseline, mid-way, and towards the end of the project. The first AR in 2008 dealt with generating baseline data on the status and the basics of management of HIV and AIDS in the participating NGOs, giving particular attention to internal mainstreaming/programming.

1.4.1 Summary of findings AR Phase 1

In AR Phase 1, 30 NGOs were involved. Data was collected through IDIs with senior management, and interviews with 6 staff per NGO using a semi-structured questionnaire. Most NGOs were found to recognize the seriousness of the HIV and AIDS epidemic and were willing to support national efforts to reduce the spread of infection and minimize the impact of the disease. However, few NGOs recognized the impact of the HIV and AIDS epidemic on their workplace.

Eleven NGOs had experience of dealing with HIV positive employees, but they mostly responded by offering only ad hoc, unofficial support. Official and formal responses to HIV and AIDS were reported by two NGOs, one of whom has a legally recognized employees' anti-AIDS association. Only 12 NGOs were found to have a WPP in place, either in draft or final form, and only three had started implementing the policy. The two basic reasons stated for initiating the policy were the recognition of HIV as problem for staff, and support for Ethiopia's national HIV and AIDS policy.

Most NGOs admitted that they did not have the skills or experience to undertake the process of developing a WPP without assistance. One of the common factors reported by NGOs inhibiting them from initiating WPP development was lack of information on the imperative to respond to HIV and AIDS in the workplace. The majority of the NGOs highlighted that they required the knowledge and skills to develop and implement a policy; many were found to be unable to develop action plans.

Most NGOs did not have a structure to coordinate and monitor either the implementation of a WPP or HIV and AIDS activities. Only eight were found to have appointed an FPP.

Seven NGOs included a comprehensive and coordinated set of prevention, care, and support components in their WPP; the major foci were protecting the rights of those affected by HIV and AIDS, and prevention of transmission through information, education, and training. In all NGOs it was reported that there was no requirement for HIV testing before employment, training, or promotion.

In most NGOs, the different HIV related activities were irregular and infrequently monitored. Most of the activities were related or limited to sensitization of staff, and staff awareness and training. The study showed that materials for a successful education program were lacking. No NGOs used different tools in their education programs, such as handbooks or leaflets, and education sessions did not involve external speakers or PLHIV. In no NGO were condoms made readily and consistently available to employees at the workplace, and only 5 NGOs

promoted VCT to staff, albeit on an irregular basis. Four NGOs reported providing care and support to HIV positive staff, and none reported providing support to staff's family members.

1.5 Structure of the report

After this introductory Chapter One, Chapter Two will provide the study methodology, and Chapter Three will present findings on the processes of the development of WPPs and the content of policy documents. Chapter Four explains the status of support structures within NGOs for a WPP. Chapter Five discusses the activities related to HIV and AIDS for staff, and then Chapter Six continues to address specific themes, including stigma and disclosure in the workplace. In Chapter Seven and Eight the effects of WPPs, and reported good practices and perceived challenges, will be presented. The report concludes with a summary of promising practices, constraints, challenges, and recommendations.

2 Study Methodology

The AR team consisted of two researchers from Ethiopia and an advisor from the Netherlands. Together with the SAN! Ethiopia project coordinator and members from the steering group and NEP+ they designed the study methodology for Phase 2 during a one week workshop in October 2009.

2.1 Sampling of NGOs

Eleven out of 30 NGOs covered in the Phase 1 baseline study were sampled for this second phase. Sampling criteria were that NGOs should have at least a draft WPP. The sample was purposefully selected by the SAN! co-ordinator, paying attention to include both Cordaid and Oxfam Novib partners: five were Cordaid partners, 5 Oxfam Novib partners, and one NGO was supported by both.

2.1.1 Basic characteristics of the NGOs

The 11 NGOs are all secular. All have their headquarters located in Addis Ababa, with the exception of ORDA, whose headquarters are located in Baherdar. Three NGOs are regional: 2 focusing on Addis Ababa (DF and IHAUDP), and one on the Amhara region (ORDA). Three NGOs do not have branch offices (NEP+, DF, IHAUDP), and among the 8 that do have branch offices, ORDA has the most (17) and AfD the least (3). The branch offices of five NGOs are said to be semi-autonomous, with varying degrees of autonomy (CVM, MJATD, ACORD, CEYSD, AfD). For example, in AfD and CVM, branch offices have strong autonomy as they have their own administrative, financial, and employment system. The headquarters only help in proposal development and providing funds. The branch offices of CEYSD are free to hire or terminate employees, to generate and use resources, and communicate with organizations in-country and outside by themselves. In MJATD, major decisions are made at the headquarters and the organization provides limited autonomy to branch offices, such as allowing them to raise their own funds by private partnership and deciding on financial issues not exceeding 60,000 Ethiopian Birr.

From Table 1, which presents the background information of the NGOs, it can be read that 9 of the NGOs had HIV and AIDS related programs (more detailed information on the NGOs in the SAN! Ethiopia project are provided in the AR report Phase 1).

Table 1: Background characteristics of NGOs

<i>Name of organization</i>	<i>Acronym</i>	<i>HIV and AIDS related projects</i>	<i>Number of branch offices</i>	<i>Funding agency</i>
Agency for Cooperation and Research for Development	ACORD	√	5	Oxfam Novib and Cordaid
Alliance for Development	AfD	√	3	Cordaid
Circus in Ethiopia for Youth and Social Development	CEYSD	-	5	Oxfam Novib
Comunita Volantari per il Mondo	CVM	√	5	Cordaid
Der Foundation	DF	-	-	Oxfam Novib
Emanuel Development Association	EDA	√	6	Cordaid
Integrated Holistic Approach-Urban Development Project	IHA- UDP	√	-	Oxfam Novib
Kembatti Menti Gezzimma	KMG	√	13	Oxfam Novib
Mary Joy Aid Through Development	MJATD	√	8	Cordaid
Network of Networks of HIV Positives in Ethiopia	NEP+	√	-	Cordaid
Organization for Relief and Development in Amhara	ORDA	√	17	Oxfam Novib

2.2 Study methods and respondents

The two study populations were: (1) managers and FPPs, and (2) staff. Qualitative methods of data collection were used: in-depth interviews (IDIs) and focus group discussions (FGDs). For the IDIs, a semi-structured questionnaire was designed, and for the FGDs a topic guide (see Annex E).

In-depth interviews

The IDIs were conducted with key individuals within the NGOs in the main office, during a prearranged time agreed upon by the research team and the respective heads or FPPs. Even though the initial plan was to conduct IDIs with two individuals per NGO – the management representative and the FPP – due to various reasons this was only possible in seven NGOs; for example, in AfD the FPP had resigned a week before the interview.

For the IDIs there were 18 respondents, including five executive directors, a deputy director, a country representative, a program advisor/manager, a project manager/officer, a communications officer, and seven FPPs. Six of the 18 were female, working as FPPs (see Annex C).

The IDIs were facilitated by the two Ethiopian members of the research team. Prior to each interview participants were provided with a short briefing on the nature of the research, and requested to give their consent for participation. All IDIs were recorded in written form. The IDI sessions lasted approximately between one and a half to two hours.

Focus group discussions

The FGDs were conducted with employees working at middle management level and with lower level support staff. Considering the sensitivity of some of the questions posed and opinions provided in relation to WPPs, all FGDs were held without senior management representatives present. In all NGOs, management and/or the FPP randomly selected participants for the FGDs after providing an explanation of the purpose of the research. As much as possible, an attempt was made to balance the sex composition of the FGDs. There were a total of 65 participants in 11 groups: 36 males and 29 females (see Annex D).

From all participants in all groups, informed consent was received before starting the discussion. All FGDs were held in the NGO workplace with a member of the research team moderating. All sessions were conducted in Amharic, and discussions were audio taped with the consent of the participants and later transcribed into English. Generally, the FGDs lasted between one and one and half hours.

Observations

In addition to the IDIs and FGDs, all NGOs were requested to show their WPP document. Observations were made on the availability of a WPP document, IEC materials, condoms, and an AIDS corner.

Literature review

A literature review was conducted on the national AIDS policies and programs and the impact of HIV and AIDS on the workplace.

2.3 Data collection

Data were collected by the two Ethiopian AR team members between October and December 2009. Before commencing, a letter of request for participation in the study, and the address of the members of the research team, were emailed to all NGOs by the SAN! Ethiopia office. Through the help of the SAN! Ethiopia office, the research team made the arrangements for the IDIs and FGDs by communicating with the responsible individuals in each NGO in person, by phone, and through email, and interview times were agreed upon in advance. The date and timing of the IDIs and FGDs were planned so as to minimize the interruption of tight working schedules. In some NGOs, the process of making appointments and arranging the IDIs and FGDs took longer than expected, but in general all NGOs were very cooperative.

2.4 Data analysis and reporting

Data from the FGDs and IDIs were organized according to themes and put into spreadsheets. Analysis was conducted manually (without using a computer program). In the report, information is presented by theme, and findings of the FGDs and IDIs compared. The report contains case studies of promising practices in the development and implementation of WPPs. In this report, names of the NGOs are indicated, with their consent, thus it can serve as a point of reference for NGOs wanting to know more about a specific activity.

2.5 AR team responsibilities

The two local researchers (the PI, Dr Mesfin, and assistant, Dr Neway – both from the University of Addis Ababa, School of Public Health) collected the data, conducted data analysis, and wrote the draft report. The SAN! Ethiopia project coordinator facilitated appointments with the organizations and transport outside of Addis Ababa. The coordinator, Mr Wassie, and advisor from the University of Amsterdam, Dr Koster, commented on the drafts submitted by the Ethiopia researchers. Dr Koster is also responsible for the final report. Yvette Fleming, SAN! project coordinator in the Netherlands, commented on the final draft.

2.6 Study limitations

The busy and tight schedules of respondents were a serious factor why the study was not completed in the planned time. Furthermore, some respondents were less knowledgeable about the WPP activities being conducted in their NGOs, and this might have caused some of the discrepancies between IDIs and FGDs. A lack of information was even reflected in the accounts of some IDI respondents, causing further underreporting of NGOs' activities. This was often due to the fact that the most knowledgeable person regarding the WPP might not have been present during the AR team's visit.

3 Development of a workplace HIV and AIDS policy

3.1 Status of WPPs

All 11 NGOs had a WPP, either in draft or final form. Six NGOs had a draft (DF, IHA-UDP, CVM, MJATD, KMG, CEYSD), one NGO had a final document (NEP+), and four reported having a fully operational policy (ORDA, ACORD, AfD, EDA).

IHA-UDP had revised their former WPP. The IDI respondent from the organization stated that, *"We thought we had a final document but after SAN! Ethiopia training we understand the document needs updating and we prefer to consider it as a draft document"*. The directors of NEP+ and AfD disclosed that they were also considering updating their document, based on SAN! Ethiopia training. A similar claim was made by respondents from ORDA and EDA, despite the fact that both NGOs were already implementing their WPPs.

ACORD had started developing their WPP earlier than others in 2004, while CVM started last in 2009. In 5 NGOs, the WPPs were initiated in 2005 (AfD, CEYSD, MJATD, EDA, ORDA), NEP+ in 2006, and DF and KMG started in 2008.

The FGD participants in 10 NGOs were aware of their NGO's WPP. However, it was only in 6 NGOs that all FGD participants were found to be knowledgeable about their organizations' policy (ORDA, ACORD, EDA, NEP+, AfD, KMG). The majority of the participants in these NGOs were conscious of the status of the document – i.e. whether it was in draft stage, finalized, or being implemented – and when and by whom the document had/was being developed. All participants from NGOs with an operational policy were aware about its implementation (ORDA, ACORD, AfD, EDA).

3.2 Motivation to start the WPP process

Various reasons in combination were stated when IDI respondents were asked what motivated their NGO to develop a WPP. These included: (1) the impact of the HIV and AIDS epidemic; (2) management feeling responsible for staff; (3) having staff living with HIV and needing to have guidelines; (4) responding to national guidelines, to donors, and to SAN! Ethiopia; and (5) staff working in the field of HIV and having relevant knowledge. Overall, respondents assumed that WPPs help to create a supportive and non-discriminatory working environment by offering different services such as counselling and education to all employees, particularly for those affected and/or infected by the virus.

All IDI respondents acknowledged the seriousness of the HIV and AIDS epidemic and all believed action had to be taken to minimize the social and economic impact of HIV and AIDS on their staff. Two NGOs (EDA and IHA-UDP) were motivated by their donors, while ACORD was motivated by the head office of ACORD International. Four NGOs believed it was the responsibility of management to protect all staff, especially young employees (EDA, AfD, ORDA, CVM), while ORDA and AfD added that management have a responsibility to commit themselves to providing resources and leadership to implement a WPP.

Having had to deal with HIV positive staff was a motivation in some NGOs. One IDI respondent stated that, *"In the organization there were two cases of HIV positive staffs and it was difficult to help them for there was no policy or guideline for staffs with HIV and AIDS, and this incident motivated the organization to start developing the WPP"*.

The respondents from NEP+ and CVM acknowledged that aside from being a response to national policy, as NGOs working with a focus on HIV and AIDS activities they could not help others unless they addressed issues within their own workplace as well.

In addition to recognizing the impact of HIV and AIDS, IDI respondents from CVM, DF, and KMG acknowledged a strong motivation deriving from SAN! Ethiopia.

3.3 Processes of WPP development

Seven NGOs received varying degrees of support from an external consultant to develop their WPP document, together with different members of staff (AfD, CEYSD, EDA, IHA-UDP, ORDA, NEP+, KMG). The WPP document was prepared by a consultant together with the FPP and management (IHA-UDP), or with the health unit coordinator and management staff (KMG). In ORDA, the FPP and consultant developed the draft document together, and after senior management comments were integrated the document was approved by the general assembly. The role of the FPP in developing the document was highly acknowledged by the management of ORDA. In NEP+ senior management, a VSO consultant (volunteering in the NGO) and an HIV positive employee were involved in the development of the WPP document.

In EDA, a consultant from outside the organization, representatives from leadership, staff from program teams, and administrative staff representing supporting staff, formed a team and prepared the document. Brainstorming about the WPP was done with all staff, who then reached a consensus at a meeting held in 2005. At the meeting, a committee was established to prepare the document; it consisted of the external consultant, representatives from leadership, staff from program teams, and administrative staff representing support staff. After the document was prepared by this team it was communicated to all staff at a meeting in Addis Ababa.

Before developing the WPP document, AfD conducted a needs assessment to identify the gaps in the HIV and AIDS related knowledge, attitudes, and practices of employees, and the capability of management for implementing HIV and AIDS workplace activities. The result of the needs assessment was presented to all employees, including the management. Afterwards, a consultant prepared the final document, incorporating staff comments. After approval by the board, the WPP document was distributed to all departments. The health professionals (medical doctors), who were members of the board, also commented on the document.

In four NGOs no consultants were involved. The documents in CVM and DF were developed after FPPs attended the SAN! Ethiopia training. In CVM, at the time of research management were discussing the relevant legal issues with the organization's legal advisor before the document could be approved. In MJATD, program staff and management developed the WPP. In ACORD, the WPP was developed by management after discussion with staff, and different draft WPP documents brought from the head office were reviewed.

3.3.1 Staff participation

The SAN! Ethiopia project strategy for WPP development involves participation of all staff in the process. According to IDI respondents, the majority of NGOs (8) had involved staff in the development process of their WPP document. Staff were involved through a workshop during WPP development (AfD, ACORD, KMG, ORDA, DF, EDA, NEP+), and in all CVM offices in orientation sessions. The FPP of ORDA organized a workshop to discuss the WPP document and accommodate comments from staff; thereafter the WPP document was distributed. In DF, after SAN! Ethiopia training, a sensitization workshop on WPPs was conducted involving all staff, and thereafter the draft was prepared. The staff of EDA was involved in WPP development through two meetings conducted in 2005 to create awareness and establish a committee responsible for the development of the WPP, and then a meeting was conducted in Addis Ababa to communicate the document and incorporate comments.

Even though during 8 IDIs respondents claimed to have involved staff in WPP development, in only seven FGDs did participants indicate that they were involved in developing the WPP document and had the opportunity to comment on and amend issues (EDA, NEP+ AfD, CVM, ORDA, ACORD).

According to IDI respondents from three NGOs, staff were not involved in the development of the WPP document (CEYSD, IHA-UDP, MJATD). The CEYSD respondent stated that the NGO did have a plan, however, to call a staff meeting to discuss the WPP, as this is one of the lessons learned from SAN! Ethiopia training and workshop.

3.3.2 Use of resource documents

According to IDI respondents, the majority of the NGOs (9) developed their WPPs in relation to national documents, including the Ethiopian HIV and AIDS policy and Ethiopian Labour Law (CVM, IHA-UDP, NEP+, AfD, ORDA, EDA, DF, KMG, CEYSD). NEP+ used the Ethiopian Labour Law document, WPP documents in Africa, and documents of ILO and Cordaid. ILO materials on codes of conduct and WPP documents obtained at a conference organized by Oxfam Novib were used by ORDA. ACORD utilized materials brought from an ACORD International workshop in Nairobi, and documents with model examples from the ACORD Uganda office.

All respondents reported that the SAN! Ethiopia documents were very useful. Eight NGOs received support, especially in the form of WPP related documents, from SAN! Ethiopia while developing their WPP documents (CVM, DF, KMG, IHA-UDP, MJATD, AFD, CEYSD, NEP+).

Five NGOs used the GDG – Good Donorship Guidelines (CVM, DF, NEP+, ACORD, KMG), while the Budget Tool (BT – ‘What’s it likely to cost’) was utilized by four NGOs (CVM, DF, ACORD, KMG). Based on the SAN! documents, the IDI respondents from ACORD said they had revised their WPP and made it more complete. For three NGOs, the SAN! documents helped them to start developing a WPP (DF, KMG, CVM). IDI respondents of 8 NGOs were of the opinion that the SAN! Ethiopia documents were helpful in updating their final or draft documents.

For nine NGOs, SAN! Ethiopia was the only source of strong support for WPP resource documentation. Only two NGOs claimed to get other support: ORDA from Oxfam Novib and ACORD from their head office in Nairobi.

IDI respondents were aware of the findings of AR Phase 1. With the exception of one respondent (KMG), all respondents had seen the AR Phase 1 report and factsheet, and six respondents claimed to have read the whole document (AfD, CVM, DF, EDA, NEP+, ORDA). Representatives of all NGOs (apart from CEYSD) were present during an oral presentation of the findings of the AR Phase 1. However, none of the IDI respondents said they had used the recommendations from the first phase. This may possibly have been due to the short period between dissemination of the report and data collection for Phase 2.

3.4 Communication of WPPs to staff

IDI respondents in 6 NGOs indicated that after development the WPPs were communicated to staff through workshops (KMG, NEP+, ACORD, ORDA, EDA, AfD). In all CVM offices a one and a half hour orientation on the WPP was given. In ORDA, in addition to workshops, the final WPP document was distributed to all departments. In contrast, FGD participants from DF and CVM said that the policy had not yet been communicated well to staff.

IDI respondents from three NGOs, in agreement with their respective FGD participants, admitted to not communicating the policy to staff (CEYSD, IHA-UDP, MJATD). In MJATD, the plan was to revise the WPP document and re-develop it in accordance with the experience gained from SAN! Ethiopia workshops, and then communicate to staff during the finalizing process.

All NGOs had a system for orientation of newly recruited staff. However, only four NGOs gave orientation on their WPP to new staff (AfD, ORDA, EDA, ACORD), and the IDI respondents strongly asserted that this took place. In EDA and ORDA, orientation – including on the WPP – is given to newly recruited staff, as every staff member in the organization contributes to the AIDS fund. In ORDA, the FPP provides orientation about the WPP to new staff, while in the

other three HR personnel are responsible. In ACORD it was compulsory for new staff to know about the organization's HR policy and WPP.

The reasons given by three NGOs for not providing orientation on their WPP to new staff were related to legal issues; the WPP had not yet been finalized and approved (CVM and DF), and not yet endorsed and implemented (NEP+).

3.5 Type of policy

The WPP is a stand-alone policy in eight NGOs (AfD, CEYSD, DF, IHA-UDP, KMG, NEP+, ACORD, ORDA). In ORDA, the issue of WPP was included in the NGO's strategic plan. In ACORD and AfD, WPP components were added to the HR policy. As a result of the WPP, there is now a plan to revise the HR policy in ORDA.

In CVM, MJATD, and EDA, the WPP was part of the HR policy. In MJATD, some components of the WPP, such as care and support, have been incorporated in the HR policy, indirectly referring to HIV and AIDS under 'terminal illnesses'.

3.6 Content of the WPP

In all WPP documents the NGOs stated their purpose and objectives for formulating the WPP. The policy statement of all NGOs recognizes that HIV and AIDS endanger work accomplishment by threatening the wellbeing of employees. In an effort to deal with the issue proactively, NGOs are showing commitment, through the WPP document, to assisting employees infected with or affected by HIV and AIDS.

In all NGOs, the objective of the policy is to provide a framework and guidelines for employers and employees on how to deal with HIV and AIDS and related challenges in the workplace, to attain a working environment free of prejudice against HIV infected and affected individuals, and to facilitate the prevention of new HIV infections. Regarding the scope of application, the policy is or will be binding for all employees.

3.6.1 Legal framework

Most IDI respondents claimed to consider the constitution of Ethiopia and labour regulations as the supportive legal framework upon which their WPP was based and guided. However, only two NGOs (NEP+, ORDA) clearly put in their WPPs the articles in the constitution citing the right to equality, the rights of women, and labour relations. All NGOs also considered their HR policies as supportive legal frameworks upon which their WPPs were based.

3.6.2 HIV and AIDS education and awareness raising

All WPPs addressed the issue of providing all employees with access to information, education, and communication activities, including media materials and peer education. The documents stated that NGOs will endeavour to educate all employees about HIV and AIDS prevention, transmission, and treatment. Providing information on support and counselling to infected and affected employees is one of the components of the WPP.

All documents describe conducting workshops and educational events to share with and convey knowledge on HIV and AIDS among employees. Issues addressed include personal risks, promoting healthier practices, voluntary counselling and testing, addressing stigma and prejudice, and providing updates on developments in the local situation and on HIV and AIDS in general.

3.6.3 Prevention

As a measure to support healthier practices in the prevention of HIV infection, 8 NGOs included condom provision in their WPP documents, while in 3 NGOs condom provision was not a component of the WPP (CVM, MJATD, IHA-UDP). The WPPs of CVM and AfD included ensuring the availability and accessibility of personal protective materials to all employees who may potentially be in contact with blood. The WPP of CVM gave attention to occupational

health and safety guidelines. Two NGOs have pointed out in their WPP the necessity for providing syringes or travel kits (first aid kits).

3.6.4 Care, support, and treatment

All IDI respondents stated that employees were entitled to affordable health services and to benefits from statutory and occupational schemes. However, most NGOs had not clearly put care and support in their WPP document.

NGOs with health insurance for staff covered the cost of ART and the treatment of OIs just like any other illness. Some NGOs, however, did not clearly mention ART and treatment for OIs (IHA-UDP, CEYSD, DF, MJATD), while others such as AfD did clearly put facilitation of access to ART and treatment for OIs in their WPP.

3.6.5 Anti-discrimination measures

For promoting a non-discriminatory working environment, the documents clearly state that no employee with HIV should be discriminated against within the employment relationship, policies, and practices. No HIV positive employee should be discriminated against during recruitment procedures, job classification and grading, remuneration, employment benefits, terms and conditions of employment, workplace facilities, training and development, performance evaluation, and promotion and transfer. No employee should be required to undergo HIV testing.

If an employee is unable to work because of an AIDS related illness, reasonable alternative working arrangements should be made where possible. NGOs such as CEYSD put grievance procedures and alternative employment as a separate component of their WPP documents.

3.6.6 Guidelines to ensure confidentiality

All NGOs claimed to include confidentiality as a major component in their final and draft documents. Thus employees who are HIV positive have the legal right to privacy and are not legally required to disclose their HIV status to their employer or other employees. When an employee chooses to voluntarily disclose his or her HIV status, this information may not be disclosed to others without the employee's consent. Employees who disclose such information, entrusted to them due to their function, will face disciplinary measures.

As a measure to ensure confidentiality, information concerning an employee's HIV status is limited only to top management (AfD, CVM, DF, IHA-UDP, EDA, KMG). In IHA-UDP, to support HIV positive employees and ensure confidentiality, the NGO had created a special health fund provided by check, with only two people knowing who received such funds.

In ORDA, according to the IDI respondent, confidentiality was the major component of their WPP. HIV positive staff only had to disclose to the FPP, and financial support was given using a special code ordered by the FPP. It was clearly stated in the WPP that staff confidentiality will be upheld with respect to any administrative procedures undertaken while facilitating access to health services. The organization will also ensure that confidentiality regarding the HIV status of staff will be maintained by the third party treating the staff. One NGO director said that as a manager he has the ethics to keep any secret he comes across at his office.

Seven NGOs claimed to communicate to their employees the measures taken for ensuring confidentiality about their HIV status (AfD, CVM, NEP+, EDA, ORDA, ACORD, KMG). They did this through the WPP document (AfD, EDA, ORDA, NEP+), during WPP orientation and staff meetings (CVM, KMG), or through workshops and orientation during recruitment (ACORD).

As seen from the responses in both IDIs and FGDs, NGOs such as IHA-UDP have outlined measures for protecting confidentiality, but these have not been communicated to staff. In ORDA, on the contrary, the WPP has been distributed to all departments and branch offices.

According to the IDI respondents from ORDA, disclosure by staff of their HIV status has resulted from this communication effort, as staff do not to fear a breach of confidentiality.

3.6.7 Measures for gender equality

Only three NGOs (KMG, MJATD, CEYSD) do not address gender in their WPPs. All others had measures in place for gender equality, giving special priority for female applicants. However, only six NGOs had a stand-alone gender policy document (MJATD, CEYSD, IHA-UDP, ORDA, ACORD, EDA).

In ORDA it is compulsory for any project in the organization, including those related to HIV AND AIDS, to address gender in order to be approved. The gender policy of ACORD is attached to the HR policy, stating equality in recruitment and promotion. It also describes the importance of keeping an even composition of staff with respect to gender, and qualified females are given priority in recruitment. Even though they do not have a written gender policy, CVM gives priority to women during training and recruitment.

All the NGOs which do not have a stand-alone gender policy stated that either they have a plan for one (AfD, DF, NEP+, CVM) or they are in the process of developing one (KMG). Before starting the process of developing a gender policy, KMG conducted a baseline assessment of gender issues which showed the gap in need of addressing.

3.7 Issues of contention

Five NGOs reported controversial issues during WPP development (ORDA, AfD, KMG, EDA, ACORD). Most issues were resolved by way of meetings and discussions. In EDA there was controversy over how to secure funds for the implementation of the WPP, which was partially resolved by the staff's willingness to contribute 1% of their salary to the AIDS fund. In ORDA, the controversial issues were surrounding employment of PLHIV, paid leave, and how to deal with grievances and confidentiality; they were resolved by discussion and meetings. During WPP development, condom provision was a controversial issue in AfD as some people were in favour of promoting abstinence. Deep discussion among employees resolved the controversy. The respondent from NEP+ stated that, surprisingly, even religious persons in the NGO did not oppose the provision of condoms since they were convinced that it helps reduce the spread of the disease.

In KMG, staff were not optimistic that everyone would be willing to disclose his/her status in the workplace. The issue was discussed during an awareness raising workshop. In ACORD, when the idea for the WPP was introduced into the organization for the first time, staff were reluctant to respond, thinking that HIV and AIDS was not a problem in their workplace. Later, after the workshops and informal discussion, they changed their attitude and started to actively participate.

In ACORD it was a point of discussion whether families of affected staff should be included in the benefit and support package of the WPP; people against this considered the limited capacity of the organization to support them, financially and materially. Later, all staff agreed that in time, when donors would start to consider WPP in their donation plan, the families of affected staff could then be included in the benefit and support package.

3.8 Activity plan and budget

Four NGOs had an activity plan and budget attached to their WPPs (CEYSD, EDA, ACORD, ORDA); the plan (with a three million Birr budget) was submitted to Oxfam Novib by ACORD and ORDA, and to the Banian Tree Foundation (a non-SAN! donor) by EDA. Only EDA received 11,000 Birr in 2009 (around 583 Euro).

Reasons that IDI respondents put forward for not yet having an activity plan and budget attached to their WPP were: (1) waiting for the WPP to be approved (DF, NEP+, KMG); and

(2) having a plan and budget for health in general and not a stand-alone plan for HIV and AIDS (IHA-UDP and AFD).

Currently, CVM is preparing a budget proposal for Cordaid. Concerning the inclusion of an activity plan within the WPP, the IDI respondent from IHA-UDP acknowledged that SAN! Ethiopia's training had helped them realize the importance of such an activity plan.

3.9 Monitoring system

In order to monitor the progress of WPP implementation, NGOs have to develop a monitoring mechanism with key indicators for each of the set objectives and services to be provided. The policy documents of six NGOs stated the importance of monitoring WPP implementation through set indicators (ORDA, CVM, AfD, EDA, DF, NEP+).

The indicators which the 6 NGOs put in their WPPs to monitor implementation included a combination of the following:

1. Staff awareness before and after implementation;
2. IEC materials used;
3. Discussion sessions organized;
4. Number of staff willingly participating in HIV and AIDS workplace discussions;
5. VCT utilization;
6. Uptake of condom provided through the workplace;
7. Incidences of stigma and discrimination;
8. Uptake of benefits;
9. Sick leave and absenteeism (due to HIV and AIDS);
10. Medical costs;
11. Early retirement;
12. Employee assistance program referrals (treatment of STDs, counselling, etc.).

Concerning monitoring the implementation of the WPP, AfD included indicators 1 to 10, while the IDI respondent of NEP+ stated that, "*The policy will be reviewed on a regular basis, using the following indicators: absenteeism, sick leave, early retirement, and referrals for treatment of STDs, and counselling*". The ORDA IDI respondent remarked that in addition to their AIDS committee, regular board meetings served as part of the monitoring process.

4 Support structures for WPP within the NGOs

The SAN! Ethiopia project advises NGOs to set up a support structure for WPP development and implementation by appointing an HIV and AIDS Focal Point Person (FPP) and a committee representing different levels of staff.

4.1 Committee for WPPs

IDI respondents of 3 NGOs (ORDA, NEP+, AfD) said they had installed a committee for WPP activities, consisting of between three to six members appointed by management. The committees of ORDA and AfD were doing relatively more activities than that of NEP+. The draft WPP document of DF places strong emphasis on establishing a committee for WPP activities, though it has not yet been installed.

In AfD, the committee members are staff in the administration and health section. The committee organizes awareness raising meetings and is responsible for collecting material and financial support for social events and condom purchasing.

In ORDA, the committee consists of program managers, heads of services, and heads of sections. The committee follows the WPP and gender activities, and reports to the board of directors every six months. The FPP of ORDA acknowledged the exemplary support given to the committee by top management.

The NEP+ committee had staff from program administration and advocacy units as members. The committee conducts limited activities such as assigning people for SAN! Ethiopia training and workshops. One of the members of this committee is a member of the steering committee under SAN! Ethiopia. However, participants in the NEP+ FGD indicated that at the workshop conducted to discuss the WPP, staff had reached a consensus to establish a committee responsible for the activity of the policy, but that the committee had not yet been established. This contradiction might be the result of the NGO not communicating well to staff about the establishment of the committee.

During FGDs, only participants from ORDA knew about the existence of an AIDS committee in their organization.

4.2 HIV and AIDS Focal Point Person

With the exception of one NGO (AfD), whose FPP resigned a week before the survey, all NGOs had an FPP at the time of research. In four NGOs, the FPPs were male (NEP+, MJATD, EDA, KMG) while in the remaining six they were female. Three FPPs were health workers – in IHA-UDP and KMG they were nurses, and in EDA a veterinary doctor. The profession of the others included management science (DF, ACORD, MJATD), sociology (CEYSD and CVM), psychology (ORDA), and pedagogy (NEP+).

All FPPs were selected by management, and four of the FPPs were appointed after they had attended SAN! Ethiopia training (DF, EDA, CVM, NEP+). Only in ORDA did they specifically advertise the vacancy, after which the FPP was appointed. According to the IDI respondents, in six NGOs it was SAN! Ethiopia training that initiated the appointment of an FPP (DF, CVM, IHA-UDP, NEP+, KMG, CEYSD).

ACORD and ORDA have had FPPs since 2004 and 2005 respectively (before the SAN! Ethiopia project). In six NGOs they started working in 2008 (DF, EDA, KMG, MJATD, CVM, IHA-UDP), and the FPPs in two NGOs have held their position since 2009 (NEP+ and CEYSD).

With the exception of ORDA, who employed a full-time FPP, all FPPs worked part-time on WPP activities. This made it difficult for them to devote sufficient time for the work to be done.

One FPP complained that due to her workload and other responsibilities, she could not devote much time for WPP activities. The FPPs had other assignments such as being a project manager (ACORD), a project coordinator (CEYSD and DF), a deputy director (CVM), program officers (EDA and MJATD), a primary healthcare officer (IHA-UDP), and a capacity building officer (NEP+). After approval of their WPP, NEP+ plans to employ a full-time FPP.

Only 4 FPPs working in HIV and AIDS related projects had previous experience with HIV and AIDS related activities. The FPP of ACORD was a country level HIV FPP for the organization's program work, and the FPP of EDA worked in the orphan and vulnerable children program of the organization. The FPP of CVM worked on HIV and AIDS in one of the NGO's project offices, and the FPP of KMG had experience on the organization's HIV and AIDS program.

Concerning training in WPP activities, six FPPs had attended only the training organized by SAN! Ethiopia (CVM, DF, EDA, IHA-UDP, MJATD, NEP+). In addition to the SAN! Ethiopia training, the FPPs in three NGOs attended HIV and AIDS related trainings organized by other organizations (ORDA, ACORD, KMG). The ACORD FPP additionally attended training in Nairobi which focused on WPPs. To a varying degree, all FPPs reported having been engaged in WPP related activities in the last 12 months, as presented in Table 2.

Table 2: Activities of the FPP in the last 12 months, by NGO

<i>NGO</i>	<i>Activity of FPP</i>
ACORD	Incorporated WPP activity plan in the planning project document of the organization; Established AIDS corner; Shared NGO's experience with the WPP with other NGOs during the experience exchange workshop organized by SAN! Ethiopia; Conducted awareness raising activities in the organization (informal).
AfD+	Participated in SAN! Ethiopia training; Collected HIV and AIDS related IEC materials; Put condoms where staff could access them; Provided counselling for HIV positive employees.
CEYSD	WPP proposal development.
CVM	Participated in SAN! Ethiopia training; Prepared WPP document; Oriented staff on the WPP; Organized HIV and AIDS corner; Collected and distributed HIV and AIDS related IEC materials.
DF	Participated in SAN! Ethiopia training; Prepared WPP document; Organized HIV and AIDS corner.
EDA	Participated in SAN! Ethiopia workshop; Oriented staff on the WPP; Organized HIV and AIDS dialogues at meetings.
IHA-UDP	Participated in SAN! Ethiopia training; Prepared WPP document; Organized HIV and AIDS corner.
KMG+	Organized workshop on WPP; Attended trainings organized by SAN! Ethiopia; Collected IEC materials on HIV and AIDS and placed them where staff could access them.
MJATD	Developed budget proposal.
NEP+	Participated in SAN! Ethiopia training; Distributed condoms; Organized AIDS corner.
ORDA	Participated in SAN! Ethiopia training; Developed proposal for AIDS corner; Collected HIV and AIDS related IEC materials; Put condoms where staff could access them; Provided counselling for HIV positive employees; Developed and submitted proposal for WPP implementation; Facilitated training for staff.

In summary, 9 FPPs have participated in SAN! Ethiopia training; 4 FPPs collected HIV and AIDS related IEC materials and distributed them to staff; and 4 FPPs put condoms where staff could access them. Six FPPs were engaged in activities related to the AIDS corner: one had established it, 4 were in the process of organizing it, and one was developing a proposal for an AIDS corner. Three FPPs were engaged in preparing the WPP document, orienting staff on the WPP, and organizing HIV and AIDS dialogues at meetings. The other activities reported by FPPs were developing a budget proposal for the WPP, submitting a proposal for WPP implementation, and incorporating a WPP activity plan in the planning project document of the organization.

Most FGD participants knew about their FPP. In 5 NGOs, all FGD participants knew who was responsible for WPP activities and knew the FPP (ORDA, EDA, AfD, ACORD, KMG). In CVM, only two FGD participants knew their FPP, and in the CEYSD FGD only one. All FGD participants knew that the FPP is a part-time worker, except ORDA where FGD participants recognized the FPP as a full-time employee.

Concerning the person responsible for WPP activities, three of the FGD participants in NEP+ commented that since the policy has not yet been endorsed, an official responsible person has yet to be assigned. The participants in EDA commented that all staff, along with management in general and the FPP in particular, were responsible for the activities within the WPP.

5 Activities related to HIV and AIDS for staff

This chapter presents activities for staff related to HIV and AIDS taking place in the NGOs. All NGOs have such activities, although not all activities are mentioned in the WPP activity plans. In only 4 NGOs were all HIV and AIDS activities in the workplace reportedly related to WPP implementation (ORDA, AfD, EDA, ACORD). The respondent from CVM asserted that even though the WPP document had not yet been approved, they considered the HIV and AIDS related activities that they were undertaking as implementation activities. Similarly, all the other NGOs which had organized an AIDS corner assumed that the activity was part of the implementation process. In six NGOs, the activities also took place for branch staff (ORDA, EDA, CVM, CEYSD, AFD, ACORD), while in others only for the headquarter staff. Table 3 summarizes the activities by NGO, which are elaborated in the following paragraphs of this chapter.

Table 3: Summary of HIV and AIDS related activities for staff, by NGO, reported in IDIs

NGO	Awareness raising																
	IEC	Poster / leaflet	Newspaper clippings	Audiovisuals	Staff know IEC	Any awareness raising	Regular staff meetings	Social gatherings	Training	VCT promotion	Condoms	Facilitate access to VCT	Social committees	AIDS funds	Guidelines against stigma	Orient new staff on WPP	Encourage disclosure
ACORD*	X	X	X	X	X	X		X	X	X					X	X	X
AfD *	X			X	X	X	X	X	X	X	X				X	X	X
CEYSD	X					X		X									
CVM	X	X			X	X	X			X			X	X	X		X
DF						X		X									
EDA	X	X			X	X		X	X	X			X	X	X	X	X
IHA-UDP	X					X		X									
KMG *	X			X	X										X		
MJATD													X				
NEP+	X	X	X	X	X	X		X		X			X		X		
ORDA	X	X			X	X		X	X	X	X			X	X	X	X
Total	9	5	4	7	9	3	2	8	5	5	2	4	3	7	4	4	5

* ACORD has an AIDS corner, AfD a resources centre, KMG a display board for IEC materials.

5.1 IEC materials

All NGOs have made information and education a central tenet of their policies and activities. Except for DF and MJATD, in the other nine NGOs posters and leaflets are already available. DF and MJATD were, at the time of research, preparing to provide documents (soft and hard) which they had received from SAN! Ethiopia. For all NGOs, including those which did not make IEC materials available for staff, HAPCO, the AIDS Resource Centre, and SAN! Ethiopia are reported to be the main sources of IEC materials on HIV and AIDS. In particular, SAN! Ethiopia is the main source of IEC materials related to WPPs.

Five NGOs have newspaper clippings, and audiovisuals are available in four NGOs. In NEP+ CDs and books are available for employees, and AfD had distributed a CD of Amharic drama on HIV and AIDS for employees. In two NGOs, IEC materials are distributed occasionally, such as during World AIDS Day (CEYSD and IHA-UDP). According to the IDIs, the IEC materials are commonly accessible in the offices of seven NGOs (CVM, AfD, ORDA, KMG, NEP+, EDA, ACORD). In AfD, a resource centre has been established to deliver materials for staff. In ACORD, the IEC materials can be accessed in the AIDS corner and lunch room. In KMG, even though an AIDS corner has not yet been established, the IEC materials can be accessed from a display board prepared by the organization.

FGD participants in seven NGOs stated having, on a continuous basis, information materials on HIV and AIDS such as posters, brochures, and leaflets. The ACORD FGD participants confirmed that information materials on HIV and AIDS were displayed in the AIDS corner and in the room where staff have lunch together. In CVM, FGD participants reported that the materials were placed and posted where staff could see them. The FGD participants in NEP+ stated that information materials were available for staff, and periodically updated information was posted on the display boards that the organization had recently prepared.

AIDS corner

SAN! Ethiopia provides funds (7,000 Birr) for NGOs to establish an AIDS corner. ACORD has already established an AIDS corner and eight NGOs were in the process organizing the AIDS corner by purchasing materials and identifying a suitable location (AfD, CVM, NEP+, EDA, ORDA, CEYSD, DF, IHA-UDP). In DF, to make the AIDS corner more accessible, it was being organized in a space adjacent to the room where employees have lunch.

FGD participants in seven NGOs knew of the presence or the preparations being made for the establishment of an AIDS corner. In three FGDs, participants expressed their hope that the AIDS corner would be a suitable place to make materials available for staff.

5.2 Awareness raising and sensitization of staff

According to most IDI respondents, their NGOs have engaged in a modest measure of HIV and AIDS education and prevention among staff. Nine NGOs reported having conducted awareness raising activities for staff through various methods.

5.2.1 Formal and informal discussions

Almost all NGOs took advantage of World AIDS Day to provide employees with IEC materials and conduct a brief meeting on HIV and AIDS. In IHA-UDP, during World AIDS Day health workers were invited to have a three hour (half day) awareness creation gathering with all employees. In ORDA, during World AIDS Day offices are closed and activities such as awareness creation and promoting VCT are conducted. Four NGOs involved PLHIV in their awareness raising activities (see 7.3).

Regular staff meetings were usually utilized or taken as an opportunity to discuss the WPPs in NEP+, CVM, and ACORD. Nine NGOs reported having informal discussions about HIV and AIDS on a regular basis, usually at lunch time and during breaks. Employees in ACORD usually had their lunch all together in one room. The IDI respondent in CVM reported that informal discussions were conducted during field supervision. EDA had discussions about HIV and AIDS during excursion programs. Social gatherings such as in *buna tetu* (a traditional coffee ceremony) are also one of the means utilized often by ORDA and AfD to create awareness.

Contrary to IDI information, the majority of FGD participants, with the exception of those in ORDA, EDA, and AfD, reported that there were not organized discussions among staff about HIV and AIDS in their NGO.

5.2.2 Training

Between 2005 and 2009, eight NGOs conducted training on HIV and AIDS for staff. Three NGOs conducted training more than five times (ORDA, AfD, NEP+). CEYSD had three trainings, ACORD conducted two, and DF and EDA conducted one. Four NGOs involved all staff during the trainings (ORDA, ACORD, DF, EDA), while only higher and mid-level management personnel were involved in the trainings organized by CEYSD, AfD, and NEP+. The IDI respondent from CVM confirmed that training had not yet taken place, but that the management was very much interested in conducting training and was preparing a proposal and budget for HIV and AIDS training for staff, especially on WPP.

The topics covered during HIV and AIDS training address the basics of HIV and AIDS. The specific topics include: WPPs (ORDA, NEP+, EDA, DF, ACORD); HIV and AIDS awareness raising, including stigma and discrimination (EDA, DF, AfD, ORDA, ACORD); and VCT (ORDA). The staff in NEP+ participated in trainings addressing IEC development, monitoring and evaluation, and project development and design. Usually, NGO management decided on the topics for training; in only four NGOs had training been based on the expressed needs of staff (ORDA, DF, ACORD, CEYSD).

The facilitators for most training were from HAPCO, SAN! Ethiopia, UNAIDS, and Pathfinder. In addition to external support, ORDA provided training by the FPP. In NEP+, PLHIV were involved in the HIV and AIDS training for staff.

FGD participants in eight NGOs confirmed having had some sort of training related to HIV and AIDS. The training reported by EDA staff was on HIV and AIDS awareness raising and the benefit of disclosing one's HIV status. They commented:

In the workshop people living with HIV were invited and had shared their experience with us. The training was very useful in updating us on HIV and AIDS knowledge and in sharing experience of people living with HIV and AIDS in realm of social aspects of the disease.

FGD participants from IHA-UDP revealed that they had taken training on HIV and AIDS and its impact on the workplace at their organization in 2009. They commented: *"The training was useful [in] that it has illustrated how HIV and AIDS affect productive working forces and the national economy"*. Participants from NEP+ also mentioned having had training in 2008. The participant stated that since then no other training had been given to staff, although it was announced at the workshop that they would conduct HIV and AIDS related training to staff twice a year.

Many FGD participants expressed the opinion that regular training for all levels of staff – not only senior staff – was needed to lead to behavioural and attitudinal change within the workplace. One participant of NEP+ commented that; *"HIV and AIDS related training is given several times to the staff on program area, not targeting the whole employees such as lower level and support staff"*. Similarly, concerning training for staff, the director of AfD stated that, *"Always we are requested to send higher level management or project officers. There is a need to organize training tailored for lower level workers"*.

5.3 HIV counselling and testing promotion

In the WPP documents all NGOs have made a firm policy commitment to VCT, but implementation lags behind. Only five NGOs were formally promoting and advising staff to go for VCT, although FPPs were reportedly conducting informal discussions to promote VCT in another five NGOs (CEYSD, MJATD, DF, IHA-UDP, NEP+). The FGD participants in four NGOs confirmed that their organizations encouraged staff to go for VCT (ACORD, EDA, AfD, ORDA).

World AIDS Day was the most commonly reported occasion during which the five NGOs formally promoted VCT; furthermore, all did so in their own ways. For example, in CVM VCT is promoted during staff meetings, and pregnant employees are particularly encouraged.

In ORDA, the promotion of VCT is a continuous activity. ORDA and AfD have established relationships with VCT centres; for example, in 2009 VCT promotion was conducted by health workers from HAPCO, and in that year in one day alone 45 employees went for VCT, including the Deputy Director. In AfD, VCT is promoted through peer group education and by the FPP, who was a nurse and VCT counsellor. VCT promotion was also conducted during the weekly two hour *buna tetu* social ceremony. Employees in EDA are advised if they are positive they are entitled to receive help from the HIV and AIDS fund, and in ACORD the expenses employees incur for VCT will be refunded without the obligation to disclose their status.

When asked why his NGO did not promote VCT, the respondent from KMG expressed concern that he was not able to support HIV positive staff while the WPP had not yet been endorsed. *"From a legal point of view it is difficult to advise VCT without preparing [a] strategy [on] how to handle if staffs become positive. When the WPP is endorsed and implemented, promotion can be done."*

Only three NGOs reported delivering counselling in the workplace, and only one NGO (AfD) had initiated a peer education and counselling program, although a few NGOs stated that some form of peer counselling was under consideration.

5.4 Condom provision

Both IDI respondents and FGD participants for 5 NGOs indicated that at their workplace condoms were provided for employees. Provision of condoms started in ACORD in 2005, in 2006 in AfD, 2007 in ORDA, and in NEP+ since July 2009. In four NGOs, condoms have always been available (AfD, ORDA, NEP+, ACORD). In all five NGOs, the FPPs were responsible for putting condoms in the offices or toilets. All participants in ACORD said that previously condoms had been available on the shelves around the toilet, but that now they were available only at the AIDS corner.

The NGOs commonly bought condoms from DKT Ethiopia, as well receiving donations from organizations such as Pathfinder (EDA). Except for ORDA, which receives financial support from HAPCO, the other four NGOs covered the cost from their own budget.

In spite of the provision of condoms, IDI respondents from ACORD and EDA admitted that there was not good staff uptake of condoms, unlike both the IDI respondents and FGD participants from ORDA and AfD, who stressed that condoms were very much taken up by employees. However, none of the respondents were able to say which group of employees took more condoms.

The reasons forwarded for NGOs not providing condoms at the workplace mainly related to not considering it necessary: *We did not think staff will take them* (CEYSD); *We did not plan and think about provision* (DF, IHA-UDP, MJATD, KMG). The CVM IDI respondent gave as a reason that *"...our headquarter office does not promote condoms"*. The respondent from IHA-UDP stated that in the near future, when the AIDS corner had been established, condom provision would be started.

During FGDs, when asked their opinion about the placing of condoms in the workplace, in 6 NGOs all participants agreed with the idea (ACORD, ORDA, CVM, AfD, MJATD, NEP+). Thus, none of the participants from those NGOs providing condoms opposed condom provision in the workplace. Furthermore, despite the fact that their NGO did not promote condoms, all the FGD participants in CVM had a positive attitude about the provision of condoms at the workplace.

In NGOs where condoms were not provided, FGD participants differed in their opinions of making condoms available at the workplace. In total, 15 disagreed and 5 agreed. Those who

disagreed were 5 from DF (4 males, 1 female), 2 females in EDA, 3 in IHA-UDP (1 female, 2 males), 3 in CEYSD (2 females, 1 male), and 2 females in KMG. Five participants in three NGOs agreed (CEYSD, IHA-UDP, DF).

Reasons given in FGDs for being against condoms in the workplace were that condoms increase promiscuity, encourage people to indulge in sex, and further they felt that the workplace was not the appropriate place to put condoms.

5.5 Facilitating access to HIV services

VCT

The management of only two NGOs took the initiative to facilitate access to VCT services and provide counselling services by their own FPPs (AfD, ORDA). These two NGOs organized VCT days by inviting health workers from HAPCO. All five FGD participants in ORDA had accessed VCT.

Treatment

All IDI respondents said that in their NGOs there were no special programs for HIV and AIDS problems or specified funds for HIV related services alone. All stated that HIV and AIDS would be treated like any other chronic disease; or in the possible event that an employee would become sick, that he or she would be treated according to the usual standards and policies for sickness. Thus, like any other disease, employees could utilize services based on the NGOs' HR policy and costs would not exceed the annual insurance limit (such as not exceeding 5000 Birr for CVM employees).

Six NGOs had health insurance (ORDA, KMG, IHA-UDP, EDA, AfD, CVM), through which they provided ART and medicines for OIs. ACORD did not have health insurance but staff can be reimbursed for medical expenses – including ART and medicines for OIs – by the organization, of up to 5,000 Birr per annum, and this includes expenses for family members. MJATD does not have health insurance but staff can receive free treatment in clinics and health centres run by the organization. Facilitating access to free ART is addressed in the WPPs (content) of seven NGOs (CEYSD, CVM, NEP+, ORDA, ACORD, KMG, AfD).

Similar to the IDIs, in all FGDs participants indicated that their NGOs did not specifically facilitate access to HIV related services. In nine FGDs, participants indicated that their organizations had health insurance that would allow them to receive medical services in times of sickness. Most FGD participants indicated that the health allowance was not specific and that one could use it for any disease as long as they did not exceed the money allotted by the insurance or their organizations. However, it was only in ACORD that participants indicated that the allowance covered their families. FGD participants in MJATD stated that they did not have HIV positive staff and did not know how their NGO facilitated access to treatment.

5.6 Support of HIV positive staff and family

Other than the facilitation of treatment through insurance, traditional social committees are reportedly playing a significant role in providing support for sick employees, including HIV positive sick staff in four NGOs. According to the IDI respondent from NEP+, the social committee has been the result of WPP activity, and he believed it would be instrumental for implementation until enough money had been secured for their WPP. ACORD facilitated support for sick employees by allocating money from other budgets, such as entertainment and training.

According to the IDIs and FGDs, as a means of support all NGOs, with and without HIV positive staff, were making or were assumed to make careful attempts to place ill employees in less demanding assignments. However, through the FGDs it was revealed that in five NGOs, apart from the informal social support provided by staff monetary contributions, there was no special support provided for HIV positive staff by the NGO. In other NGOs there were some

provisions: in ACORD, FGD participants claimed that their NGO had an official policy on sick leave and assigning relatively light work to someone who is sick.

In CVM, the FGD participants said that in their branch offices there were HIV positive staff, and the management was generous in offering them extended sick leave when they were sick. Most FGD participants in other organizations stated that provision of extended sick leave and assignments to light work were informal forms of support offered by management. One FGD participant in CEYSD commented that the NGO should develop a strategy to support HIV positive staff and their families, based on the WPP document being developed. Another participant in KMG commented that:

There was one staff [member] who frequently became sick and [was] suspected to be an AIDS patient. Repeatedly she was granted extended sick leave for months and was assigned to light work. This was an informal management measure to help her. Such measures have to be formal and incorporated in the HIV and AIDS WPP and human resource policy.

With the exception of ORDA, all FGD participants disclosed that apart from the traditional or cultural support offered after death, there was no special support provided for HIV positive family members. One participant pointed out that, "*The organization has to design a mechanism for support as the WPP document states to provide support for both HIV positive employees and their family*".

5.6.1 AIDS fund

A new development is the AIDS fund, established in 3 NGOs, raised from the monthly contributions of employees. From this fund support is provided to sick employees. The ORDA IDI respondent explained that the fund was established as a result of WPP development, and that currently the AIDS fund had a capital of more than 100,000 Birr. The strongest association, called the 'Wegen to Wegen Association', was found in ORDA, where every employee contributes every month towards the AIDS fund. Employees with a salary of more than 1000 Birr per month pay five Birr, and the others pay 3 Birr. For those who disclosed their status, in addition to insurance for their treatment, each received 3000 Birr for care and support if needed. Only ORDA had a mechanism, through their association, to support the family of affected staff. The association gave money for care and support for employees' family members if they disclosed their status. The association also provided financial support for sick family members for treatment.

The FGD participants in ORDA and EDA indicated that the AIDS fund is the best instrument they have to support sick employees, as long as they disclosed their status. EDA FGD participants said that a good atmosphere had been created since the implementation of the WPP; following a workshop, all staff in the organization reached an agreement to contribute 1% of their salary towards an AIDS fund. The participants said that up to now, no staff had been affected or had disclosed his/her status to get the support. The participants proudly indicated that currently the fund has reached 40,000 Birr. In ORDA, the participants indicated that their NGO was providing financial support, 2% of its budget, to the AIDS fund.

6 Effects of WPP development and implementation

6.1 Effects on staff

Although not all WPPs had yet been implemented at the time of writing, nine IDI respondents reported having observed positive effects on staff as a result of WPP development or implementation (ACORD, AfD, CVM, DF, EDA, KMG, MJAT, NEP+, ORDA). The reported effects included: employees becoming aware of HIV and AIDS in the workplace, behavioural changes of staff, including contributing money for an AIDS fund, and more discussions about issues related to HIV and AIDS during programs (EDA); employees' and management's awareness of HIV and AIDS, and the establishment of an AIDS corner which is being utilized by staff (ACORD); employees showing a willingness to go for VCT and to disclose their HIV status (ORDA).

The director of AfD highly acknowledged the changes which the WPP brought to the NGO, observing that employees were now able to know their HIV status, there was more respect shown for HIV positive people, and further, the organization's rights and duties in relation to HIV and AIDS were known and employees and management alike were able to have a shared vision and sense of responsibility.

6.1.1 Staff perceptions of the effects of the WPP

FGD participants in five NGOs reported observing a positive effect from the WPP process or activities on both staff and the organization (ORDA, ACORD, AfD, CVM, EDA). The majority of these FGD participants said that the WPP process had encouraged more and deeper discussions about HIV and AIDS and its consequence among staff. The following quotes from the FGDs illustrate these points.

The introduction of the WPP in the organization had helped the discussion on HIV and AIDS to be strengthened and to have depth (AfD).

The AIDS corner has brought strong HIV and AIDS related discussion than it is used to be before (ACORD).

Even if the policy is not endorsed and implemented, the awareness raising workshop we attended made us aware of HIV and AIDS WPP and gave us an opportunity to reflect and analyze HIV and AIDS [as a] problem within our NGO (CVM).

The willingness of the staffs to contribute 1% of their salary clearly shows the effect the policy brought (EDA).

Since the policy hasn't been implemented it is too early to see any effect it has brought in the organization, but awareness of staffs about the policy by itself is an achievement (KMG).

FGD participants in NEP+ stated that even though the workshop they attended had made them aware of the importance of the WPP, and gave them an opportunity to reflect on and analyze the HIV and AIDS problem within their NGO, it was still too early to observe the effects of the policy before it had been endorsed and implemented.

6.2 Spill-over to social network of staff

Activities in the workplace were found to spill over into the social networks of staff. Some FGD participants said that they were sharing the information and the condoms they obtained at their workplace with their families and close friends outside the organization. They said that the way the WPPs had created openness in talking about HIV and AIDS had made them feel freer in talking about it with family and friends, as the following quotes illustrate:

Nowadays everybody knows about HIV and AIDS, but the way it is discussed in the organization helped to discuss it also freely with family and friends (ORDA, ACORD).

We discuss with family and friends about HIV and AIDS freely and attributed [this] to the discussion in the workplace (AfD, ORDA).

I took condoms to my young son deliberately to provoke discussion about HIV and AIDS in the family (AfD).

We now better discuss about HIV and AIDS with family members and friends than before because the discussion that is happening in the workplace has made communication, with regard to sex and HIV and AIDS, more comfortable than before (EDA).

6.3 Networking by NGOs

Most IDI respondents believed that the fight against HIV and AIDS was best fought in a collaborative manner. However, except for the efforts attempted by ACORD and AfD, networking among SAN! Ethiopia NGOs was almost non-existent; though it was acknowledged that such networking was needed. AfD tried to establish networks but claimed to have failed after attempting to organize two meetings, and at the time of the research ACORD was preparing a proposal for possible funding and was ready to submit it to the donor. Convinced that the implementation of WPPs would be more effective if NGOs combined their efforts and resources, NEP+ expressed plans to work on establishing such networking. Most NGOs were also of the opinion that SAN! Ethiopia should facilitate discussion and consultation among NGOs.

Similarly, to provide the necessary expertise in and knowledge of HIV and AIDS issues and to enable the scaling up of workplace responses, strengthening relations (such as with HAPCO and regional health bureaus) and establishing new partnerships with other NGOs and governmental organizations was also recommended during the IDIs. Some NGOs were found to have already networked with institutions outside the SAN! partners for VCT services, IEC materials, and condoms – as stated in previous sections of this report.

7 Specific themes

7.1 HIV related stigma

7.1.1 Management perceptions of and strategies for dealing with HIV related stigma

Concerning the handling of complaints related to stigmatization, all NGOs stated that they handled such cases like any other disciplinary offence, according to standard disciplinary action based on HR guidelines. All NGOs have put in their WPP documents that stigmatization of staff related to HIV and AIDS would lead to disciplinary measures. The WPP documents of most NGOs describe stigmatization of HIV positive staff as an offence that would be treated with disciplinary action, but most WPPs do not describe the specific measures to be taken. Either based on their HR policy or WPP document, seven NGOs claimed to have an official guideline on how to handle cases of stigmatization (AfD, CVM, ACORD, KMG, EDA, NEP+, ORDA).

In ACORD, the disciplinary measures are in accordance with the organization's HR policy, ranging from a warning notice to termination of contract. The WPP document of AfD states that, "*Staff guilty of harassing, threatening, insulting or disturbing infected or affected colleagues within the workplace will be treated according to article 17/17.2 of AfD's Personnel Manual as an offence for dismissal without notice*".

In none of the NGOs did participants, either in the IDIs or FGDs, report a case of stigmatization in the workplace. In four NGOs there were no formal efforts to decrease stigma and discrimination, except for informal discussions (IHA-UDP, MJATD, CEYSD, DF). The respondent from IHA-UDP said that the WPP document had to be finalized before undertaking such activities. Due to the assumption that such cases of stigmatization would not happen, some IDI respondents thought communicating guidelines on how to handle cases of stigmatization was not necessary.

The main activity to decrease stigma and discrimination described in the IDIs in 5 NGOs was discussions about these topics during staff meetings (AfD, CVM, ORDA, ACORD, EDA). One of the unique activities undertaken to decrease stigma and discrimination was orienting newly recruited staff on the organization's WPP (ACORD, ORDA, EDA, AfD). In addition to discussion during staff meetings, documents addressing stigma and discrimination have been communicated to employees (EDA, AfD, ORDA).

7.1.2 Staff perceptions of stigma

When FGD participants were asked whether they knew if their organization had any measures against stigma and discrimination, the majority did not know what exact measures their organization would take. Only FGD participants in five NGOs were aware about disciplinary measures in case of stigmatisation (EDA, ACORD, ORDA, AfD, NEP+). Most of the FGD participants in these five NGOs also indicated that the principles related to the employees' codes of conduct to eliminate stigma and discrimination were stated in the WPP document (draft or final), and that breaching the codes would lead to disciplinary measures. No FGD discussants in NGOs with HIV positive staff reported having observed a case of stigmatization.

All FGD participants in EDA and NEP+ indicated that disciplinary measures according to the HR policy would be taken, and like any other offence stigmatization was serious enough to result in dismissal. All participants in AfD and ORDA stated that such cases would be addressed by the management body, and that the decision would range from educating the offender to dismissal. Three participants further stated that stigmatization was against the principles outlined in the WPP, and in such situations the management would act in line with the principles stated in the WPP document. Respondents in ACORD and ORDA claimed to

have received communication regarding the WPP providing a legal basis for the protection of employees who disclosed their status against stigma and discrimination.

Even though they could not name the specific measures which would be taken, the FGD participants in KMG expressed that serious measures would likely be taken, since their NGO was running HIV and AIDS activities as one of its major programs.

FGD participants gave multiple answers when asked what they would do if they were HIV positive and felt stigmatized by another staff member, as summarized in Table 4.

Table 4: Action envisioned by participants in FGDs when stigmatized

<i>Action when HIV positive and stigmatized</i>	<i>Male</i>	<i>Female</i>	<i>All</i>
Keep quiet	13	8	21
Legal action	10	9	19
Privately discuss with person stigmatizing	9	6	15
Leave workplace	4	9	13
Total	36	32	68

Twenty-one participants, 13 males and 8 females from eight NGOs, said *they would keep their strength of mind and live with the condition*: KMG (3), DF (5), EDA (2), CVM (5), IHAUDP (2), ACORD (2), CEYSD (1). Nineteen participants, 10 males and 9 females, favoured *taking legal action either inside or outside their organization*: CEYSD (2), AfD (4), KMG (1), ACORD (1), DF (1), EDA (2), IHA-UDP (1), ORDA (3), NEP+ (3). Fifteen participants in seven NGOs, 9 males and 6 females, stated that *they would discuss with the stigmatizing staff*: EDA (2), IHA-UDP (1), NEP+ (3), AfD (2), ORDA (2), ACORD (3), and CEYSD (2). Thirteen FGD participants, 9 females and 4 males in seven NGOs, claimed they would *leave the workplace if stigmatized* by other staff: CEYSD (2), DF (1), EDA (2) IHA-UDP (3), KMG (4), CVM (1).

7.2 Disclosure of HIV positive status in the workplace

7.2.1 Management perceptions and strategies on disclosure

IDI respondents of 5 NGOs said that disclosure of HIV status was encouraged (AfD, CVM, EDA, ORDA, ACORD). The main reasons IDI respondents forwarded why disclosure in the workplace was important were: in order to get timely support, promote positive living, and to keep on supporting family (CVM, ORDA, and EDA); to help the NGO retain skilled workers (EDA, ACORD). Creating a favourable working environment, such as assigning light work for sick HIV positive staff, was a strategy all five NGOs were practicing. In ORDA, as a result of the WPP, 10 employees have so far disclosed their status.

The NGOs each use different strategies to encourage employees to disclose their HIV status. AfD encourages disclosure through peer group discussion. The director of AfD stressed that the main aim of promoting VCT in the NGO is to encourage disclosure. In CVM and ORDA, the issue of disclosure is discussed among employees during staff meetings. An AIDS fund has been established to support staff who disclose their status. In EDA, staff are informed that if they disclose their status they will be entitled to get support within the capabilities of the organization. In addition, an AIDS fund is being collected from staff to supporting staff who disclose their status, and effort is being made to persuade donors to provide extra money for such support and the WPP in general. In ACORD, staff are informed about the WPP, which legally protects employees who disclose their status against stigma and discrimination.

The IDI respondent from DF believed disclosure helps individuals to receive assistance from the organization, but added that *"Its use depends on the content of WPP specifically addressing employee benefit after disclosure"*. IDI respondents in four other NGOs, including an FPP, were doubtful about the importance of employees disclosing their HIV status unless the benefit of disclosure was clear and the WPP well implemented (CEYSD, NEP+, KMG, IHA-UDP). Even though NEP+ did not encourage employees to disclose, new applicants who

disclose their status are given priority for employment. IDI respondents who were not positive about disclosure in the workplace were concerned with the legal issues associated with implementation; the benefits outlined in the WPP should be clear first, especially from the legal point of view, before employees start making claims (CEYSD, IHA-UDP). The KMG respondent stated that a suitable environment and WPP should be endorsed first, with legal backing, then staff could disclose their status without fear of stigma and discrimination.

7.2.2 Staff perceptions of disclosure

Despite policy documents describing anti-discrimination measures, a gap was observed between the IDIs and FGDs, as shown in the low number of 36 people (53%) who expressed a willingness to disclose their status if HIV positive. Twenty-five FGD participants said they would disclose to their immediate boss and close colleagues to get support and understanding. All participants in NEP+ and ORDA said that they would disclose their status to all staff. The participants in NEP+ stressed that working with staff living with HIV, and their NGO's support for HIV positive employees, was an important reinforcing factor for disclosure. FGD participants in ORDA explained that a favourable workplace environment led to their intention to disclose in the event of receiving an HIV positive test result, as the following citations from the FGD show:

'I have strong faith in the FPP and I will disclose to her.' *'After I got employed in ORDA and saw the financial and other support provided to those who disclosed I am convinced and ready to disclose.'* *'Due to WPP, the way HIV is treated in ORDA is changed'.*

Six participants in two NGOs stated that they would disclose their status only when signs and symptoms of the disease became obvious (DF, CEYSD). Ten said they would disclose to both close friends in the workplace and to their immediate boss: ACORD (1), AFD (5), EDA (4).

Five participants from CVM and another five from IHA-UDP and all participants in DF and KMG did not want to disclose their status at the workplace. Five participants favoured disclosure only to close family members. The main reason cited was fear of stigma and discrimination in the workplace, which they found to be no different from the situation in broader society. One participant from IHA-UDP, who was unwilling to disclose, commented the following:

Nowadays people have ample knowledge about HIV and AIDS but nothing is changed regarding discrimination and stigma. By having the disease, I already lost something, and I don't want to ruin my social life further by disclosing my HIV status to other people.

Some participants shared their experience of knowing staff members who had suffered from HIV and AIDS for a long time and yet still hid their status, thus were unable to get formal support.

7.3 Involvement of PLHIV

Involvement of PLHIV in NGOs and WPP activities as promoted by SAN! Ethiopia was not yet a common practice. Only three NGOs had involved HIV positive employees during WPP development and training (CVM, NEP+, ORDA). In EDA, during the development of the document in 2005, an HIV positive individual was invited from an association of PLHIV, Mekedim Ethiopia (a network of networks of PLHIV), to share their experience of disclosure, stigma, and discrimination. According to the EDA IDI respondent, there was a very positive response among employees regarding inviting a PLHIV to share their experiences.

8 Evaluation by organizations

In IDIs, self-evaluation was done by asking respondents about good practices and challenges, and about their plans related to their WPP. FGD participants were asked their opinions on the WPP.

8.1 Reported good practices

Eight IDI respondents claimed to have had successes that their respective NGOs were proud to share with others. These related, among others, to culturally appropriate awareness raising sessions, promotion of VCT, appointing an FPP, establishing an AIDS fund, developing the WPP in a short time, getting the commitment of staff, and condom provision. Table 5 shows the issues which specific NGOs were proud of, as reported in IDIs.

Table 5: Reported good practices by NGO

<i>NGO</i>	<i>Reported good practices</i>
AfD	<ul style="list-style-type: none"> • The social event <i>buna tetu</i> for awareness raising; • Promotion of VCT that helped the majority of employees to take it up.
CVM	<ul style="list-style-type: none"> • Development of WPP within short time; • Communication of WPP to staff; • Assignment of FPPs in all offices; • Hiring of HIV positive applicants; • Creating a good working environment; • Establishing an AIDS fund; • Organizing an AIDS Corner.
DF	<ul style="list-style-type: none"> • Development of the WPP in a short time (despite starting the process late); • Involving the FPP who played the main role in WPP development.
EDA	<ul style="list-style-type: none"> • Started the WPP as early as 2005; • Raised funds for the activities as result of staff commitment to contribute 1% of their salary.
MJATD	<ul style="list-style-type: none"> • WPP becoming a key issue in the organization, so that most staff are sensitized.
NEP+	<ul style="list-style-type: none"> • Policy development; • Retreat for staff meeting; • Condom provision; • Using social committee to help sick employees.
ORDA	<ul style="list-style-type: none"> • WPP is communicated to staff; • WPP being well implemented; • Strong AIDS fund; • Promotion of VCT by management that helps many employees to take it up, especially senior management taking leadership in promoting VCT, being a role model, and encouraging people to disclose; • Full-time FPP; • HIV and AIDS committee; • Monitoring and evaluation system for WPP; • Attention to employees' family members.
ACORD	<ul style="list-style-type: none"> • Developing WPP earlier than most NGOs.

8.1.1 Sustainability measures

Thinking about taking sustainability measures, in anticipation that SAN! Ethiopia and/or SAN! donor support will end, will always be a good practice, and was reported by some NGOs. Some viewed the way they had developed the WPP – with the strong commitment of management and staff – as a sustainability measure.

Others had taken or intended to take specific sustainability measures, as the following findings show:

- (Endeavour) to establish networking among NGOs;
- Link with government organizations (AfD);

- (Plan) to incorporate WPP budget plan with other program budget plans and submit it to different donors (MJATD have planned, ACORD already implementing);
- Strengthening AIDS fund (ORDA);
- Strong management commitment (IHA-UDP);
- Making plans for financing WPP implementation (DF).

Some said they were not taking sustainability measures yet because their WPP was not final, such as in CVM. The CVM IDI respondent said, “*First we have to get donor approval of our WPP*”.

8.1.2 Plans for WPP

Having plans for further WPP development and implementation can also be considered a promising practice, and all NGOs had such plans, including continuing to raise funds, submitting proposals to donors, strengthening the resource centre, increasing participation of staff, and involving staff’s family. The plans for the 11 NGOs are outlined in Table 6.

Table 6: NGOs’ future plans related to WPP

<i>NGO</i>	<i>Future plans</i>
AFD	<ul style="list-style-type: none"> • Assess current staff need in relation to WPP; • Based on SAN! Ethiopia documents will update WPP; • Compare their WPP document with those of other similar NGOs; • Strengthen resource centre and provide CDs and documents to staff.
CEYSD	<ul style="list-style-type: none"> • Submit proposal to Oxfam Novib.
CVM	<ul style="list-style-type: none"> • Encourage and continue the fundraising started by staff; • Include family of HIV positive staff in the support package.
DF	<ul style="list-style-type: none"> • Request to the board for early approval of the WPP document and start implementation soon.
EDA	<ul style="list-style-type: none"> • Continue the fundraising started by staff; • Write proposals and persuade donors to allocate money for WPP activity; • Include family of HIV positive staff in the support package.
IHA-UDP	<ul style="list-style-type: none"> • Finalize WPP document.
MJATD	<ul style="list-style-type: none"> • After revision of the new NGO policy, make plan to involve staff in developing and implementing the WPP.
NEP+	<ul style="list-style-type: none"> • Present WPP document to the board and general assembly; • Prepare action plan with budget.
ORDA	<ul style="list-style-type: none"> • Submit proposals for promoting VCT, peer education, and workplace training.
ACORD	<ul style="list-style-type: none"> • Planning and monitoring activities of the WPP with other programs; • Submitting budget proposal for donors; • Include families of staff in the benefit package of the WPP.
KMG	<ul style="list-style-type: none"> • Coordinate WPP activity with the organization's other program plans and find funds from possible donors.

8.2 Reported challenges in the development and implementation of WPP

8.2.1 Challenges during WPP development

Five NGOs reported facing challenges while developing their WPP (EDA, MJATD, NEP+, ACORD, KMG). These challenges included financial constraints as a result of poor financial help from donors for WPP development (EDA, ACORD), and the inability to obtain funds for far reaching sensitizations and awareness raising workshops on WPPs. One respondent complained of low management commitment for WPP activities. In KMG, employees were not very optimistic that the policy would encourage disclosure, as the number of staff at the organization was small and they feared that confidentiality would not be maintained. The IDI respondent from EDA stated that since the WPP was a new idea, there was still some

resistance; initially, few employees were willing to contribute 1% of their salary for the AIDS fund, but now all staff were willing and contributed the money. In NEP+ the challenge was resource materials, but SAN! Ethiopia support helped to solve this problem.

Five NGOs reported not facing challenges while developing their WPPs: three said this was as a result of the support they received from SAN! Ethiopia (DF, CVM, IHA-UDP); one added that it was also due to management and donor commitment (CVM); while ORDA and AfD said it was due to management commitment and support only.

8.2.2 Challenges in WPP implementation

IDI respondents were asked whether they were facing or foresaw future challenges while implementing their WPPs. All but ORDA reported challenges, mainly related to financing activities and lack of time. Financial constraint was the main challenge which 8 NGOs were facing and expected to face (AfD, CEYSD, CVM, DF, EDA, IHA-UDP, ACORD, KMG). One IDI respondent (EDA) stated that even though his NGO was implementing their WPP, there was poor financial support from donors. As a result, it was not possible to include the family of HIV positive staff in the support package. Two IDI respondents stated that due to heavy workloads there was low commitment for working on WPP implementation.

Other reported possible future challenges for the implementation of WPPs were:

- Legal issues of the WPP causing possible controversy between the WPP and HR guidelines of the main office in Rome (CVM);
- Possible lack of organizational commitment (IHA-UDP);
- Staff reluctance to take advantage of the WPP (IHA-UDP);
- No endorsement of the WPP, so staff cannot engage officially in WPP activities (KMG).

8.3 Perceived advantages and disadvantages of the WPPs

Most FGD participants expressed positive attitudes towards their organization's WPP and suggested that more efforts should be done for implementation. They saw positive developments, particularly in an openness to talk about HIV and AIDS, that it would help HIV prevention and minimise stigma, and give directions for support of HIV positive staff. No IDI respondent or FGD participant indicated any disadvantages of WPP development and implementation. Some of the comments concerning the overall advantages of the WPPs for the staff, from IDIs and FGDs, included:

HIV and AIDS WPP helps the organization to promote wellbeing of staff health and to have clear direction in mitigating HIV and AIDS and its impact (AfD IDI).

WPP increases employees' openness to talk about HIV and AIDS (EDA IDI).

The WPP is good to protect the staff from HIV and AIDS and to know what to do in case one is infected, and helps to minimize stigma and discrimination at [the] workplace (ORDA, NEP+ FGDs).

If the policy gets implemented it will benefit both staff and family. Those who are positive will be more secured and those who are not will take prevention measures and even if [they] become HIV positive, will disclose easily (ORDA FGD).

The presence of the policy makes every effort concerning HIV and AIDS in the workplace to have legal ground (MJATD FGD).

WPP gives a clear direction both to staff and management on what to do when HIV and AIDS related cases happen in the organization (AfD, DF IDIs).

9 Conclusions and recommendations

9.1 Summary and progress in AR Phase 2

All 11 NGOs in the study had a WPP in place, either in draft or final form, and some had progressed since the previous phase. Among the NGOs that were in the process of drafting their policy document during AR Phase 1, NEP+ now had final document awaiting approval by the board. Two NGOs which had not started developing their WPP document in Phase 1 had at the time of this research a draft document (CVM, DF).

Unlike in the first phase, the WPPs in two NGOs had been developed after their FPP attended SAN! Ethiopia training – pointing to successful capacity building which increased the NGOs' confidence in developing a document. One IDI respondent, whose NGO hired a consultant to develop their WPP document, stated that as a result of the experience gained from SAN! Ethiopia training, the NGO no longer required the support of a consultant when finalizing the draft document.

Nine NGOs had involved staff in the WPP development process according to IDI respondents, while in only 7 FGDs did participants indicate having been involved in WPP development. This discrepancy may be due to the fact that the specific staff attending those FGDs had not been personally involved, or because IDI respondents did not give an accurate picture. After Phase 1, NEP+ had involved staff in the WPP development process.

The WPP document, either draft or final, was communicated to staff in seven NGOs, including NEP+ and ACORD – NGOs which previously reported no communication. Similarly, unlike the previous report, in two NGOs WPP documents were distributed to all staff in addition to management (ORDA and ACORD).

Only six NGOs had a formal gender policy document; however, all had measures in place for gender equality, especially giving priority to female applicants. It was also observed that all NGOs were aware of the importance of incorporating a gender dimension into all HIV and AIDS workplace activities.

All IDI respondents reported receiving WPP related documents from SAN! Ethiopia, in contrast to Phase 1 where only KMG reported using SAN! Ethiopia documents. For three NGOs, SAN! documents helped them to start developing their WPP document, and the other eight NGOs found them to be helpful for updating their final or draft documents. For nine NGOs, SAN! Ethiopia was the only source of strong support for their WPP documents. Only two NGOs claimed to get support from others. In this study, five NGOs reported using GDG and four reported using BT. Based on SAN! documents, ACORD had revised and completed their WPP document.

Even though eight NGOs had a stand-alone WPP, similar to the findings in the first phase the NGOs were in favour of considering HIV and AIDS like any other disease when it came to treatment. However, some NGOs said that special attention should be given to HIV and AIDS, recognizing that it may be different from other diseases due to the attached stigma that can negatively affect care and support, and even disclosure in the first place. However, a positive finding was that for many NGOs, the process of developing a WPP had become a factor which had forced them to review the effectiveness of associated areas, such as their HR policies and medical benefits. After the first phase, two NGOs reviewed and others had planned to review management and administrative policies and procedures in order to make them in line with the WPP.

All NGOs had made, or expected to make, strong policy commitments to non-discrimination and confidentiality. In all NGOs there was a commitment not to have pre-employment screening or testing for HIV and AIDS, not to terminate any employee on the basis of his or

her HIV status, and to treat knowledge of an employee's HIV status in complete confidence. Most NGOs claimed to be committed to creating an open and conducive environment, such as through the provision of sick leave, flexible working hours, and earlier retirement on medical grounds; i.e. allowing HIV positive staff to work as long as they are fit or available for appropriate work. Such issues were well stated in the WPP documents of four NGOs. However, similar to the finding in the previous Phase 1 study, how to ensure confidentiality was still a major issue across NGOs, who were all looking for tangible and concrete ways of dealing with the fear of involuntary disclosure. The FGDs also highlighted staff concerns about confidentiality, specifically how confidentiality could be maintained if employees disclose and seek treatment.

With the exception of a few NGOs, similar to the earlier study most did not conduct organized awareness raising sessions. Most NGOs used informal dialogue get-togethers, especially during World AIDS Day and *buna tetu*, the traditional coffee ceremony. Many were convinced that these social events with employees enabled them to promote openness and trust among employees.

Some progress was made in condom availability to staff. In Phase 1 four NGOs reported having been unsuccessful in attempting to make condoms available in the workplace. In Phase 2, as observed by the research team and confirmed during IDIs and FGDs, five NGOs had made condoms available to staff in offices, toilets, or the AIDS corner. Both the IDIs and FGDs indicated that with the exception of one NGO which did not promote condoms, the issue of condom provision was not very sensitive. The majority of FGD discussants, including those in the NGO that did not promote condoms, supported the provision of condoms at the workplace.

With a slight change from Phase 1, when only three NGOs were promoting VCT for staff, five NGOs were now promoting and advising staff to go for VCT. FGD participants in four NGOs confirmed this.

Providing information, support, and counselling to infected and affected employees was one of the components of the WPP documents. However, only three NGOs reported delivering this service – one by a peer education and counselling program – although a few other NGOs stated that some form of peer counselling was under consideration.

In Phase 1, except for two NGOs who had experience in dealing with employees living with HIV, the responses from other NGOs regarding dealing with HIV positive employees were ad hoc, such as offering unofficial support through managers raising funds from their own pocket. In Phase 2, three other NGOs reported having an official support mechanism through the establishment of a social committee, traditionally called *ider* in Amharic, and an AIDS fund. The committee also served to organize discussions among staff about HIV and AIDS by regularly organizing *buna tetu* or providing care and support for affected staff. Similar to the previous study, none of the NGOs, except ORDA, had developed a mechanism to support sick family members.

Regarding health insurance, all NGOs generally exhibited similarities in terms of having modest insurance coverage limits. None of the NGOs, according to IDI and FGD participants, were assumed to provide medical schemes that could cover the cost of ART. Thus, respondents expressed the opinion that the NGOs did not provide a satisfactorily enabling environment for HIV AND AIDS care in the form of medical insurance. Many FGD participants doubted whether current coverage would extend to the management of OIs and other HIV and AIDS related care. Respondents were not sure whether they would be able to get insurance benefits if they were known to have HIV and AIDS. Such an information gap has a negative effect on workplace support and care for HIV positive employees. Furthermore, it is an important factor that hinders disclosure of HIV status in the workplace.

One of the important elements that makes for a successful workplace HIV and AIDS program is the setting up an HIV and AIDS committee through which discussion and consultation can

take place to promote WPP activities. Even though a change has been observed since the previous study, only three NGOs have set up such a committee.

In order to monitor the progress of policy implementation, a few NGOs have devised a mechanism for monitoring the objectives they set and the services being provided or which they have planned to provide. Most NGOs use existing monitoring mechanisms to follow WPP activities. The policy documents do not clearly state how to monitor implementation.

Significant progress compared to Phase 1 is that all NGOs had an FPP (with the exception that in one NGO the FPP had resigned a week before the fieldwork). In six NGOs, SAN! Ethiopia training had initiated the appointment of the FPPs. In all but one NGO, the FPPs worked part-time.

Unlike in Phase 1 when only EDA reported having an activity plan and budget, in Phase 2 an additional three NGOs had an activity plan and budget attached to their WPP. Two submitted their plan with a three million Birr budget to Oxfam Novib, though they had not yet received the funds. Only one NGO received 11,000 Birr in 2009 (from another donor).

Involvement of PLHIV in policy development and training was still low, and only a slight increase was observed since the first phase. Previously, only one NGO involved PLHIV in the process of WPP development. The current study has shown that three more NGOs had involved PLHIV in WPP development and training.

The majority of participants now reported observing that the WPP development process and implementation had brought more and deeper discussions on HIV and AIDS and increasing openness among staff.

9.2 Summary of good practices

The following good practices, extracted from the experiences of the 11 NGOs in this phase, could be instructive for all SAN! NGOs:

Good practices of WPP development and dissemination

- Involving higher management, starting from the initiation of WPP development and in subsequent activities;
- Participatory WPP development by staff and management;
- Needs assessment regarding staff knowledge, awareness, and practices, and of management capability;
- Disseminating the WPP to all staff;
- Providing orientation on WPP to new staff;
- NGOs using resource documents and training provided by SAN! Ethiopia (further, training is also a good practice).

Good practices of WPP implementation and support structure

- Having a peer education and counselling program;
- Setting up AIDS committees and utilizing them for monitoring and evaluation;
- Establishing an AIDS fund and voluntary staff contributions;
- Using traditional ceremonies for discussing WPP issues;
- Establishing an AIDS corner for IEC and condom provision;
- Granting staff free time for open dialogue sessions;
- Higher management living by example – for instance, promoting VCT;
- Establishing relationships with VCT centres and organizations for condoms and IEC;
- Communicating confidentiality and anti-discrimination measures;
- Starting activities without donor funding;
- Taking sustainability measures;
- Staff talking about WPP to family and friends, and taking condoms for them.

9.3 Summary of challenges

The following challenges have been experienced by some NGOs, and should be addressed. Lack of time for WPP activities of staff and FPP;

- Not involving all levels of staff in WPP development and training;
- No commitment of senior management;
- Lack of funding for activities – no support by donor;
- Difficulty in developing clear guidelines to ensure confidentiality and against stigmatisation and discrimination of PLHIV;
- Difficulty in setting up a network of SAN! partner organizations;
- Uncertainty about the legal implications of the WPP;
- Non-utilization of AR Phase 1 findings and recommendations;
- Not tailoring training to needs of staff.

9.4 Recommendations

The following recommendations, directed to different stakeholders, have been formulated, based on the analysis of promising practices and challenges.

Recommendations to NGOs

- Speed up the efforts to implement the WPP, especially with regard to HIV and AIDS education and prevention;
- Increase emphasis on VCT promotion;
- Communicate every detail of the WPP to staff;
- Establish and communicate cautious confidentiality procedures;
- Set up structures that are central to the workplace, such as HIV and AIDS committees, and use them more fully;
- Design a monitoring system with measurable objectives;
- Appoint an FPP with dedicated time and responsibilities;
- Develop and strengthen a peer counselling program;
- Involve PLHIV;
- Establish a network among SAN! Ethiopia partner NGOs and other stakeholders;
- Make condoms available in the workplace for staff;
- Use AR recommendations;
- Facilitate access to HIV related services for staff (e.g. ART can be accessed free of charge);
- NGOs with employees who have disclosed their HIV status should involve them and give them responsibility for promoting WPP implementation (if they are willing), and involve them as members of the HIV and AIDS committee.

Recommendations to SAN! Ethiopia and steering group

- Facilitate the establishment of networking among SAN! Ethiopia NGOs, and with other stakeholders;
- Continue organizing training, including for lower level workers;
- Facilitate the use of AR recommendations;
- Continue supplying resource materials.

Recommendations to SAN! Netherlands and donors

- Scale up support for WPP implementation, helping NGOs to have appropriately funded programs integrated into existing structures.

ANNEX A: AIDS in Ethiopia, main indicators 2009

Main indicators 2009		National		
		Total	Urban	Rural
Adult HIV Prevalence (15-49 yrs. %)		2.3	7.7	0.9
Adult HIV Incidence (%)		0.28	1.91	0.19
HIV Positive Pregnancies		84,189		
HIV Positive Births		14,140		
No. of HIV Positive Persons Needing ART		336,160		
AIDS Orphans		855,720		
Total Orphans		5,453,313		
HIV positive Population	All Ages	1,116,216	695,413	420,802
	Children	72,945	44,030	28,914
New HIV Infections	All Ages	131,145	81,898	49,246
	Children	14,140	8,830	5,310
AIDS Deaths	All Ages	44,751	27,947	16,805
	Children	7,214	4,505	2,709

[Source: Single Point Prevalence Estimate of the year 2009]

ANNEX B: NGOs' year of establishment, mission/mandate

Name of organization	Year established	Mission/Mandate	No. branch offices	Degree of autonomy
Agency for Cooperation and Research for Development	1994	Works for/with the poor to address issues of sustainable livelihood and denial of human rights in Ethiopia	5	Not autonomous
Alliance for Development	1994	Urban poverty alleviation among poor and marginalized groups	3	Semi-autonomous
Circus in Ethiopia for Youth and Social Development	1991	To promote art (circus skills)	5	Semi - autonomous
Community of Volunteers	1995	Improving water and sanitation and promoting HIV and AIDS prevention efforts	5	Semi – autonomous
Der Foundation	2004	Poverty reduction and empowerment of vulnerable groups	---	---
Emanuel Development Association	1996	Empowering pastoral communities through research and development activities	6	Semi-autonomous
Integrated Holistic Approach-Urban Development Project	1989	Poverty reduction in urban slums by addressing health needs, socio-economic needs, and upgrading housing	---	---
Kembatti Menti Gezzimma	1998	Realizing gender equality	13	Not autonomous
Mary Joy Aid Through Development	1994	Work towards empowering children, women, families, and other underserved community groups through integrated development programs	8	Semi-autonomous
Network of Networks of HIV Positives in Ethiopia	2004	Enhance the meaningful participation of PLHIV in HIV and AIDS prevention efforts and relay their voices of at a higher level	----	---
Organization for Relief and Development in Amhara	1984	Empowering food and livelihoods in insecure households and communities of the Amhara National Regional State	17	Not autonomous

ANNEX C: IDI respondents' position, by NGO

<i>Name of organization</i>	<i>1st respondent's position</i>	<i>2nd respondent's position</i>
Alliance for Development	Executive director	
Circus in Ethiopia for Youth and Social Development	Executive director	FPP
Community of Volunteers for the World	Country representative	
Der Foundation	Director	FPP
Emanuel Development Association	Executive Director	
Integrated Holistic Approach-Urban Development Project	Program manger	FPP
Mary Joy Aid Through Development	Program Advisor	FPP
Network of Networks of HIV Positives in Ethiopia	Executive director	Communication officer
Organization for Relief and Development in Amhara	Deputy director	FPP
Agency for Cooperation and Research for Development	Project manger and FPP	
Kembatti Menti Gezzimma	Project manger	FPP

ANNEX D: Number of FGD participants by NGO and sex

<i>Name of organization</i>	<i>Acronym of organization</i>	<i>Number of participants</i>	<i>Sex</i>	
			<i>Male</i>	<i>female</i>
Agency for Cooperation and Research for Development	ACORD	5	2	3
Alliance for Development	AfD	6	4	2
Community of Volunteers	CVM	6	4	2
Circus in Ethiopia for Youth and Social Development	CEYSD	5	3	2
Der Foundation	DF	8	6	2
Emanuel Development Association	EDA	7	3	4
Integrated Holistic Approach-Urban Development Project	IHA- UDP	8	4	4
Kembatti Menti Gezzimma	KMG	7	3	4
Mary Joy Aid Through Development	MJATD	3	1	2
Network of Networks of HIV Positives in Ethiopia	NEP+	6	4	2
Organization for Relief and Development in Amhara	ORDA	4	2	2
	Total	65	36	29

ANNEX E: Data collection tools

GUIDELINES FOR FOCUS GROUP DISCUSSION AR SAN! ETHIOPIA PHASE 2

Introduction

We are and from the applied research team for the STOP AIDS NOW! Ethiopia project of 'Managing HIV and AIDS in the workplace'. Ethiopia is one of the three pilot countries for this project – besides Uganda and India. The project will be later scaled up to more countries. So, it is very important to get the experiences and ideas of people in the organizations. In that way we can give recommendations to other organizations, to SAN! Ethiopia and to SAN! Netherlands and the donors how to best run the project. So, your contributions are very important.

We have been already to (name NGO) in the first phase of the research, last year, and some of you might have been interviewed that time. The purpose of this FGD is to find out how the WPPWPPWPP is progressing, what are successes and what are difficulties.

There are no right or wrong answers – we hope to get a discussion in which everyone feels free to give his or her experiences and opinions.

Ask all to write their position and gender on a piece of paper

A. WPP DEVELOPMENT PROCESS

1. Does your organisation have a workplace policy or guidelines for HIV and AIDS for staff?
 - *If yes, what do you know about the policy?*
 - *Since when do you have a policy?*
 - *Is it final, being implemented, or in draft form, or still being developed?*
2. How was the WPP communicated to staff? Or: how did you get to know about this policy?
3. Who developed the policy?
 - *Were staff members involved in the development? If yes, how?*
 - *Were all staff involved or specific staff? Please explain*
 - *Was any of you involved in development of the policy? Explain.*

B. SUPPORT STRUCTURE IN THE ORGANIZATION.

4. Who is responsible for the WPP activities in your organization?
5. Do you have a Focal Point Person for HIV and AIDS activities for staff (so not for programs with communities)?
 - *If yes, Is it a woman or man?*
 - *What is his/her position and profession?*
 - *What WPP related activities does this person do?*
 - *Does he/she work full time or part time?*
6. Do you have an AIDS committee in your organization?
 - *What do they do?*
 - *Who are he members? (positions, male, female)*

C. ACTIVITIES RELATED TO HIV AND AIDS FOR STAFF

Probe with each activity whether the activity is because of the WPP or was already happening

7. Are there any information materials on HIV and AIDS provided for staff?
 - *If so: Where – AIDS corner?*

What materials? Specify

8. Are there organized discussions among staff about HIV and AIDS, for instance during staff meetings, special sessions?
9. Is there any training on HIV and AIDS for staff? If yes:
 - How many?
 - What were the topics?
 - Who were the participants? (a specific group of staff?)
 - Who of you participated?
 - Who were the facilitators? (from inside or outside?)
 - Was the training useful to you? Please explain how.
10. Does your organization advise staff to go for HCT?
 - *If yes*, how do they do this?
 - Do staff generally go for VCT or not? Explain
11. Does your organization **facilitate** access to HIV related services?
 - *If yes*: What type of HIV and AIDS services? (HCT, ART, OI, counseling)
 - How do they facilitate this? (insurance, health scheme, link up with providers)
12. How does the organization support HIV positive and sick staff and their families – (or **will do** for future HIV positive staff)?
13. Do you have condoms for staff in the workplace?
 - *If yes*, where, always available?
 - Do people get them, some staff more than others? (level of staff, males, females, singles, married)
 - Does everyone agree with having condoms in the workplace, or is it a point of controversy? Explain.
14. Does the organization have any other activities on HIV and AIDS for staff? *If yes*: Explain

D. STIGMA

15. Suppose you are HIV positive and you feel stigmatized by other staff.
 - What will you do / can you do?
 - To whom do you prefer to explain the situation
 - What will be the disciplinary measures by the organization to the person stigmatizing?
 - Does the WPP have any measures against stigma and discrimination? *If yes*, explain
16. If you would find out you are HIV positive – would you disclose this to someone in the workplace?
 - *If yes*, to whom, and why to these persons?
 - *If not*, why not?
 - Does your organization encourage disclosure in the workplace? *If yes*, how?

E. EFFECT OF WPP PROCESS AND ACTIVITIES

17. Do you see any effect of the WPP process or activities on staff or in the organization?
18. How do the WPP activities affect your program work?

19. Do staff generally share what they hear or learn from the HIV and AIDS activities for staff with their family, friends, or community members? *If yes: explain*
- *If applicable: Do staff get condoms from the workplace also to share with their family / friends / community?*

F. EVALUATION

20. What do you see as the overall advantages or disadvantages of the WPP for the staff?

Extra: Is there any issue you want to bring up or ask to us about the WPP?

THANK YOU VERY MUCH FOR YOUR VERY IMPORTANT AND USEFUL CONTRIBUTIONS, WE ENJOYED THIS DISCUSSION AND HOPE YOU ALSO DID

**SAN! ETHIOPIA AR PHASE 2
IN-DEPTH INTERVIEW GUIDE WITH MANAGERS AND FPP**

Introduction

This is the second phase of the applied research of SAN! Ethiopia and we have already visited you for the first phase. The first Phase has been completed and now your organization is one of the 11 selected to be part of the second phase.

Our names are: and we are collecting information that helps to see what are the developments, successes and challenges related to WPP in your organization.

If you agree, we would like to record our discussion, because when writing only we might miss some important details.

Let me first check whether your organization still uses the same name, I have

.....

Any change?

A. BACKGROUND OF INTERVIEWEES

Name

Job position

Name

Job position

B. BACKGROUND OF NGO

We visited you in phase one – and have information on the focus and activities of your NGO – so I do not ask questions about these issues this time.

1. Could you explain the structure of your organization? – Do you have branch offices?
2. Could you tell us the number of staff who are employed in HQ and branch offices?
 - *Probe:* by gender

C. DEVELOPMENT OF WPP

3. Do you have a WPP for HIV and AIDS?
 - *If so:* In what stage of development: in process, draft (specify), final document, implemented?
 - When was the final document ready?
 - When did you start implementation?
 - *If branch offices:* Does your WPP cover the branch offices or do they have their own?
4. What motivated you/the organization to develop a WPP?
5. How was/is the WPP developed?
 - Who developed the WPP? (consultant, management?)
 - When did the process of development start?
 - How did staff participate in the development?
 - Which resource materials were used in the development?

- *Probe for SAN! documents*

1) Good donorship Guidelines, 2) Budget Tool 'What's it likely to cost', 3) materials from SAN! Ethiopia.

- *On each mentioned SAN document ask:*

- Have you seen the document?
- Have you read it?
- Was it useful? How?

- Did you receive support in development? (from SAN! Ethiopia, others)
6. Is your WPP a stand-alone policy, added to the HR policy or to your health policy, or chronic illness policy?
 - Was it a point of discussion what type of policy you would have? How was it decided?
 7. How have you communicated the policy to staff?
 - *If not communicated:* What are your plans for dissemination?
 - Do you have a system for orientation of newly recruited staff – also on WPP?
 8. Can you tell me whether your policy addresses any of the following components?

Component	Reported in IDI	Seen in WPP
Sensitization and awareness raising		
Anti-discrimination		
Attention to gender		
Counselling		
Care and support		
Treatment (ART, OI)		
Confidentiality		
VCT		
Prevention incl. condom provision		

- Does your policy address other issues?
9. Were there any controversial issues during development of the policy?
 - *If yes,* what were these issues and how were these issues resolved?
 10. Do you have an activity plan and budget attached to your WPP?
 - *If yes:* Have you submitted the budget? When? To which donor?
 - *If submitted:* Have you received fund? When?
 - *If no activity plan:* Why not, any plans to develop one?
 11. Do you have a committee for the WPP? *If yes:*
 - Who are members (number and positions)?
 - How are members selected?
 - What is the role of the committee in WPP?
 - What is the management support for the committee?
 12. Do you have a Focal Point Person (FPP) for WPP coordination and activities? *If yes:*
 - What is the position and profession of the FPP?
 - Man or woman?
 - How was the FPP selected?
 - How long on the job?
 - What are the roles of the FPP?
 - Full time or part-time? (how many days a week)
 - What training did the FPP receive?
 - Experience in HIV and AIDS?
 - Management support for FPP?
 - Is the FPP also for branch offices, or do they have their own?
 - What have been activities of the FPP in the last 12 months?

13. Which SAN! training did any staff of your NGO participate in? – and who (position) participated
- Project launching (March 2008),
 - Leaders training (April 2008)
 - FPP training (August 2008)
 - WPP formulation (January 2009)
 - Experience exchange workshop (June 2009)
 - How do participants in the SAN! training usually communicate the information gained from the training to other staff members?
14. Did you receive any support from Cordaid/Oxfam Novib for your WPP development?
- *If yes:* What type of support: financial, technical, information – documents? Specify
15. Did you meet any challenges or constraints in developing your WPP? *If yes*, which ones?

D. ACTIVITIES RELATED TO HIV AND AIDS FOR STAFF

With each activity probe 1) whether this is an activity related to the WPP implementation and 2) Whether the activity also takes place for branch staff – if applicable.

16. Do you have any IEC materials for staff? *If yes:*
- What type of materials: posters, leaflets, newspaper clippings, audiovisual?
Elaborate
 - Where did you get these materials from? (name sources)
 - Where are they accessible? (*probe for AIDS corner*)
17. Do you have any awareness raising activities for staff? *If yes:*
- What type: planned discussions, drama, peer education, celebration of AIDS day among staff – *elaborate*
 - Do you involve PLHIV in these awareness raising activities?
 - Informal discussions among staff – *elaborate*
18. Did you have any training for staff on HIV and AIDS? *If yes:*
- When did these happen? Mention number.
 - Who were the participants? (specify staff)
 - What were the topics?
 - Who were the facilitators?
 - Were PLHIV involved?
 - How did you decide on the topics for training? (as response to expressed need – or not?)
19. Do you advice staff to go for HCT?
- *If yes:* way of promotion (VCT days?)
 - *If no:* why not?
20. **Suppose** you have an HIV positive staff member who complains about being stigmatized by some other staff members.
- How will the organization handle such a situation?
 - Will any disciplinary action be taken? – if so, which action? (has it happened? – any action so far?)
 - Do you have official guidelines, how to handle such cases?
 - Are these guidelines communicated to staff?
 - Do you have any measures in place or activities undertaken to *reduce* stigma and discrimination? Please specify.
 - *Probe if not:* Why not? (stigma and discrimination not a problem??)

21. Do you encourage disclosure of HIV status in the NGO?
 - *If yes:* What is your strategy?
 - Why do you think disclosure in the workplace is important / not important? (Access to service, reduction of stigma)
22. Do you have measures in place to ensure confidentiality if someone discloses his or her HIV positive status? *If yes:*
 - What are these measures?
 - How have you communicated these measures to staff?
23. Do you have measures in place for gender equality?
 - *If yes:* Explain (gender policy?), and equality for what?
 - *If no:* Why not?
24. Do you make condoms available for staff?
 - *If yes:* since when?
 - Where are they available?
 - Are they always available?
 - From where do you get or buy them – costs?
 - Is it a controversial issue among staff?
 - Do staff take the condoms – some group of staff more? (men, young men, drivers)
 - Who puts the condoms?
 - *Probe if no condoms in the workplace:* Why not?
25. Do you facilitate access to HIV related services for staff?
 - *If yes:* Which services and what way of facilitation?
 - *For ART:* ways of facilitation: insurance, own clinic, referral to specific clinic? (public/private?)
 - *For OI:* ways of facilitation: insurance, own clinic, referral to specific clinic?
26. Do you have any other activities related to HIV and AIDS for staff? *Elaborate*
27. Do you have other mechanism in your NGO to support staff members who are sick or family of staff who has died?
28. How have you been able to pay for all these activities?
29. How do you (plan to) monitor the WPP activities – including the expenses?

E. EFFECTS

30. Do you see any effects of WPP development or implementation on staff? *If yes:*
 - *Probe for:* examples
31. Is there any new networking with other NGOs within SAN! Ethiopia or other organizations (public, private and NGO) because of the WPP development and implementation? *If yes:*
 - *Probe for* examples
32. Have you seen the first phase applied research 1) fact sheet, or 2) were you present during oral presentation of findings?
 - *If yes:* Have you used any of the recommendations, if so explain

F. PERCEPTIONS OF NGO

- 33. What do you see as successes of your WPP? In other words: What strategies or activities are you proud of and would you like to share with other NGOs?
- 34. What challenges and constraints do you face in implementation of your WPP? (*OPEN QUESTION – NOT PROBE*)
- 35. What are your future plans related to WPP
 - Do you have any strategy planned / or any measures taken for sustainability of the WPP beyond SAN! and SAN! donors?

THANK YOU VERY MUCH FOR YOUR COOPERATION

Is there any question you would like to ask us, or issue you want to bring up??

To get/observe	Comments
WPP document	
AIDS corner	
IEC materials	
Condoms for staff	