

## IMPLEMENTATION AND EFFECTS OF HIV AND AIDS WORKPLACE POLICIES, by STOP AIDS NOW! partner organizations in South India

### Introduction

#### *SAN!SIP project objective*

Facilitate 45 civil society organizations (CSO) in Andhra Pradesh, Karnataka, and Tamil Nadu, which are partner organizations of STOP AIDS NOW! (SAN!) partners Cordaid, Hivos, Icco, and Oxfam Novib, to develop and implement HIV and AIDS workplace policies (WPP) – or to address HIV and AIDS in the workplace in other ways – and so create an enabling environment responsive to the challenges of HIV and AIDS.

#### *Project management*

- A full-time local Program Coordinator (PC); an assistant Program Coordinator; a local project group 'SAN! South India Program Group' (SSIPG) – with representatives of 7 participating CSOs and other stakeholders; and support by a Dutch Project Coordinator.
- SSIPG is the deciding, facilitating, and governing body. INSA is the host organization which has assigned four Program Officers to devote 50% of their time to the SAN!SIP project. Three are assigned to one state each, while one oversees the management information system.

#### *Time frame*

The project ran from January 2007 to December 2009.

#### *Aim of applied research (AR)*

To provide information to inform project management, CSO managers, and beneficiaries on how to direct or redirect activities for successful WPP development and implementation.

#### *AR phases*

Three AR phases were planned according to the phases of the SAN!SIP project: 1) Process of developing a policy in organizations (June to December 2008); 2) Start of WPP implementation (January to June 2009); 3) Implementation and effects of WPP on workers and organizations (July to December 2009). After unforeseen delays in Phase One, Phase Two and Three were taken together.

### Study methodology of AR Phase Two/Three

#### *Main objectives*

1. To describe and analyse implementation of WPP activities in CSOs and participation of staff;
2. To describe and analyse the effects of WPP implementation at staff and organization level;
3. To describe the utilization of SAN! support structures and documents in the development of WPP;
4. To identify and document promising practices and challenges in the implementation of WPP;
5. To provide recommendations to CSOs, SAN!SIP, SSIPG, and donors for sustainable effective WPP development and implementation.

#### *Sampled CSOs*

- 24 CSOs; 10 from Andhra Pradesh, 8 from Karnataka, and 6 from Tamil Nadu;
- Purposeful sampling by SSIPG and PC: CSOs with draft or final WPP and distributed over the three states.

#### *Data collection, methods, tools, and sample size*

Data collection between June and November 2009, at CSO and staff levels by:

1. In-depth interviews (IDI) with question guide in 24 CSOs; total 38 respondents; main themes: WPP status, communication to staff, major activities, stigma, gender, perceived challenges, sustainability measures, effects, support by SAN!SIP;
2. Survey by interviews with 315 staff in 24 CSOs; main themes: awareness about WPP, involvement with WPP activities, gender, stigma and discrimination, prevention measures, disclosure, participation in activities, perceived effects;
3. Focus group discussions (FGD), total 40 FGDs, with 6-8 persons, two groups of middle and lower level staff respectively; total participants 289; main variables: awareness of policies, participation, openness about HIV and AIDS, stigma and discrimination, confidentiality, gender.

- Background of 38 IDI respondents**
- *State:* 18 Andhra Pradesh (47%), 12 Karnataka (32%), 8 Tamil Nadu (21%);
  - *Designation:* 16 directors/senior managers; 22 HIV focal point persons (FPP);
  - *Gender:* 21 male, 17 female;
  - *Age groups:* 16-25 (3%), 26-35 (16%), 36-45 (32%), 46 and above (50%);
  - *Marital status:* 30 married, 8 single.
- Background of 289 participants in 40 FGDs**
- *State:* 122 Andhra Pradesh (42%), 99 Karnataka (34%), 68 Tamil Nadu (24%);
  - *Gender:* 114 male (39%), 158 female (55%), 17 transgender (6%);
  - *Marital status:* 78 single (27%), 211 married (73%);
  - *Job level:* 26 senior level (9%), 104 middle level (36%), 159 junior level (55%).
- Background of 315 staff in survey**
- *State:* 109 Karnataka (35%), 135 Andhra Pradesh (43%), 71 Tamil Nadu (23%);
  - *Sex:* 173 female (55%), 140 male (45%), 2 transgender;
  - *Age groups:* 16-25 (20%), 26-35 (41%), 36-45 (31%), 46 and above (8%);
  - *Level of staff:* 7% senior level, 29% mid level, 25% junior level, 32% grassroots, 4% officer level support, 3% lower level support;
  - *Time in organization:* 15% less than one year, 29% 1-3 years, 26% 4-7 years, 31% 7 years and above.
- Research team**
- Data were collected and processed by a team from YRG Care, Chennai, and analysed and reported by researchers from YRG Care; outline of report and advice by a consultant from the University of Amsterdam.
- Analysis**
- Qualitative data organised by theme, entered in spreadsheets, followed by content analysis;
  - Quantitative data analysed in SPSS 12;
  - Juxtaposing staff and management information.

## WPP and FPP availability

- Status of WPP**
- 11 with fully functional WPP, 7 final draft policies, 4 draft WPP, 2 not started;
  - 5 stand alone WPP, 8 integrated into the existing gender or welfare policy; 2 in health policy;
  - 2 with policy funded by donors (as of November 2009);
  - 8 CSOs have an action plan attached to the WPP.
- Dissemination to and participation of staff**
- 92% of staff know about WPP;
  - 50% learned about WPP in a dissemination meeting, 38% participated in development, 11% has seen a copy, 8% was given a copy of the WPP;
  - 3 WPPs translated into local language.
- Use of resource materials**
- 19 CSOs used resource materials provided by SAN!SIP to draft the policy;
  - 14 CSOs used the ILO document 'ILO code of practice on HIV/AIDS and the world of work';
  - Only one CSO used the STOP AIDS NOW! document 'Good donorship in a time of AIDS' (Good Donorship Guidelines - GDG).
- Other policies**
- 17 HR policies, 12 staff welfare policies, 4 gender policies, 2 sexual harassment policies.
- FPP**
- 17 CSOs have an HIV and AIDS focal point person (FPP);
  - 72% of staff know the FPP in their organization.
- Committee**
- 8 CSOs installed a committee for HIV and AIDS activities – only in 2 with defined roles and responsibilities.

## Main WPP related activities

- Awareness raising and sensitization**
- In all 24 CSOs there is general awareness raising on HIV and AIDS;
  - 97% of staff received basic information about HIV and AIDS; 82% have access to resource materials;
  - 93% of staff participated in training; topics covered: prevention (97%), VCT (40%), STI (30%), WPP (30%), prevention of mother to child transmission (18%), opportunistic infections (14%).

- Condoms for staff*
  - CSOs: 6 have condoms in the workplace; in the other 18 that have no condoms, 3 CSO managers are against condoms, and in 15 CSOs they are not against them, but they see it as private issue;
  - Staff: 42% have condoms in the workplace; 19% in FBOs, 44% in secular CSOs;
  - Places of access: public corridor (32%), store room (21%), cupboard (13%), restroom (10%);
  - 66% of staff is very comfortable accessing condoms at the workplace, 14% is moderately comfortable, 10% less comfortable, and 10% uncomfortable.
  
- VCT promotion*
  - 14 CSOs (58%) have VCT promotion activities; through training and providing a directory of services, 2 CSOs organized VCT in the workplace;
  - Staff: 77% report getting VCT information in the organization.
  
- Guidelines for disclosure*
  - CSOs: 35% have guidelines;
  - Staff: 62% think their organization promotes disclosure.
  
- Guidelines for confidentiality*
  - 3 CSOs have guidelines to secure confidentiality of HIV status;
  - 2 CSOs believe it would be beneficial for the CSO if HIV positive staff discloses;
  - Staff: 64% believe their organization secures confidentiality.
  
- Stigma reduction measures*
  - All CSOs do not tolerate stigmatization and discrimination of PLHIV and gender minorities in the workplace; they will punish or suspend staff who stigmatise PLHIV, and set up committee for inquiry; have regulations in letters of appointment.
  
- Facilitate access to ART*
  - CSOs: 17 facilitate access to ART for staff, through medical reimbursement (8) or network with free service providers;
  - Staff: 71% get facilitated in access to ART.
  
- Participation of PLHIV*
  - Only 2 CSOs without HIV positive staff invited PLHIV for input in WPP and to sensitize staff; one invited network of PLHIV;
  - 12 CSOs have PLHIV as staff members.
  
- Sustainability measures*
  - Lobby with other donors;
  - Earmarking part of organizational fund for WPP;
  - Raising money from the for profit sector.

## Effects of WPP (in 22 CSOs)

- Increased knowledge*
  - 17 CSOs (77%) think staff in the CSO has increased knowledge of HIV and AIDS;
  - Staff: 91% report to have increased knowledge.
  
- More IEC materials*
  - 12 CSOs (54%) report more IEC materials for staff;
  - 85% of staff report more access to IEC materials.
  
- Openness about HIV and AIDS*
  - CSOs: 55% notice more open discussions among staff about HIV and AIDS;
  - Staff: 88% report increased openness.
  
- Stigma*
  - All acknowledge stigmatization of PLHIV in society, but only 2 staff of one CSO report stigmatization of PLHIV in their workplace (also reported in IDI);
  - 95% of staff in CSOs with PLHIV feel comfortable working with PLHIV, 94% of staff without PLHIV does;
  - 93% of staff feel their CSO should recruit PLHIV;
  - Managers believe reduced stigma is the effect of awareness raising and discussion;
  - Staff in FGDs in 13 CSOs think stigma is reduced because of WPP.
  
- Confidentiality and (intention for) disclosure*
  - In 3 CSOs staff disclosed because of WPP;
  - Staff in 5 FGDs report increased confidentiality;
  - 96% of staff trust that CSO maintains confidentiality; 68% of staff in survey reports increased confidentiality because of WPP;
  - 52% of staff believe punitive measures will be taken if confidentiality is breached;
  - 83% of staff is comfortable to disclose; most preferred persons are CSO head (63%), peer staff (28%), supervisor (18%), FPP (13%), workplace counsellor (12%).
  
- Prevention methods*
  - 81% of staff report taking more HIV prevention methods, 19% the same, and 2% less; more women (86%) than men (74%) report taking more HIV prevention methods.

- Job security and belief in CSO support*
- 88% of staff now feel more confident of job security;
  - 88% of staff now believe they will be supported by their organization if ill;
  - Highest impact of increased job security and support in non-HIV organizations: 94% and 97%.
- Gender friendly workplace*
- Managers do not report effect on gender, because workplaces are already gender friendly;
  - 98% of staff report equal promotion opportunities, 99% report equal training opportunities;
  - However, 84% of female staff and 71% of male staff, and both 2 transgender staff say that they have become more aware of gender issues because of WPP.
- Access to services*
- CSOs: 46% report increased access for staff to VCT, ART, OI treatment, etc.;
  - Staff in FGDs of 9 CSOs (43%) report increased access;
  - 23% of CSOs now network for services and IEC.
- Indirect effects*
- External mainstreaming – especially in non-HIV CSOs;
  - CSOs realizing importance of addressing general health issues for staff;
  - CSOs realizing importance of having policies other than WPP, i.e. health policy;
  - CSOs networking with public and private institutions for services and IEC;
  - Greater involvement of all levels of staff and of HIV positive staff.
- Expected negative effect*
- Staff in FGD of 8 CSOs: misuse of the WPP by HIV positive staff – resulting in conflicts between staff;
  - Staff: 11% report a negative effect – relatively more among FBOs (15%).
- Support by SAN!SIP and SSIPG*
- 20 CSOs reported receiving support from SAN!SIP/SSIPG for development and implementation of WPP;
  - Main support was technical; through training, IEC materials, and also explaining funding procedures of SAN! donors;
  - 5 CSOs appreciate PC team visits who hold dialogues with staff;
  - 4 CSOs appreciate facilitation role in forming linkages with other SAN!SIP CSOs and external stakeholders.

## **Conclusion: Good practices and challenges**

- Good practices*
- Making the policy available and known to all staff;
  - Implementing WPP activities before donor funding is received, or without need for external funds;
  - Making condoms available for staff;
  - Involving all levels of staff;
  - Involving PLHIV;
  - External mainstreaming;
  - Provide to staff a directory of HIV and AIDS related services;
  - Translating the WPP into the local language;
  - Organize VCT in the workplace;
  - Having guidelines for maintaining confidentiality and a conducive environment for disclosure;
  - Putting regulations against stigma and discrimination in appointment letters;
  - Linking and learning with public and private organizations, for information sharing, access to free IEC, condoms, training, and referral services;
  - Putting in place sustainability measures: writing proposals for funding, lobbying with other donors, mainstreaming WPP budget in other organizational budgets, and internal fundraising mechanisms;
  - Networking among SAN!SIP CSOs (in one of the states).
- Challenges*
- Financial implications when more staff need support and benefits;
  - Foreseen conflicts between staff when HIV positive staff access benefits;
  - Negative stance on condoms by religious organizations;
  - Time constraints for staff to participate in activities;
  - Low understanding of the role of the FPP;
  - Not installing a committee for WPP activities;
  - Little deliberate involvement of PLHIV;
  - Striking a balance between confidentiality and HIV positive staff accessing benefits;
  - Linking and learning between partner CSOs;
  - No use of SAN! documents: 'Good donorship in a time of AIDS' (GDG) and the budgeting tool (BT) 'What's it likely to cost'.

## Recommendations

### *To partner organizations*

- Use the STOP AIDS NOW! documents (GDG and BT) in developing/reviewing the WPP;
- Establish committees and appoint an FPP for HIV and AIDS activities with well defined roles and responsibilities;
- Discuss with staff the preferred way of WPP dissemination; disseminate the WPP to all staff; translate the document if needed;
- Provide information on HIV and AIDS and the WPP, for instance on a notice board;
- Share experiences and promising practices with other partner CSOs;
- Start or continue implementing WPP activities that do not cost money;
- Link with other stakeholders for services, including for training, condoms, VCT, and ART;
- Write proposals for funding to other bodies than STOP AIDS NOW! donor organizations.

### *To PC, SSIPG*

- Enhance awareness about the FPP and his or her roles;
- Advocate usage of the GDG ad BT;
- Facilitate forming linkages for cross learning among member CSOs;
- Help CSOs to network with service providers within their respective geographical area;
- Give further training on gender equity and the WPP as change agent;
- Encourage CSOs to offer condoms for staff; advise CSOs to understand from employees which places are most suitable for condom placement.

### *To donors*

- Consider extension of funding;
- Open or continue dialogue with Indian partner organizations about managing HIV and AIDS in the workplace.