



**Implementation of HIV and AIDS
Workplace Policies in Ethiopian NGOs**

**STOP
AIDS
NOW!**

Applied Research, phase 3, report

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Colophon

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Abbreviations

| | |
|----------------------|---|
| ACORD | Agency for Cooperation and Research for Development |
| AFD | Alliance for Development |
| AIDS | Acquired Immune Deficiency Syndrome |
| AMUDAS | African Initiatives for a Democratic World Order |
| APAP | Action Professionals' Association for the People |
| AR | Applied Research |
| AR1, AR2, AR3 | Applied Research Phase 1, 2, 3 |
| ART | Anti-Retroviral Treatment |
| ASE | Agri-Service Ethiopia |
| BCC | Behavioural Change Communication |
| CEYSD | Circus Ethiopia for Youth and Social Development |
| CSO | Civil Society Organization |
| CVM | Community of Volunteers for the World |
| ECS | Ethiopian Catholic Secretariat |
| EDA | Emanuel Development Association |
| ERSHA | Ethiopian Rural Self Help Association |
| FA | Funding Agency |
| FBO | Faith Based Organization |
| FGAE | Family Guidance Association of Ethiopia |
| FMOH | Federal Ministry of Health |
| FPP | HIV and AIDS Focal Point Person |
| HAPCO | HIV and AIDS Prevention Control Office |
| HCT | HIV and AIDS Voluntary Counselling and Testing |
| HIV | Human Immunodeficiency Virus |
| HR(M) | Human Resources (Management) |
| HSDP | Health Sector Development Programme |
| IAS | International AIDS Society |
| ICCO | Interchurch Organization for Development Cooperation |
| IDI | In-Depth Interview |
| IEC | Information, Education, and Communication |
| IHA-UDP | Integrated Holistic Approach-Urban Development Project |
| IIRR | International Institute for Rural Reconstruction |
| INTRAC | International NGO Training and Research Centre |
| JeCCDO | Jerusalem Children and Community Development Organization |
| KMG | Kembatti Menti Gezzimma |
| NEP+ | Network of Networks of HIV Positives in Ethiopia |
| NGO | Non-Governmental Organization |
| ORDA | Organization for Relief and Development in Amhara |
| OSSA | Organization for Social Services for AIDS |
| PLHA | People Living with HIV and AIDS |
| PO | Partner Organization |
| REST | Relief Society of Tigray |
| RLAD | Resurrection of Life Aid through Development |
| SHAFON | SNNPR HIV and AIDS Forum of NGOs |
| SNNPR | Southern Nations and Nationalities Peoples Region |
| SSA | Sub-Saharan Africa |
| SLUF | Sustainable Land Use Forum |
| TOR | Terms of Reference |
| WPP | HIV and AIDS Workplace Policy |

Executive Summary

Between January and March 2011 STOP AIDS NOW! Ethiopia conducted a study of twenty NGOs – out of a total of thirty-five NGOs in the project. The study sought information with the objective of explaining and evaluating the status and degree of implementation of HIV and AIDS workplace policies (WPPs)¹ and the subsequent effects of the policies at staff and organizational levels. It is expected that the outcome of the study will help to share good practices and challenges, and provide recommendations for implementation of effective HIV and AIDS workplace policies in NGOs.

Study Methodology

Data were collected at the headquarters of twenty NGOs, which were selected because they had a (draft) policy in place. The study utilized three data collection methods: 1) interview of 113 mid level and support staff using a structured questionnaire – the survey; 2) in-depth interviews (IDIs) with thirty-four senior managers and HIV and AIDS focal point persons (FPPs) using a semi-structured questionnaire; and 3) observations. Managers and FPPs reported on the NGO level, while staff mainly reported on the organizational and personal level.

Themes in the IDIs included: status and content of the WPP, NGO structure to support WPP implementation, NGO's dealings with confidentiality and disclosure, WPP activities, and perceived effects on workplace and staff. Themes in the staff survey included knowledge of HIV and AIDS, awareness of WPP and engagement in activities, perceptions of risk, confidentiality, disclosure of HIV status, practices related to prevention measures and HCT, and perception of the effects of WPP development and implementation. Observations were made of the availability of a WPP document, IEC materials, condoms, and the presence of an AIDS corner.

Main Findings

Status of WPP

Nineteen NGOs had developed a final WPP document and one NGO had a draft. The documents commit to ensuring a consistent and equitable approach to the prevention and management of the consequences of HIV among employees and their families. Ten NGOs involved staff starting from the development process of the WPP. Most staff (87%) was aware that their NGOs had a WPP. Seven NGOs met with controversial issues during development regarding what to include in the WPP; most were resolved. In eleven NGOs the process of developing an HIV and AIDS workplace policy was a catalyst for reviewing HR policy in order to include selective issues from the WPP – the aim was to fully integrate the WPP into their HR policies.

WPP Implementation

To varying degrees the WPP was being implemented in nineteen NGOs; ten had a fully operational policy, seven a partially operational WPP, and three NGOs had a weakly implemented

policy. NGOs had designed regulations concerning disclosure by staff in order to access benefits, and had guidelines to maintain confidentiality. To coordinate WPP activities, nineteen NGOs had a (mostly part-time) FPP. The majority of staff (71%) was aware of the FPP and his or her activities. Only five NGOs reported having an HIV and AIDS committee to run WPP activities. In one NGO all branch offices had their own HIV and AIDS committees. Main WPP activities were as follows:

- **Awareness raising** about HIV and AIDS and the WPP was done in all NGOs through the availability of IEC materials, staff meetings, and staff awareness workshops specific to HIV and AIDS.
- **HCT promotion** was done by all NGOs in a variety of ways: during staff meetings, in staff awareness sessions, and through informal discussions. Some NGOs facilitated HCT through established relations with local health facilities; others provided information on where HIV related advice, counselling, and referrals can be accessed.
- **Condoms for staff** were available in eleven NGOs and nine NGOs reported high utilization.
- **An AIDS fund** had been established in six NGOs, with financial contributions by staff and management. This is an official support mechanism for (future) HIV positive staff. In the different NGOs the management's regular financial contribution to the fund encouraged staff to also volunteer contributions for the fund.
- **An AIDS Corner** had been set up in sixteen NGOs with the financial and technical support of STOP AIDS NOW! Ethiopia. In the AIDS corners staff have access to the WPP document, IEC materials, and condoms. The majority of staff were aware of the corner and also used it, especially for IEC materials.
- **Involvement of PLHA** by NGOs in WPP development and implementation: NGOs invited PLHA during awareness raising workshops for staff, for the celebration of World AIDS Day, or for condom sensitization.

Effects of the WPP

All IDI and survey respondents observed positive effects on staff and the workplace as a result of WPP development and/or implementation. These effects included (to differing degrees): increased employee awareness about HIV and AIDS in the workplace; increased openness to discuss HIV and AIDS related issues; more willingness to go for HCT; employee willingness to contribute to an AIDS fund; improved management commitment for HIV and AIDS related activities; reviewing the human resource policy to address standards of behaviour expected from employees regarding HIV and AIDS; increased disclosure of HIV status; availability of benefits after disclosure, and considering support for employees' family members; better clarity among organizations and employees concerning rights and duties in relation to HIV and AIDS in the workplace. The majority of staff (93%) stated that they noticed personal

1 There are different ways of addressing HIV and AIDS in the workplace, not necessarily through a stand alone policy for HIV and AIDS.

changes as a result of the WPP activities: their attitude towards PLHA had changed; they had increased knowledge on HIV and AIDS; they now felt free to discuss HIV and AIDS in the workplace and with family and community members. An encouraging finding was that the majority of staff (85%) reported having undergone HCT one or more times, many of them as a result of the WPP. No staff indicated or foresaw any negative effects of the WPP.

Four NGOs indicated specific external activities as an effect of the WPP: either helping other NGOs and local schools and factories in developing a WPP, or assisting orphan children through the NGO's AIDS fund.

Promising practices

In development of the WPP: Participatory WPP development by staff and management; disseminating the WPP to all staff; providing orientation on WPP to new staff; NGOs using resource documents and training provided by STOP AIDS NOW! Ethiopia; solving controversial issues through discussion among employees and with management; translation of WPP document into the local language.

In NGO and management support: Setting up a structure for WPP and management commitment: assigning human resources managers as an FPP; setting up AIDS committees and utilizing them for monitoring and evaluation; establishing an HIV and AIDS committee at branch offices; addressing HIV and AIDS in all current and future projects in the NGO; addressing HIV and AIDS as a topic on the agenda at all staff meetings; granting staff free time for open dialogue sessions; higher management living by example – for instance promoting HCT; NGOs' allocation of a regular budget for the AIDS fund; designing creative confidentiality measures; revising financial mechanisms to facilitate disclosure and uptake of benefits; developing and communicating guidelines that provide clear direction to human resource and finance managers in dealing with HIV and AIDS issues on a routine basis; formal and official mechanisms for support of staff with HIV and AIDS; communicating confidentiality and anti-discrimination measures; providing support for family members of staff.

In implementation of WPP: Starting activities without donor funding; conducting planned awareness raising sessions; developing own newsletter and pamphlets at low cost; having a peer education and counselling programme; using traditional ceremonies for discussing WPP issues; establishing an AIDS corner for WPP documentation (ID) respondents stated that the establishment of the AIDS corner was one of the tangible actions signalling WPP implementation, and a lesson learnt was that WPP activities can be conducted with few resources); IEC and condom provision; establishing relationships with HCT centres and organizations for condoms and IEC; facilitating and providing pre- and post-test counselling; promoting anonymous advice and information services; inviting people living with HIV and AIDS to sensitize staff; establishing an AIDS fund with voluntary staff contributions (and contributions by the NGO);

taking sustainability measures; continuous technical and practical (material) support by STOP AIDS NOW! Ethiopia office.

Challenges in WPP implementation include: Lack of time for WPP activities among staff and FPPs; lack of funding for activities – no support by donors; no extension of activities to staff's families as is described in WPP documents; difficulty in developing mechanisms with clear guidelines to ensure confidentiality; high turnover of FPPs; resistance to condom promotion and provision for staff; no attention to occupational risk of HIV infection; insufficient involvement of PLHA.

Recommendations

To NGOs

- Strengthen efforts of planned and regular awareness raising sessions and training for staff;
- Involve all levels of staff in WPP activities;
- Establish and communicate confidentiality procedures to all staff;
- Put greater effort and emphasis into condom promotion;
- Set up structures that are central to the workplace, such as an HIV and AIDS committee;
- Design a clear job description for the FPP with a defined and agreed time for WPP; appoint staff who are most likely to keep their job, and who are sufficiently senior to have the trust and respect of other staff and who can make decisions;
- Develop and strengthen a peer education programme;
- Establish relationships with local health and training facilities;
- Positively and meaningfully involve PLHA and establish relations with PLHA organizations;
- Plan WPP activities and make a budget for these;
- Involve family members;
- Train FPP and peer educators in HIV and AIDS counselling to help them cope with the pressure of their work;
- Pay attention to occupational risk;
- Network among STOP AIDS NOW! Ethiopia partner NGOs;
- Continually monitor the effectiveness of HIV and AIDS workplace initiatives.

To STOP AIDS NOW! Ethiopia and steering group

- Disseminate STOP AIDS NOW! Ethiopia partner NGOs' achievements to other sectors;
- Organize experience sharing workshops for partner NGOs and stakeholders;
- Provide training for new FPPs;
- Support and motivate NGOs without an AIDS corner and those lagging in implementation to have one;
- Continue support for the process of establishing and strengthening the network among partner NGOs.

To STOP AIDS NOW! Netherlands and donors

- Scale up financial and technical support for WPP implementation – helping NGOs to have appropriately funded programmes integrated into existing structures.

Chapter 1

Introduction

1.1 HIV and AIDS in Ethiopia, Policies and Programmes

Over the past two decades the human immunodeficiency virus (HIV) has spread silently throughout the world profoundly affecting the lives of men and women, their families, and societies. Among the estimated 36 million people living with HIV, about 95% are found in the developing world, of which an overwhelming 70% are in Sub-Saharan Africa (SSA) alone, where resources to confront the epidemic are most scarce. In SSA, according to the Federal Ministry of Health of Ethiopia (FMOH), the national adult HIV prevalence rate for the year 2011 was 2.3% (1.8% among males and 2.8% among females). At the same time the total number of AIDS related deaths was reported to be 44,751. The HIV and AIDS epidemic is the most serious challenge facing Ethiopia, where the adult population between the ages of 15-49 years, which comprises the vast majority of the workforce, is the worst affected.

HIV and AIDS prevention and control were recognized as top priority health interventions by the Ethiopian government, including from the start of the Health Sector Development Programme (HSDP) in 1996. A national HIV and AIDS policy was issued in 1998, and in subsequent years it was followed by the establishment of a National AIDS Council, National AIDS Secretariat, and other relevant bodies.

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. There is increasing recognition by the government and other sectors that targeting activities in the workplace can offer opportunities for reinforcing acceptable behaviour and implementing interventions. Understanding HIV and AIDS as a workplace issue and considering its role in the wider struggle to limit the spread and effects of the epidemic, in 2001 the Confederation of Ethiopian Trade Unions issued a workplace HIV and AIDS policy which emanated from the national HIV policy.

In 2004, to intensify the multi-sectoral response to HIV and AIDS, the government developed a strategic plan to enhance and strengthen existing 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. 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 HIV 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 (CSOs) – including NGOs participating in the STOP AIDS NOW! 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 programmes.^{2a, b, c}

1.2 STOP AIDS NOW! Project: ‘Managing HIV and AIDS in the Workplace’ in Ethiopia

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 to assist their partner organizations (POs) in internally mainstreaming 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 review workshop POs concluded that the pilot phase had: 1) supported NGOs to better understand HIV and AIDS mainstreaming in their organization, as well as programmatic interventions; 2) encouraged the quest for further knowledge and capacity development to effectively respond to the negative impacts of HIV and AIDS on their organization. Based on the suggestions made by POs, the FAs decided to continue supporting the project for a longer period through the organization of a responsive structure in Ethiopia.

The STOP AIDS NOW! project ‘Managing HIV and AIDS in the Workplace’ ran for three years, from July 2007 to December 2010, and targeted thirty-five NGOs in Ethiopia cooperating with Oxfam Novib and Cordaid. The purpose of the project was to strengthen the capacity of these thirty-five NGOs to effectively respond to the challenges of HIV and AIDS in their organization.

2a. Federal Democratic Republic of Ethiopia Ministry of Health: Health Sector Development Program IV 2010/11 – 2014/15, 2010.

b. Report on progress towards implementation of the UN Declaration of Commitment on HIV/AIDS, 2010. Federal Democratic Republic of Ethiopia Federal HIV/AIDS Prevention and Control Office, 2010.

c. Workplace HIV/AIDS Policy – Guideline Confederation of Ethiopian Trade Unions (CETU) - HIV/AIDS Project Office Addis Ababa, 2001.

In the process of the project intervention, four organizational learning cycles were employed: 1) WPP (re)formulation; 2) implementation of a WPP and programmes; 3) reflection on the process; 4) drawing lessons from the process. These cycles were interlinked and complemented one another.

1.3 Activities in the STOP AIDS NOW! Ethiopia Project in 2010

The activities in the third year (2010) of the project were devoted to: 1) establishment of efficient coordination for the HIV and AIDS internal mainstreaming project; 2) facilitating linking and learning among the thirty-five NGOs and other stakeholders; 3) supporting the thirty-five NGOs to implement their HIV and AIDS workplace policies; 4) supporting lobby events focused on HIV and AIDS internal mainstreaming.

Below the activities are summarized – for details see Annex 2.

Steering group

The steering group monitors and guides the implementation of the project and consists of seven organizations. To strengthen the steering group two workshops were conducted. The first, in May 2010, was a half-day workshop dealing with the concepts of internal and external HIV mainstreaming, integrated AIDS work, institutionalization, and gender mainstreaming. The second workshop took place in October 2010, when the steering group had been reformed to coordinate HIV workplace learning activities. The five organizations represented in this group were JeCCDO, the Organization for Social Services for AIDS (OSSA), the Network of Networks of Ethiopians Living with HIV and AIDS (NEP+), the Ethiopian Business Coalition against AIDS (EBCA), and the Ministry of Civil Service. The (refreshed) steering group conducted its first meeting in November 2010 and discussed the content of the terms of reference (TOR) for the new steering group. OSSA and EBCA drafted the TOR that was presented at the learning group meeting conducted in October 2011. This was an attempt by the STOP AIDS NOW! project to continue the linking and learning among NGOs participating in the project and other pertinent actors representing private and business interests and government authority. It was also a way of realizing sustainability of the project activities.

Support to NGOs by STOP AIDS NOW! Ethiopia project office

In 2010 the project supported nine NGOs in establishing their AIDS corners. The project office visited twenty-seven NGOs with the objective of encouraging their engagement in managing HIV and AIDS in the workplace and discussing emerging issues. The STOP AIDS NOW! Netherlands project coordinator and policy officer conducted a visit to selected

partners in Addis Ababa and organizations located in the northern part of the country.

The STOP AIDS NOW! Ethiopia project, in cooperation with EBCA, organized and conducted a two day experiential learning visit and workshop in May 2010 in Addis Ababa for partner organizations. The visit covered four enterprises, which have interesting experiences in managing HIV and AIDS in the workplace. Furthermore, the project office started the documentation of key project events through copying the video versions to CDs/DVDs. Transcription of the CDs into soft copy is being done to produce a report that builds on the project experience and can be used by diverse actors. To facilitate experience sharing and learning between NGOs in the project, the Applied Research Phase Two (AR2) findings were presented at a workshop in June 2010. Moreover, the project coordinator shared the final AR2 report with all partner organizations in both hard and soft copies.

Advocacy, lobbying, and sharing of project experiences by project coordinator

The project coordinator participated in different events: provided training on managing HIV and AIDS in the workplace for STOP AIDS NOW! Zambia and Zimbabwe partners; participated in scaling up project meetings organized by Oxfam Novib; facilitated sessions organized by STOP AIDS NOW!; and participated in different sessions of the International AIDS Society (IAS) conference in Vienna.

1.4 Applied Research

The applied research has been ongoing during the project period. The findings of the applied research aimed to provide valuable information in order for participating NGOs, the STOP AIDS NOW! project office, and other stakeholders to make informed decisions. Three studies have been conducted. The first study (AR1), conducted in 2008, focused on baseline data generation at NGO and staff level. The second (AR2), in 2009, focused on documenting the experiences of organizations regarding the processes of development of their HIV workplace policy.³ The third (AR3), outlined in this report, aims to explain and evaluate the status and degree of implementation of WPPs and the subsequent effects of the policy at both staff and organizational levels. The main AR3 study objectives were:

1. To describe implementation of WPPs in the organizations and identify promising practices and challenges;

³ AR1 and AR2 reports are downloadable from the STOP AIDS NOW! website.

2. To assess the effects of the WPP in organizations in terms of a) knowledge, attitudes, perceptions, and practices of staff related to HIV and AIDS, and b) reduction of vulnerability of staff and organizations to HIV and AIDS;
3. To give recommendations for the development and implementation of WPPs to STOP AIDS NOW! Ethiopia partners and similar projects in other settings.

1.5 Structure of the Report

After this introductory chapter, Chapter Two will provide the study methodology, and Chapter Three will present the findings on the status, content, and dissemination of policy documents, and staff awareness of WPPs. Chapter Four explains the status of the support structures within NGOs for a WPP. Chapter Five discusses the NGOs' activities related to HIV and AIDS, and then Chapter Six describes the effects of WPPs at staff and organizational levels. Chapter Seven continues to address specific themes which were the focus in the project, including stigma and disclosure in the workplace, performance management, and networking. Finally, in Chapter Eight the project's progress in AR3 will be compared to previous phases, and the reported good practices, perceived challenges, and recommendations will be presented.

Chapter 2

Study methodology

2.1 Study Design and Sampling of NGOs

In a workshop in October 2010 the research methodology was developed by the advisor from the University of Amsterdam, Dr Koster, the STOP AIDS NOW! Ethiopia project coordinator, Mr Wassie, and Dr Mesfin, the principal investigator. They developed research themes, constructed the tools, and planned the schedule for data collection, analysis, and final report. During the workshop, pre-testing of all tools took place in the Jerusalem Children and Community Development Organization (JeCCDO).

Three data collection methods were used to collect mainly qualitative data at the levels of the organization and the staff:

1. In-depth interviews (IDIs) with managers and HIV and AIDS focal point persons (FPPs) using a semi-structured questionnaire, reporting on implementation and effects at the organizational level;
2. Interviews of staff using a structured questionnaire (the 'survey') gathered their personal understanding of WPP implementation and felt effects;
3. Observations in workplaces.

Twenty out of thirty-five NGOs in the project were sampled. The twenty NGOs, selected with the help of the project coordinator, were organizations that had a draft or final workplace policy, and those who had started implementing their WPP. The list of NGOs with respondents is provided in Annex 2.

2.2 Data Collection Tools

In-depth Interviews

The IDIs were conducted with senior management members and FPPs within NGOs' main offices. There were thirty-four respondents in the twenty NGOs; these included nine executive directors, one country representative, one administrative manager, three financial and human resource managers, four project managers, fourteen FPPs, and two people who were project managers as well as FPPs (see Annex 3).

The IDIs were facilitated by 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 were requested to give their oral consent for participation. All IDIs were recorded in written form. The IDI sessions lasted between approximately one-and-a-half and two hours.

Themes in the IDIs included: status and content of the WPP; structure to support WPP implementation; NGO's dealings

with confidentiality and disclosure; WPP activities for staff to reduce vulnerability; and perceived effects of the WPPs on workplace and staff (see Annex 7 for the topic guide).

Staff Survey

The survey respondents were employees working at middle management level and lower level support staff. In all NGOs, management and/or the FPP selected participants for the survey. Staff members were selected by convenience sampling: those who were present at the time of data collection and had time to be interviewed. As much as possible, an attempt was made to balance the sex composition and level of staff; however, among the 113 survey respondents, slightly more were female (54%) compared to male (46%), and more were mid level staff (53%) compared to lower level (47%) (see Table 1). In Annex 4 the number of survey respondents by NGO is provided.

Themes in the staff survey were, among others: knowledge of HIV and AIDS; awareness of the workplace policy; engagement in WPP activities; perceptions of risk; confidentiality; disclosure of HIV status; practices related to prevention; HIV counselling and testing (HCT); and perception of the effects of the workplace policy (see questionnaire in Annex 8). From all survey respondents, oral informed consent was received before starting the interview. All interviews were conducted in the NGO workplace.

Observations

Observations were made on the availability of a WPP document (and the content), information, education and communication (IEC) materials, condoms, and the presence of an AIDS corner.

2.3 Data Collection, Analysis, and Reporting

The principal investigator, Dr Mesfin, and three research assistants, Dr Neway Hiruy from Mekele University, and Ato Michael Seleshi and Miss Alem from Addis Ababa University, collected the data between January and March 2011. Before commencing fieldwork the STOP AIDS NOW! Ethiopia office emailed a letter of request for participation in the study to the NGOs with the contact details of the research team. Through the help of this office, the research team made the arrangements for the IDIs and staff interviews by communicating with the responsible individuals in each NGO in person, by phone, and through email, and interview dates and times were agreed upon.

Data collected through IDIs were transcribed into electronic questionnaires dedicated to each one of the organizations covered. Following this, nearly all information was entered into

Table1: Background characteristics of staff survey respondents

| Category | | Male | | Female | | All | |
|-------------------------|-------------------------|-----------|-----------|-----------|-----------|------------|------------|
| | | N | % | N | % | N | % |
| Age group | 20- 29 | 15 | 29 | 20 | 33 | 35 | 31 |
| | 30- 39 | 19 | 37 | 27 | 44 | 46 | 41 |
| | 40-49 | 12 | 23 | 9 | 15 | 21 | 19 |
| | 50 and above | 6 | 12 | 5 | 8 | 11 | 10 |
| Marital status | Married/living together | 27 | 52 | 30 | 49 | 57 | 50 |
| | Stable boy/girlfriend | 9 | 17 | 2 | 4 | 11 | 10 |
| | Single | 16 | 31 | 29 | 57 | 45 | 40 |
| Job position | Mid level | 26 | 50 | 34 | 56 | 60 | 53 |
| | Support staff | 26 | 50 | 27 | 44 | 53 | 47 |
| Years of service | Less than one year | 8 | 15 | 6 | 10 | 14 | 12 |
| | One to two years | 13 | 25 | 18 | 30 | 31 | 27 |
| | Two to five years | 12 | 23 | 12 | 20 | 24 | 21 |
| | Five to ten years | 14 | 27 | 11 | 18 | 25 | 22 |
| | More than ten years | 5 | 10 | 14 | 23 | 19 | 17 |
| Total | | 52 | 46 | 61 | 54 | 113 | 100 |

an Excel data sheet/matrix for interpretation and write up. Content analysis was employed to make meaning of the data.

The quantitative staff data collected through the structured questionnaires were entered, cleaned, and analyzed using the EpiData statistical software package. For the purpose of this report, frequency counts, percentage analysis, and a few cross tabulations on key background variables including sex, age, staff level, and marital status were employed. With the support of a statistician, Ato Lemma from Addis Ababa University, the survey data were analyzed, and with the help of a secretary the principal investigator wrote the draft final report. The Dutch advisor and project coordinator commented on the first draft, and the Dutch advisor is responsible for the final report – after input from the Dutch and Ethiopian project coordinators on the final draft she prepared.

2.4 Basic Characteristics of the NGOs

The twenty NGOs that participated in the study were diverse. They were of various size and ranged in years of operation from seven to forty-two years. All but one NGO were secular; only ECS is a faith based organization (FBO). In terms of organization size, the number of staff in the NGOs ranged from a high of 793 in REST to only 14 in CEYSD. Six NGOs had more than 100 employees, and the three largest

NGOs, REST, ORDA, and OSSA, had 793, 670, and 403 employees respectively. At their headquarters these three largest NGOs had more than 100 employees, and three other NGOs (ECS, IHAUDP, and CVM) had more than 40 employees at their headquarters (see Annex 4).

The geographical focus of five NGOs was limited to one region: Addis Ababa (DF and IHAUDP), Amhara region (ORDA), Tigray region (REST), and RLAD in the SSNRP (Southern Nations and Nationalities Peoples Region). With the exception of three NGOs (NEP+, DF, and IHAUDP) all NGOs had branch offices; ORDA had the largest number with thirty-five branch offices. The branch offices of four NGOs (CVM, ACORD, CEYSD, and AFD) were said to be semi-autonomous, with varying levels of autonomy.

OXFAM Novib is the donor agency for ten NGOs, and Cordaid is the donor organization for eight. Thirteen NGOs are directly involved in HIV and AIDS related programmes and projects (see Annex 2).

2.5 Basic Characteristics of Survey Respondents

In twenty NGOs, 113 staff members were interviewed. Table 1 shows that there were slightly more female (54%)

than male (46%) respondents. The majority (72%) were between the age of 20 and 39; half were married. There were slightly more mid level staff respondents (54%) than support staff (46%). The majority (88%) had worked in their organization for over a year.

2.6 Study Limitations

Respondents' busy and tight work schedules were a serious factor for why the study was not completed in the planned time. The interviewers were forced to visit many NGOs several times to interview staff. Despite repeated visits, it was not possible to interview six respondents in three NGOs as planned. Thus only 113 staff members were interviewed instead of the planned 120. Even though the initial plan was to conduct IDIs with two individuals per NGO – the management representative and the FPP – for various reasons this was only possible in six NGOs. At the time of the study some had other work priorities or were absent due to in-country field visits or because they were out of the country. One NGO did not have an FPP.

Some survey 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 staff interviews.

Chapter 3

The HIV and AIDS workplace policies

At the time of data collection in early 2011, nineteen of the twenty NGOs had developed a final WPP document; only one NGO was still in the process of drafting the document. Nine NGOs had already developed their (draft) WPP before the project, but these NGOs revealed that the documents had been updated or finalized based on STOP AIDS NOW! Ethiopia training and documents. STOP AIDS NOW! Ethiopia's initiation helped the other eleven NGOs to start developing their WPPs (see AR2). This chapter presents findings on why NGOs decided to have a specific type of WPP, the content, how the WPP was disseminated to staff, and the awareness of staff about the policy.

3.1 Type of Workplace Policy

Most NGOs had included and specified HIV and AIDS in their human resources (HR) guidelines or policies. Respondents stated that the process of developing a WPP had been a catalyst for reviewing their HR policy in order to include selective issues from the WPP. Selected major issues included confidentiality, benefits, and flexible working hours. In five NGOs the HR policies clearly stated the benefits one gets when being HIV positive. In EDA, an employee living with HIV, when sick, is entitled to six months' full salary instead of the normal three months, and in ASE one and a half years' salary instead of one year. This inclusion of selected issues or modifying the HR policy to address HIV and AIDS issues was undertaken by eleven NGOs.

Reported reasons why certain components of the WPP were attached to HR policies included:

- Inclusion means the issue of HIV and AIDS will be an issue of rights;
- Taking sick leave and being allowed a flexible workplace and schedule become full rights;
- WPP is mainly an issue for employees and thus has to be attached with the HR policy;
- To give special emphasis for HIV and AIDS.

In ECS and EDA, by approval of their boards, the WPP document had been attached to or annexed in the HR policy. In eight NGOs, as a result of being part of the HR policy, every new employee is briefed about the WPP.

For ten NGOs, their ultimate aim was to fully integrate the WPP into their HR policies. According to the IDI respondents from these NGOs, integrating WPP with HR policy was the basis for establishing the framework for the organization's HIV and AIDS workplace programme. They also claimed that integration was a strong and important legal and official mechanism by which to inform employees about available assistance and services, and in order for them to claim the available support. Furthermore, these respondents considered integration to be a guarantee for the sustainable

implementation of the WPP. Integration helps to ensure consistency of practices, continuity of WPP activities even if there is management change, and also helps by providing a legal framework to allocate a budget for the WPP and a means to set the standards of behaviour in relation to HIV and AIDS expected from all employees.

In some NGOs the trend was to bring about an overall health policy, also covering other conditions, in line with the HIV and AIDS policy. However, at the same time these IDI respondents confirmed that their NGOs recognized that HIV and AIDS pose a number of unique problems not arising from other conditions, in particular the issue of stigma, and that these required special provisions such as awareness raising and education.

The IDI respondents from only two NGOs strongly declared their preference for a stand-alone WPP separated from the HR or general health policy. One of the respondents stated his belief that a stand-alone WPP could address the issue of HIV and AIDS better than a much more limited HR policy by providing clear and comprehensive guidelines and directions. The other respondent stated that "Because HR policy equally addresses all health concerns the issues and unique features of HIV and AIDS cannot come out clear and big."

3.2 Content of the Workplace Policy

All NGOs used the documents from STOP AIDS NOW! Ethiopia, the ILO Code of Practice on HIV and AIDS and the World of Work, and Ethiopian Labour Law as a basis for the content of their WPP. All NGOs' policy documents began with a general statement that related the HIV and AIDS policy to the local context and situation, the reason why the NGO had a WPP, the policy's compliance with national and international rules and guidelines, and human resource management agreements. All NGOs stated in their WPP that they recognized the seriousness of the HIV and AIDS epidemic and its current or potential impact on the workplace. In different ways the documents described that the purpose of the WPP is to ensure a consistent and



equitable approach to the prevention and management of the consequences of HIV and AIDS among employees and their families.

The major principles and standards which NGOs stated in their policy documents included: upholding non-discriminatory policies and practices; promoting a supportive working environment; encouraging shared responsibility for prevention; responding to the special needs of employees infected and affected by HIV and AIDS; and protecting the rights and confidentiality of employees' health status.

In addition, the common key components addressed and covered by the WPP were: awareness raising and prevention; staff protection; confidentiality; equal treatment and anti-discrimination measures; and care and support.

Seven NGOs reported that controversial issues arose regarding what to include or not to include in the WPP, while the thirteen other NGOs did not encounter such issues. In ORDA, family support was a controversial issue, and so the WPP had been revised and support for family members addressed. The other contested issues discussed were promotion of condom use, medication of HIV positive employees, and the duration of paid leave. In five of these NGOs the controversial issues were resolved through discussion among employees and with the management. However, despite discussions, the promotion of condoms was still facing resistance by some employees in SHAFON and CEYSD.

3.3 Legal Framework

Most IDI respondents claimed to consider Ethiopia's constitution and labour regulations as the supportive legal

framework upon which their WPP was based. However, only two NGOs 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.

3.4 Health Coverage

In most NGOs the issue of health was addressed in the HR guidelines. Based on these administration guidelines employees in fourteen NGOs were covered for medical expenses by health insurance. In these NGOs the insurance costs, which ranged from a minimum of 2000 birr (89 euro) per year in AfD to a maximum of 8000 birr (356 euro) per year in ECS, were covered by the organizations. Differential health coverage up to twice the amount related to level of staff was reported by AfD and ORDA, where the coverage ranged from between 2000 birr (89 euro) to 3000 (131 euro) in AfD and 2500 birr (109 euro) to 5000 birr (218 euro) in ORDA. Among the fourteen NGOs with health coverage, in only six did the coverage include dependants, spouses, and children below eighteen years of age.

In addition to allowing maternity and paternity leave, APAP also supported female employees by providing 600 birr during maternity leave. In all NGOs, as long as the expense did not exceed the maximum limited amount, coverage included treatment for opportunistic infections (OIs) and hospital admission. To address the frequent problems of HIV positive staff the management of one NGO requested the board to increase the coverage from the current 4000 birr (175 euro) to 5000 birr (218 euro) for HIV positive employees.

3.5 Dissemination of the Workplace Policy to Staff

In the nineteen NGOs with final WPPs the policy had been communicated to all staff. The IDI respondents claimed that the goals, objectives, and activities related to the WPP had been explained to all staff, and said they were convinced that communicating the WPP helps to reassure employees about the NGOs' intentions to guarantee employee rights in relation to confidentiality, non-discrimination, job security, etc.

NGOs used different ways to disseminate the policy to staff. Some NGOs held a one time staff orientation meeting on the WPP, while ten NGOs said they had involved staff as early as the development process of their WPP document. In six NGOs, staff were supposedly involved in endorsing the policy.

Three NGOs claimed to have distributed the WPP to the different departments in their respective NGOs. For selected WPP components, some NGOs used other modes of communication such as circulars to employees, notice boards, discussions with HR managers and FPPs, and informal discussions. Some IDI respondents expressed their concern about ensuring communication of the WPP messages to all staff. The respondents were well aware that since their WPPs were written in English, this was not easily understood by all employees. Only NEP+ had translated their WPP into the regional language of Amharic.

One NGO, SHAFON, had communicated their policy document to other stakeholders such as HAPCO (HIV and AIDS Prevention and Control Office), and through collaborating with other NGOs. In addition, SLUF and SHAFON also reported making the WPP document available on their websites.

Checking availability of the WPP in offices, the AR team observed in seven NGOs that a copy of the WPP document was kept on display for employees to read. In five NGOs the soft copy of the WPP document was readily available. IDI respondents in seven NGOs also claimed that branch offices

are well informed about the WPP. The director of CVM and the FPP of KMG stated that their main concern was to disseminate to branch offices where most of the staff works.

3.6 Staff Awareness of the Workplace Policy

The majority of the 113 interviewed staff (87%) were aware that their NGOs had a WPP, with mid level staff being more aware (100%) than support staff (72%) (see Table 2). One of the reasons for support staff being less aware might be due to communication problems, as in all NGOs with the exception of NEP+ the WPP document was written only in English and was thus not readable by all employees. AR1 found that 32% of support staff were not able to read in English; 26% read Amharic only, 5% Amharic and another Ethiopian language, and 1% was illiterate. Only 4% of programme staff and 1% of administrative staff were not able to read English. Among the ten NGOs with a fully operational policy, all staff respondents in seven NGOs were found to be knowledgeable about their NGOs' WPP.

Different and multiple ways were cited by staff regarding how they got to know about the WPP: 65% were told about it in staff meetings or workshops, 31% were involved at various levels of policy development, and 14% claimed to know about it informally from FPPs or secretaries of higher managers (see Table 2). Among the thirty-five respondents who claimed to be involved in WPP development, five were team members for the writing of the document, three served as committee members, twenty-one were asked for their opinion on the draft WPP, and fifteen attended a workshop conducted for developing the WPP. Twenty-six respondents (23%) claimed that, though not involved during the process, they attended the NGO's staff meeting called to endorse the WPP. All staff respondents in AMUDAS attended the endorsement workshop in their organization.

The figures in Table 2 show that support staff overall were less involved in WPP development and meetings, and that more of the support staff than mid level staff had heard about the WPP informally through others.

Table 2: Knowledge and means of awareness about workplace policy (multiple response)

| Level of staff | Number | Know about WPP | | Involved in development | | Staff meeting or workshops | | During endorsing WPP | | Informally from other staff | |
|----------------|------------|----------------|-----------|-------------------------|-----------|----------------------------|-----------|----------------------|-----------|-----------------------------|-----------|
| | | N | % | N | % | N | % | N | % | N | % |
| Mid level | 60 | 60 | 100 | 26 | 43 | 47 | 78 | 16 | 27 | 4 | 7 |
| Support staff | 53 | 38 | 72 | 9 | 17 | 26 | 49 | 10 | 19 | 12 | 23 |
| Total | 113 | 98 | 87 | 35 | 31 | 73 | 65 | 26 | 23 | 16 | 14 |

Chapter 4

Support structures for WPP within organizations

To support WPP development and implementation in organizations, the STOP AIDS NOW! project advises NGOs to set up a support structure by appointing an HIV and AIDS focal point person (FPP) and installing a committee. This chapter reports on the findings regarding the extent to which NGOs had developed these structures and what their activities were.

4.1 Committee for WPP

To coordinate WPP activities in the organization, NGOs are advised during training to set up an HIV and AIDS committee with representation of different staff levels. Only five NGOs reported having an HIV and AIDS committee to run WPP activities. Their committees consisted of between three to six members with at least one female; these members were appointed either by management or through a meeting with all staff. The FPP of KMG stated that the NGO was in the process of establishing the committee and it had been one of the agenda items in their last management meeting.

Three IDI respondents stated that they did not perceive it as important to have a committee as their NGOs' size was small. The ASE respondent also claimed that since the WPP was part of the human resource department, and the human resource manager was also the FPP, the FPP was the final person responsible for the successful implementation of the programme. Other IDI respondents claimed to have delegated the FPPs to be responsible for coordination and implementation of HIV and AIDS activities in the workplace and to provide regular reports to management. The staff designation of committee members varied between NGOs, with some focusing on staff from the health department, others from administration, and others more diverse. From the reported committee members we can conclude that there was no representation by lower level staff. The range of the committees' activities also varied, from only assigning staff for STOP AIDS NOW! training, to increasing awareness and fund raising, to encouraging disclosure and supporting staff living with HIV. The following elaborates on the membership and activities of the committees in the five NGOs with HIV and AIDS committees.

- In ORDA the committee consisted of programme managers, heads of services, and heads of sections. The committee followed the WPP and gender activities, and reported to the board of directors and staff every six months. The responsibilities of the committee included: to encourage staff to disclose; to promote HCT; to change work places for the sick; and to provide financial support for those who disclosed their status. In 2011 the committee gave 3000 birr (133 euro) for each of the eight HIV positive employees who had disclosed their status.

- In AfD the committee members were staff of the administration and health section. The committee organized awareness raising meetings and was responsible for collecting material and financial support for social events and condom purchasing.
- In OSSA the committee members consisted of senior and mid level staff of the administration and the FPP. The committee was responsible for developing WPP documents and proposals, organizing discussion sessions, and establishing and maintaining the AIDS corner. In OSSA every branch office had its own HIV and AIDS committee.
- The NEP+ committee had staff from programme administration and advocacy units as members. The committee conducted limited activities such as assigning people for STOP AIDS NOW! Ethiopia training and workshops. One of the members of this committee was a member of the steering committee under STOP AIDS NOW! Ethiopia.
- In ECS the committee had been established shortly before the AR3, in 2011, and involved senior staff members including the human resource manager and the FPP. According to the FPP, the committee will run all HIV and AIDS related activities and has given the fund raising responsibility to develop budget proposals to management in order to secure stable administrative (financial) support.

4.2 HIV and AIDS Focal Point Person

At the time of data collection all NGOs had an FPP for coordinating WPP activities, with the exception of ERSHA. Out of 107 staff answering the question, the majority (88%) were aware that their NGO had a special person for HIV and AIDS related activities. Mid level staff were more aware of their NGO having an FPP (100%) than lower level respondents (74%).

The profession, training, and designation of FPPs varied. Six were health workers (nurses and a health officer), ten were management scientists, three were sociologists, and one a nurse counsellor. Their designations were programme officers, project managers, and HR managers. The main reason given for selecting HR managers to be FPPs was that by virtue of their position they were considered to be very close to the employees and to have more contact than other

Table 3: Summary of activities by the FPPs in the last 12 months, reported in IDIs and survey (multiple response)

| Activities by FPP | Reported in IDI (N=19) | | Reported in survey (N=94) | |
|--------------------------------------|------------------------|-----|---------------------------|----|
| | N | % | N | % |
| Provide IEC materials | 19 | 100 | 79 | 84 |
| Organized world AIDS day celebration | 19 | 100 | 89 | 95 |
| Awareness raising activities | 15 | 79 | 87 | 93 |
| Established AIDS corner | 15 | 79 | 85 | 90 |
| Provide condoms | 11 | 58 | 46 | 49 |
| Attend STOP AIDS NOW! training | 9 | 47 | 0 | 0 |
| Oriented staff on the WPP | 8 | 42 | 25 | 27 |
| Finalize WPP document | 6 | 32 | 0 | 0 |
| HCT promotion | 5 | 26 | 76 | 82 |
| Promote AIDS fund | 0 | 0 | 24 | 26 |
| Others | 6 | 32 | 0 | 0 |

staff, and that this relation helped for openness. Ten of the FPPs were female and nine were male.

ERSHA had not appointed a specific FPP, and the responsibility for WPP development and implementation was delegated to the gender and social sector office as a consequence of restructuring and the revised strategic plan of the NGO. According to the IDI respondent, the lack of an assigned FPP had resulted in poor WPP activities.

In eighteen NGOs the FPPs were selected by management and one FPP (at EDA) had volunteered for the assignment. According to the IDI respondents of fifteen NGOs, STOP AIDS NOW! Ethiopia training initiated the appointment of FPPs.

Only in one NGO (SHAFON) was a full-time FPP hired, and in twelve NGOs FPPs were also serving as gender FPPs. Respondents from seven NGOs claimed that for optimal implementation of the WPP they needed a full-time FPP and they planned to hire such a person. CEYSD had already prepared a financial proposal for donors and a budget had been requested for a full-time FPP.

IDI respondents intensely complained about the problem of high turnover of FPPs trained by STOP AIDS NOW! Ethiopia. They felt this jeopardized WPP activities. According to both the director of AMUDAS and our observation, the turnover of FPPs was more severe in NGOs with female FPPs, but no explanation was given for this. Due to such turnover it was possible to observe in ORDA the decreased momentum in WPP activities. This was verified by IDI and staff survey

respondents. The same slowing down of activities was reported by APAP's respondents, where the FPP had left for training abroad.

All interviewed FPPs acknowledged the importance of the support they received from management, and nine FPPs rated the support as excellent. According to seven FPPs the support provided included being allowed to have dedicated time for WPP activities, being given authority over activities, and easy access to and a direct line of communication with senior management. The other support reported by the FPPs included financial support; this money was needed for the AIDS fund, coffee ceremonies, workshops, and the establishment of an AIDS corner. They also valued the support in provision of IEC materials and condoms, with HCT promotion, and in organizing World AIDS Day celebrations.

4.2.1 HIV and AIDS Focal Point Person in Branch Offices

Two NGOs were reportedly initiating branch offices to develop their own WPP. The branch offices of nine NGOs had their own part-time FPPs appointed by management. In three NGOs the FPPs were female; three had a health worker as an FPP.

Two FPPs from branch offices reported having attended STOP AIDS NOW! Ethiopia training. The REST FPP reportedly communicated the training content to other staff in branch offices. The FPPs from five NGOs which had most staff located at branch offices said they encouraged these offices to conduct WPP activities. NGOs encouraged branch offices by giving directions and support to develop a WPP

document, establish an AIDS fund, allow FPPs to attend training, provide IEC materials, allow time for awareness sessions, and facilitate World AIDS Day celebrations.

4.2.2 Activities of Focal Point Persons in the Last Twelve Months

NGOs reported the activities of their FPPs in the last twelve months, as did staff who knew that the NGO had an FPP. Most of the reported FPP activities were related to awareness raising, organizing World AIDS Day celebrations, and the establishment of an AIDS corner (see Table 3). Staff reported relatively more activities in NGOs in which the FPP was visible (responding to an open question in the questionnaire); these activities included HCT promotion, awareness raising, and establishing the AIDS corner. The FPPs interviewed reported activities that were more invisible for staff, such as attending training, taking care of condom provision and IEC materials, and working on WPP documents. Surprisingly none of the FPPs reported promoting the AIDS fund as an activity, which was reported by about one-quarter of staff.

Other FPP activities included the following:

- ACORD: incorporating the WPP activity plan into the planning project document of the NGO;
- AMUDAS: engaging in sharing experiences related to the WPP with a local high school;
- SLUF: preparing a project proposal for family involvement in the WPP;
- CEYSD: submitting a financial proposal to senior management for hiring a full-time FPP;
- SHAFON and SLUF: sharing the experience of STOP AIDS NOW! Ethiopia training with other employees.

Chapter 5

Activities related to HIV and AIDS for staff

Chapter 5 reports on the implementation status of the WPP in NGOs and specifies what activities related to HIV and AIDS were taking place for staff.

5.1 Status of WPP Implementation

To varying degrees all NGOs but REST had started implementing their WPP. However, even in REST various HIV and AIDS related activities for staff were taking place. Ten NGOs reported having a fully operational policy, seven reported a partially operational WPP, and three respondents admitted that they were not progressing in implementing the WPP. Even though in some NGOs the start of development of WPPs had been relatively late, i.e. in 2008 and 2009, those that had received support from STOP AIDS NOW! Ethiopia showed fast progress and had begun implementation.

Respondents from five NGOs stated that they had problems in commencing the WPP implementation process as a result of not knowing how to start, which elements to address, and due to fear of the cost implications. These respondents verified that the support from STOP AIDS NOW! Ethiopia, such as the trainings – especially the experience sharing workshop in May 2010 and in the establishment of an AIDS corner – helped them to resolve their challenges and answer the question “Where does our NGO start implementation?”

Some respondents believed that problems of implementation arose as their WPP was not accompanied by operational or implementation guidelines. In RLAD the FPP and management were working to develop such guidelines, believing that they would be key to facilitating implementation, and would be useful when developing annual work plans and preparing budgets for the activities.

Three respondents stated that their NGOs were lagging in implementation as a result of being in a transition period, as their NGOs were engaged in organizational restructuring. The turnover of FPPs was another reason forwarded for the slow pace of implementation.

In spite of the problems, all respondents from NGOs with an established AIDS corner stated that as a result of the lessons learned from setting up the AIDS corner, they had started WPP implementation by focusing on easier elements and activities which do not require much financial resources.

NGOs such as ACORD, ORDA, and AfD clearly stated that their WPP was an integral part of their organizations’ missions to prevent the spread and mitigate the impact of HIV and AIDS. Parallel with policy documents, NGOs were making HIV and AIDS an issue to be attended across all activities. In ORDA, addressing HIV and AIDS in all current and future projects was mandatory. In many NGOs HIV and AIDS was a topic on the agenda at all weekly staff meetings. In RLAD HIV and AIDS was one of the main issues given priority in the NGO’s current undertaking of organizational development. In NEP+, after approving the WPP as fully operational in 2011, the board decided that the WPP should be taken as a programme by itself with an allocated budget.

In all NGOs activities for staff related to HIV and AIDS were taking place. Table 4 summarizes the activities as reported in IDIs and the survey. The following paragraphs of this chapter elaborate on the various activities.

Table 4: Reported activities for staff, in IDIs and survey, and participation by staff (multiple response)

| Reported activities | Reported in IDIs (N=20) | | Reported in survey (N=98) | | Staff participation (N=98) | |
|--------------------------|-------------------------|-----|---------------------------|----|----------------------------|----|
| | N | % | N | % | N | % |
| Provision of IEC | 20 | 100 | 87 | 89 | 76 | 78 |
| Set up AIDS corner | 16 | 80 | 85 | 87 | 20 | 20 |
| HCT promotion | 20 | 100 | 80 | 82 | 57 | 58 |
| Awareness raising | 20 | 100 | 75 | 77 | 67 | 68 |
| AIDS fund | 6 | 30 | 36 | 37 | 36 | 37 |
| Condom provision | 11 | 55 | 46 | 47 | 12 | 12 |
| Peer education (attempt) | 2 | 10 | - | - | - | - |
| Training for staff | 1 | 5 | - | - | - | - |

The main activities in NGOs related to the provision of IEC materials, HCT promotion, and awareness creation. In addition, setting up an AIDS corner and providing condoms was reported by more than half of the NGOs. Only six had specific AIDS funds, and only two attempted a peer education programme (see Annex 5 for the activities by NGO). All ninety-eight staff respondents who were aware of the WPP stated that there were activities taking place due to the WPP. The majority indicated awareness creation activities, IEC materials distribution, the establishment of an AIDS corner, and HCT promotion. None of the survey and IDI respondents indicated activities related to measures to reduce occupational risk and only one NGO mentioned training staff on HIV and AIDS.

Among the fifteen staff respondents who were not aware of the WPP, eleven indicated that there were HIV and AIDS related activities taking place in their NGO. Among these, nine indicated IEC materials distribution, six indicated HCT promotion, and two indicated condom provision.

5.2 Awareness Raising, Sensitization Activities, and Provision of IEC Materials

In all NGOs, education, awareness raising, and prevention were key WPP elements. IDI respondents stated that the emphasis given to these key elements was a sign of management commitment to ensuring that staff have access to information on HIV and AIDS: to enhance their ability to protect themselves and others; to know their rights; and to promote the creation of a supportive, stigma free work environment. The WPPs of four NGOs also indicated that both the NGO and employees have a common responsibility to ensure the provision of an environment of openness and access to information.

All IDI respondents believed that IEC materials are an essential component of HIV and AIDS WPPs. NGOs reported having a variety of IEC materials for staff. In sixteen NGOs educational materials such as posters, flyers, pamphlets, and newspaper clippings were frequently used. Audiovisuals were also available and observed in four NGOs. In addition, some NGOs regularly provided updated information such as current publications on HIV and AIDS and books. Five NGOs provided updated awareness raising information about HIV and AIDS, and basic facts about transmission, prevention, the impact of the disease, and what support and treatment can be found in case of infection. In ASE there was a very large, colourful poster on the wall of the main office building stating “Stay negative live a positive life.”

All IDI respondents stated that the STOP AIDS NOW! Ethiopia office had become an important source of IEC

materials. In addition to STOP AIDS NOW! Ethiopia, fifteen NGOs obtained IEC materials from HAPCO HIV and AIDS resource centre and from regional bureaus. For RLAD, the NGO SHAFON (also in the project) was an important source for IEC materials. A commendable exercise was reported by CVM and IHAUDP, where these NGOs had been developing their own newsletter and leaflets. CVM issued the newsletter in cooperation with the Amhara Regional Health Bureau.

NGOs used various ways to create awareness about HIV and AIDS issues. Nine NGOs had organized planned awareness workshops to sensitize staff. The NGOs claimed that the workshops allowed staff to discuss the essential and desirable components of a WPP. Further issues included queries and explanations about HIV and AIDS, stigma and discrimination, confidentiality, disclosure and its benefits, and financial contributions. Three IDI respondents commented that the workshop process highlighted staff concerns such as confidentiality, specifically what was confidential and how confidentiality could be maintained if people were accessing benefits.

In ACORD the FPP, in collaboration with HR and the programme manager, organized regular awareness sessions for staff at all levels. External facilitators were invited to facilitate some of the discussions. These covered a wide range of topics from basic facts about HIV and AIDS and national prevalence trends to information about care and treatment issues. The respondent stated that increasing staff awareness and levels of knowledge about HIV and AIDS was both an essential element for implementing the WPP and a key strategy for reducing stigma. For the purpose of enhancing openness and dialogue between staff on HIV and AIDS, EDA invited an organization of PLHA during awareness raising sessions (see Chapter 7).

For some NGOs quarterly and annual staff meetings or retreats were taken as another opportunity to have planned sessions to sensitize staff to issues related to HIV and AIDS in the workplace. Four respondents claimed that in all staff meetings HIV and AIDS is a topic on the agenda. According to respondents, such staff meetings are important occasions where mid and lower level employees have a chance to discuss HIV and AIDS workplace issues with higher management. AfD had committed two working hours per month for all staff to have sessions and social dialogues on HIV and AIDS, to ensure that staff awareness and education continues.

In KMG lunchtime is considered the best time for informal discussion among staff and senior management, including the executive director. In KMG the establishment of the AIDS corner – located adjacent to where employees have lunch – was reported to promote discussions among staff.

During data collection the AR team noticed the extremely open environment in KMG as a result of these informal discussions.

Only SHAFON had organized training on HIV and AIDS for their employees in the twelve months prior to the survey. Two NGOs reported having attempted a peer education programme.

IDI respondents expressed their view that awareness raising sessions have to be well planned and organized. The FPP from ECS explained her observation that staff assume that they do not gain from unplanned and spontaneous sessions, as they say they already know and have heard about the issues covered. This view was shared by other respondents who favoured the awareness workshops being organized in an attractive manner, and based on the concerns and queries of employees. According to these respondents, such an approach increased the participatory nature of the workshops, as they involved all levels of staff, and made staff feel that their input and opinion was valued.

Not all staff in the survey knew about awareness raising activities (77% said they knew) and the availability of IEC materials on HIV and AIDS (89% claimed to know about them), although they were aware that their NGO had a WPP. Only 68% participated in awareness raising activities and 78% made use of IEC materials.

5.3 HCT Promotion

All NGOs had made firm policy commitments to HCT promotion and sixteen confirmed that their NGOs were committed to making sure that staff have access to HCT services. Even though WPP documents indicated NGOs' commitment to making HCT accessible to all employees and their families, not much had yet been done concerning families. With different degrees of intensity and in various ways all NGOs formally promoted and advised staff to go for HCT. Six NGOs promoted HCT during staff meetings, six through informal discussions with FPPs, and two in staff awareness sessions organized by FPPs. In AfD, HCT is promoted through peer group education, by a counsellor, and during the weekly two hour buna tetu (social coffee ceremony). In all NGOs World AIDS Day was the commonly reported occasion during which NGOs formally promoted HCT.

AfD and ACORD offer pre- and post-test counselling services to provide information to staff to enable them make informed choices and ease problems resulting from exposure to HIV and AIDS. In AfD the presence of a counsellor helps employees to have the opportunity to seek confidential advice, counselling, and referrals related to HIV matters.

Five NGOs encouraged employees to go for HCT by providing information to all staff on where HIV related advice, counselling, and referrals could be found outside the work environment. Two NGOs not only encouraged but also facilitated HCT by establishing relations with local health facilities. ORDA even brought HCT services to the workplace, which proved to be successful in reaching employees.

The majority of staff in the survey (82%) reported that their NGO promoted HCT, but fewer (58%) had participated in NGO activities related to HCT. Still, as will be explained in the next chapter, a considerable number were motivated by the promotion in the workplace to undergo HCT.

5.4 AIDS Corner

With the support of STOP AIDS NOW! Ethiopia sixteen NGOs had established an AIDS corner. STOP AIDS NOW! Ethiopia provides every NGO 7,000 birr (311 euro) to this end. According to all IDI respondents from the NGOs with an AIDS corner, the establishment of this corner had brought remarkable progress, particularly in awareness about HIV and AIDS and the WPP. One of the four NGOs without an AIDS corner was in the process of setting it up during data collection. The other three acknowledged the offer for support from STOP AIDS NOW! Ethiopia; ORDA had already submitted a proposal and REST and APAP said they would act soon and submit a proposal for their AIDS corner.

The existing AIDS corners were situated in easily accessible places. In five NGOs they were located in the NGOs' library/resource centre, in three they were adjacent to the lunch place, and in one it was in a corridor. The respondents from RLAD and KMG claimed that the AIDS corner was used very much during break times and had become a place for many discussions. Four respondents also reported that staff were now accustomed to reading in the AIDS corner during break times.

The majority (96%) of survey respondents from the sixteen NGOs with AIDS corners were aware of it. Among these, 74% said they use the corner especially for IEC materials. Those using the AIDS corner were equally divided over gender, but twice as many mid level (43) as support staff (21) said they used the AIDS corner.

IEC materials were readily accessible in the AIDS corner of many NGOs. The AR team observed leaflets, newspapers, updated materials and publications, WPP hardcopies, and STOP AIDS NOW! Ethiopia documents. Through these corners the FPPs were able to make the WPP document and IEC materials easily accessible. STOP AIDS NOW! Ethiopia documents in soft and hard copies were available in the AIDS corner of nine NGOs. The NGOs' WPP documents were

available in the AIDS corners of seven NGOs. Condoms were available for staff use in the AIDS corners of six NGOs. First Aid kits were observed in only one.

The majority of IDI respondents said that the establishment of the AIDS corner was one of the best undertakings by STOP AIDS NOW! Ethiopia for promoting awareness. IDI respondents from six NGOs, including those NGOs which admitted slow implementation, emphasized that the AIDS corner was one of the tangible actions signalling WPP implementation. Four respondents stated that through the establishment of the AIDS corner they learnt the lesson that WPP activities can be conducted with few resources. According to the respondent from NEP+, the future plan was to expand the corner and the NGO's resource centre to a fully fledged information centre.

5.5 Condom Provision in the Workplace

A few WPPs clearly enacted the NGO's commitment to making sure that condoms were available for staff free of charge as part of their workplace prevention programmes. However, though not clearly stated in the WPPs, condoms were reported to be available in eleven NGOs. In all these NGOs, with the exception of ERSHA, the FPPs were responsible for putting condoms in the offices or toilets and AIDS corners. During the survey it was observed that in seven NGOs condoms were available in the AIDS corners. Condoms were also available in every office in the headquarters of NEP+, and were also reportedly available in the branch offices of four NGOs. The IDI respondents affirmed that the establishment of the AIDS corner provided a good opportunity to make condoms available, in addition to their placement in toilets and offices.

With the exception of two NGOs, all of the other nine NGOs reported that condoms were utilized by employees. Five reported high utilization of condoms by employees. This was proven for IHAUDP, when during the date of the interview it was observed that there were about fifty condoms in the AIDS corner at the start, and by the time the interviewers left the number of condoms were reduced by half. The FPP from KMG indicated the high demand and utilization, stating that "Our NGO has a very friendly social environment and as a result even employees' spouses are taking condoms from the AIDS corner."

NGOs get condoms from different sources, including from their own clinic, DKT, from an Ethiopian HIV positive woman living abroad, from FGAE (Family Guidance Association of Ethiopia), the Addis Ababa Health Bureau, and Pathfinder. The FPP in IHAUDP stated that her NGO received adequate amounts of condoms from a volunteer nurse who regularly sent them from Holland. In addition to donations, four

NGOs bought condoms from DKT Ethiopia. To purchase and provide condoms, ORDA received financial support from HAPCO. In KMG employees were even asked what type of condoms they wanted, and with management support the specific condoms were bought. AfD reported buying condoms using a budget allocated by the NGO and ORDA from the financial support given by HAPCO.

One NGO, AMUDAS, was in the process of making arrangements to make condoms available for staff in the AIDS corner. Two NGOs, SHAFON and CEYSD, opposed providing condoms at the workplace due to religious opposition. In SHAFON, condom provision was stopped as some employees showed their disagreement by dumping the condoms in the toilets.

Among the staff respondents in twelve NGOs, fifty-five indicated that in the last six months condoms were available for staff in their workplaces. With different views among the staff respondents, even within the same NGO, only twenty-nine from seven NGOs pointed out that condoms were always available. All of the respondents in five NGOs reported the regular availability of condoms. IDI respondents from these five NGOs also reported the high utilization of condoms among employees. Twenty-six respondents, five female and twenty-one male, claimed that they had picked up condoms from the workplace. Among these, nine males and three females had picked up the condoms for other people, mainly for friends.

According to staff respondents, in NGOs where condoms were not available, the reasons included interruption of provision for an unknown reason, the FPP putting condoms out irregularly, discontinued because employees were not using them, and religious opposition.

5.6 AIDS Fund

Six NGOs had established an AIDS fund. The AIDS fund was designed to support staff living with HIV and finance some WPP activities. Only ORDA had a mechanism, through the AIDS fund, to support the families of affected staff. Below, the AIDS funds of four NGOs are elaborated.

One of the strongest AIDS funds was found in ORDA – an organization with 670 staff members – run by the formally established HIV and AIDS committee and which was given an official mandate to oversee WPP activities. The ORDA AIDS fund, called "Wogen-Lewegen ORDA's Employees Anti-AIDS Association", is legally established and recognized by the Ministry of Justice. Employees earning less than 1000 birr contribute 3 birr monthly, and those earning above 1000 birr contribute 5 birr per month. The management supports the fund by contributing 2% of its annual administrative

budget. In order to be a beneficiary of the fund staff have to declare their status to the HIV and AIDS committee with a guarantee of confidentiality. The IDI respondents also claimed to be proud that their AIDS fund had “so much money.” This year alone, eight employees who disclosed their status each received, in addition to insurance for their treatment, 3000 birr for care and support. ORDA also had a mechanism, through their association, to provide money for care and support of the families of affected staff, if they disclosed their status. The association also provides financial support for sick family members for treatment. In addition to financial support for HIV positive employees, ORDA’s AIDS fund supports and covers the expense of the monthly awareness raising activities, and financially supports four orphans (due to AIDS) by providing 200 birr per month and covering all of their education expenses.

In SHAFON, all employees contributed 0.5% of their monthly salary and the management supported the fund by contributing 2% of its annual administrative budget. Concerning the commitment, the director stated that “The management of SHAFON decided to support the AIDS fund because the key purpose of the financial support is to

reassure employees, and NGOs under us, about the NGO’s commitment to WPP.”

In SLUF, employees contributed 1% of their monthly salary. The FPP stated that establishment of the AIDS fund was the result and effect of WPP development and considered the establishment of the fund as a landmark and a sign that his NGO had started implementing its WPP. SLUF was planning for future support from the AIDS fund for the family of staff living with the virus.

In ECS, the NGO provides 40,000 birr (1,778 euro) yearly to the fund and in one of the branch offices employees contributed 10% of one month’s salary in a year. The FPP of ECS stated that this branch in Adigrat town had the strongest AIDS fund and the WPP was well implemented.

According to IDI respondents, the financial support for WPP activities from an AIDS fund had many positive implications. Because it was employees’ money, such programmes encouraged individual employee participation, and fostered greater discussion and openness in a positive context within the workplace. The respondents also believed that the



management's financial support for HIV and AIDS efforts in the NGOs added to a positive workplace environment.

All survey respondents in the six NGOs with AIDS funds confirmed that their NGOs had established an AIDS fund and that they willingly contributed to the fund. However, only respondents from two NGOs could tell specifically how people benefited from the funds. The general answer most respondents gave was that the fund helped people affected by HIV and AIDS. Only the respondents from ORDA stated that the AIDS fund also supported affected people outside their NGO; these respondents were aware that their NGO's AIDS fund also supported children who had lost parents due to AIDS. Respondents from ORDA and SHAFON were the only ones who claimed to be aware that HIV positive employees were benefitting from the fund. These were also the only respondents who knew an employee who had disclosed his/her status to receive the financial support. Most other staff respondents were not aware of whether affected employees so far had benefited from the fund.

Three NGOs had already prepared a proposal to establish an AIDS fund and discussions were underway about how much to contribute. In KMG the final proposal on contributions by the NGO and employees for the AIDS fund was being approved by the governing body. Though there was no formal AIDS fund, staff of AMUDAS once in a while contributed money and support for HIV positive children. Similarly, AfD has neither an AIDS fund nor a budget allocated for WPP, but the management did financially support awareness raising activities.

5.7 Facilitating Access to Treatment

As described in Chapter Three, in fourteen NGOs staff were covered for medical expenses by health insurance. NGOs facilitated access to treatment through arrangements with government or private service providers. In these NGOs, HIV related illnesses were treated according to the usual standards and policies for sickness. Employees could utilize services for treatment of opportunistic infections and hospital admissions, provided that costs did not exceed the annual insurance limit.

As stated earlier, to address the frequent problems of HIV positive staff, a request had been made by the management of one NGO to the board to increase the coverage from the current 4000 birr (175 euro) to 5000 birr (218 euro) for HIV positive employees. ACORD did not have health insurance but staff could be reimbursed for medical expenses – including ART and medicines for opportunistic infections (OIs) – by the organization, of up to 5,000 birr per annum, including expenses for family members.

All staff survey respondents in NGOs covered by health insurance, and in ACORD, indicated that securing access to treatment was one of the activities being undertaken in their NGOs. Among the NGOs with health coverage, as reported by IDI and staff survey respondents, only in six NGOs did the coverage include dependants, spouses, and children less than 18 years of age.

Chapter 6

Perceived effects of WPP processes

Development and implementation of the WPP have resulted in various effects in and outside the workplace, as reported by IDI respondents and staff in the survey. Changes were felt at the workplace level and self reported at the personal level. This chapter presents the effects the study participants had noticed.

6.1 Respondents' Perception of the Effects of WPP in the Workplace

Table 5 gives an overview of the effects of WPP development and implementation in the workplace, which were noticed by IDI and survey respondents. Some of the

noted effects have already been reported in the previous chapter, such as condoms in the workplace, and an AIDS fund with employees willing to contribute to it. Others from Table 5 which are not discussed in this chapter will be presented in the next chapter with a special focus.

Table 5: Effects of WPP on the workplace, reported in IDIs and survey (multiple response)

| Indicated effects on workplace | % Effects in IDI (N=20) | % Effects in survey (N=98) |
|--|-------------------------|----------------------------|
| Increased employees' awareness about HIV and AIDS | 100 | 80 |
| Increased IEC materials availability | 100 | 76 |
| More promotion of and use of HCT | 85 | 77 |
| Establishing an AIDS corner | 80 | 80 |
| Increased openness to discuss HIV and AIDS | 70 | 80 |
| Benefit after disclosure / support by AIDS funds | 70 | 12 |
| Better clarity of rights and duties of staff and NGO | 65 | - |
| Improved management commitment for WPP | 60 | - |
| Condoms in the workplace | 60 | 15 |
| Reviewing human resource policy | 55 | - |
| HIV and AIDS becomes an agenda in staff meetings | 50 | - |
| HIV and AIDS become a cross cutting issue | 35 | - |
| Increased disclosure | 25 | 9 |
| Employees' willingness to contribute to AIDS fund | 15 | 37 |
| No discrimination of PLHA | - | 81 |

In spite of the varying levels of implementation, all IDI respondents reported having observed positive effects on staff as a result of WPP development and implementation. The most pronounced and prominent effects reported included the establishment of an AIDS corner, increased employee awareness about HIV and AIDS in the workplace, increased openness to discuss HIV and AIDS related issues, willingness to go for HCT, employees' willingness to contribute to the AIDS fund, improved management commitment for HIV and AIDS related activities, and better clarity among organizations and employees concerning rights and duties in relation to HIV and AIDS in the workplace.

After passing through the experience of developing a WPP, eleven NGOs reviewed their human resource policies and included major issues such as standards of behaviour expected from employees regarding HIV and AIDS.

In ORDA, through the AIDS fund, employees' family members started to receive financial support. SLUF had prepared a proposal, observed by investigators, to include employees' family members in WPP activities. The FPP of SLUF stated that "We want our WPP to provide the framework for our efforts to reduce the spread and impact of HIV and AIDS not only among employees, but also to their dependants."

Among ninety-eight staff respondents who were aware of the WPP, the majority (89%) asserted that they had observed changes in the workplace as a result of the WPP process and implementation, especially the absence of discrimination against PLHA. More than 75% claimed that the changes they observed included the open discussion of HIV and AIDS in the workplace, the establishment of the AIDS

corner, increased HCT promotion and utilization, and the availability of IEC materials. Seventy-six respondents stated that they shared the HIV and AIDS related information and knowledge they gained with fellow workers in the workplace, mainly through formal and informal discussions. No staff respondent indicated any negative effects of the WPP; 9% did not see changes.

Table 6: Effects of WPP on the workplace, reported in survey, by sex and staff level (multiple response)

| Effects indicated | Sex | | | Level of staff | |
|--|--------------|-------------|---------------|------------------|-----------------|
| | Total (N=98) | Male (N=48) | Female (N=50) | Mid level (N=60) | Support (N= 38) |
| No discrimination against PLHA | 81 | 73 | 88 | 78 | 84 |
| More open discussion about HIV and AIDS in the workplace | 81 | 79 | 82 | 80 | 82 |
| Establishing AIDS corner | 80 | 79 | 80 | 83 | 74 |
| Increased HCT promotion and utilization | 77 | 81 | 72 | 77 | 76 |
| Increased IEC materials | 76 | 65 | 86 | 80 | 68 |
| Awareness creation sessions | 80 | 79 | 80 | 78 | 82 |
| Contribute for AIDS fund | 37 | 42 | 32 | 27 | 53 |
| Condoms in the workplace | 15 | 23 | 8 | 10 | 24 |
| Support of PLHA through AIDS fund | 12 | 13 | 12 | 10 | 16 |
| More staff disclose HIV status | 9 | 15 | 4 | 7 | 13 |
| No changes | 9 | 6 | 12 | 10 | 8 |

Table 6 shows that there were some variations in the perception of the effects of WPPs in the workplace between males and females and between mid level and support staff. Relatively more female compared to male staff reported the better provision of IEC materials and the absence of discrimination against PLHA; also relatively more women reported that there were no changes. Men relative to women noticed more increased HCT promotion and utilization, and staff disclosure of HIV status. Men also reported the increased availability of condoms more than women. Some of the differences can be explained, for instance the men taking (male) condoms, while others cannot and should be further researched.

Concerning different perceptions of effects by levels of staff, relatively more support staff observed the increase in condoms in the workplace, support given through the AIDS fund, and also contribution to the AIDS fund, and they noticed more staff disclose their status. They thus noticed more services and the effects of contributions and disclosure. Relatively more mid level staff noticed the AIDS

corner and increased IEC materials as an effect of WPP processes.

6.2 Respondents' Perception of the Effects of WPP outside the Workplace

Though all IDI respondents said that the experience of WPP development and implementation had affected their work with the community, only a few NGOs indicated specific effects. Five respondents stated that the WPP created a context within which to work with communities. AfD and ERSHA were helping to develop WPPs for local factories and schools respectively. The FPP in AMUDAS was trying to promote a WPP in a secondary school through the NGO's rural health project. The director of AMUDAS also stated that "We are a member of a network composed of seventeen NGOs and we are promoting WPP and advise our partner NGOs to scale up activities by sharing our experience from STOP AIDS NOW! Ethiopia." Through the AIDS fund ORDA supported orphan children. Without

limiting activities to their own workplace, SHAFON helped many NGOs in developing and implementing a WPP.

A hopeful finding regarding awareness spilling over outside the workplace was that the majority of staff in the survey (92%), including those who were not aware of the WPP,

claimed that they discussed what they learned about HIV and AIDS in the office with people outside the workplace. Most of these respondents talked about what they learned mainly with their family members, friends, and spouses (see Table 7). As mentioned before, some staff members took condoms from the workplace for their family and friends.

Table 7: Sharing of knowledge with people outside the workplace (multiple response, N=113)

| Person discussed with | N | % |
|-----------------------|----|----|
| Family members | 52 | 46 |
| Friends / peers | 44 | 39 |
| Spouse | 39 | 35 |
| Children | 24 | 21 |
| Neighbour | 15 | 13 |
| Church leaders | 4 | 4 |
| Nobody | 9 | 8 |

6.3 Staff's Personal Changes as a Result of HIV and AIDS Activities

The personal effects as reported in the survey are summarized in Table 8. Out of ninety-eight staff respondents who were aware of the WPP, 93% stated that they had made personal changes as a result of WPP activities. The majority (89%) claimed to have experienced an attitude change towards PLHA. Many also stated that now they did not feel shy to have an open discussion in the workplace about HIV and AIDS (64%) and they had more open discussions with family members (53%). Only 25% of

respondents said that the WPP helped them in identifying where to access HIV related services.

As shown in Table 8, overall men reported more personal changes than women. Relatively more men said that they now had more open discussions about HIV and AIDS with fellow workers, knew where to access services, and had changed their behaviour to prevent HIV transmission. Relatively more women said that the WPP motivated them to go for HCT, though also relatively more women said there was no personal change because of the WPP.

Table 8: Personal changes due to WPP, reported in survey, by sex (multiple response)

| Personal change | % Male (N=48) | % Female (N=50) | % Total (N=98) |
|--|---------------|-----------------|----------------|
| Attitude towards PLHA changed | 90 | 88 | 89 |
| Understanding of HIV and AIDS | 87 | 90 | 89 |
| Open discussion with fellow workers | 69 | 60 | 64 |
| Behavioural change to prevent HIV transmission | 71 | 56 | 63 |
| WPP motivated to go for HCT | 56 | 62 | 59 |
| Open discussion with family members | 50 | 52 | 53 |
| knowing where to access services | 31 | 18 | 24 |
| No change | 4 | 10 | 7 |

6.3.1 Increased knowledge about HIV and AIDS

The majority of staff (89%) saw as an effect of the WPP that their knowledge on HIV had increased. Measuring the knowledge, all staff survey respondents were aware that HIV can be transmitted from mother to child; in AR1 this was only 45%. The majority (81%) knew all three routes of transmission (trans-placental, vaginal delivery, and breastfeeding), while 17% only knew two routes (vaginal delivery and breastfeeding), and 2% mentioned only vaginal delivery and caesarean section. Nearly all (95%) knew ways in which a pregnant HIV positive woman can prevent transmission of the virus to her baby. The majority of respondents (85%) indicated that avoiding breastfeeding decreases the chances of transmission, taking ARVs and antibiotics were mentioned as preventive measures by 55% and 15% of respondents respectively, while 36% mentioned caesarean section as a preventive method. This shows increased knowledge from the baseline in AR1, when 46% reported avoiding breastfeeding, and 19% spoke of safe delivery. However, in AR1 more respondents (70%) reported taking ARVs as prevention for mother to child transmission (MTCT).

The majority of respondents (90%) were aware that HIV infection is asymptomatic and that it is not possible to see from the outside if a person is HIV positive. Ten respondents said it is possible to tell from the outside as the person is always sick, eleven said that the person loses weight, and

three said that the person's skin does not shine. However, only two of the eleven respondents considered that it is always possible to see from the outside that someone is HIV positive.

Concerning traditional practices, 78% of survey respondents indicated that male circumcision was practiced in their families, and 31% indicated the practice of teeth extraction. All respondents stated that the practices of male circumcision and teeth extraction can transmit HIV if undertaken outside of health facilities or conducted by untrained personnel. Six and four respondents respectively admitted that their families used to practice female genital mutilation and tonsillectomy. All these respondents claimed that family members were aware that the practices are harmful and increase the risk of transmission of HIV and AIDS and that they are no longer practiced.

6.3.2 Measures by Staff to Prevent HIV

Almost all respondents (97%) stated that they take measures to prevent HIV (see Table 9); 63% said this was a result of sensitization during WPP activities. The most frequently method mentioned by 56% of respondents was having one faithful partner; this was mentioned relatively more often by married people (90%) and men (77%). Abstinence was more used by single men and women, while men and single men and women mentioned consistent condom use relatively more often.

Table 9: Respondents' measures (%) to prevent HIV (multiple response)

| HIV prevention measures | Sex | | | Marital status | | |
|---|---------------|---------------|-----------------|------------------|-------------------------|-----------------|
| | Total (N=110) | % Male (N=48) | % Female (N=50) | % Married (N=57) | % Stable partner (N=11) | % Single (N=45) |
| Have sex with faithful partner | 57 | 77 | 52 | 90 | 27 | 20 |
| Abstinence | 29 | 25 | 40 | 0 | 46 | 60 |
| Care from sharp materials | 10 | 8 | 14 | 12 | 18 | 4 |
| Consistent condom usage | 7 | 13 | 4 | 0 | 18 | 13 |
| Not using others' toothbrush | 5 | 4 | 6 | 7 | 9 | 0 |
| Condom when have sex other than with steady partner | 2 | 4 | 0 | 0 | 0 | 4 |

6.3.3 Staff Practice of HCT

The majority of survey respondents (85%) reported having had HCT one or more times (Tables 10, 11); 59% said that the WPP had motivated them to do so. Relatively more women (87%) than men (79%) had gone for HCT, which is

not surprising because women have HCT during pregnancy. It is a promising finding that relatively many single staff had gone for HCT (91%), which shows their concern. There were no differences found between support staff and mid level staff.

Table 10: Respondents having ever gone for HCT, by sex, marital status, and staff level

| | | Total N | % Went for HCT | % Did not go for HCT |
|----------------|-----------------|------------|----------------|----------------------|
| Sex | Male | 52 | 79 | 21 |
| | Female | 61 | 87 | 13 |
| Marital status | Married | 57 | 79 | 21 |
| | Stable relation | 11 | 73 | 27 |
| | Single | 45 | 91 | 9 |
| Staff level | Mid level | 60 | 85 | 15 |
| | Support staff | 53 | 85 | 15 |
| Total | | 113 | 85 | 15 |

Table 11: Number of times and year of undertaking HCT by respondents (N=94)

| | | N | % |
|--------------------|-----------------------|----|----|
| Had HCT | One time | 62 | 66 |
| | Two times | 28 | 30 |
| | Three times | 4 | 4 |
| When HCT done last | In the last one year | 50 | 53 |
| | In the last two years | 19 | 20 |
| | Before three years | 25 | 27 |

Two-thirds of respondents (66%) had gone for HCT just one time and 30% two times. More than half (53%) had had HCT in the last one year; another 20% in the last two years. This confirms that many staff were motivated by the WPP activities – which took place in the last two years – to have HCT. The current findings show a higher percentage relative to AR1, when only 60% of the respondents had ever had HCT.

The seventeen respondents who had never had HCT were asked their reasons for not doing so. Twelve respondents said they were not exposed to any risk, three said they were sure they did not have the virus, and the other four said they had just not gone.

Chapter 7

Focussing on specific objectives of the project

This chapter zooms in on themes which were specific objectives of the STOP AIDS NOW! Ethiopia project. The project was to facilitate disclosure of HIV status and pay attention to confidentiality; improve performance of staff living with HIV; reduce stigma of HIV and AIDS and discrimination of PLHA; facilitate linking and learning and social networking between partner organizations and beyond; and involve PLHA. A cross cutting issue was attention to gender. Finally, from the start of the project stakeholders had been advised to think about WPPs in terms of sustainability, finances, organizational issues, and regarding knowledge.

7.1 Confidentiality Measures

Disclosure and confidentiality are in an uneasy relationship with one another. HIV positive staff have to disclose their status in order to access benefits, management wants their staff to disclose to be able to support them if needed, and also would like them to disclose to other staff because this may decrease stigma. However, at the same time confidentiality has to be maintained and measures to this end put in place. Fear for lack of confidentiality may make staff decide not to disclose their HIV status.

All IDI respondents acknowledged the importance of confidentiality measures due to the sensitive issues that surround HIV and AIDS, and agreed that an employee's HIV status and related information had to be handled in a discreet and private manner. They believed these measures constituted an important basis for building trust between employees and management over HIV status.

The policy documents of all NGOs stated that all information and test results of an employee concerning HIV and AIDS were confidential. However, according to respondents in most NGOs, there were no clear written procedures on how to do it. The IDIs showed that, despite the problems of making it workable and effective, virtually all organizations upheld confidentiality as one of the central tenets of their HIV and AIDS WPP. According to most respondents, though it was difficult, they were trying to put measures in place to ensure confidentiality of employees' HIV status, and were ready to learn from other NGOs' experiences. Fourteen NGOs claimed that they communicated to their employees the available measures for ensuring confidentiality about HIV status during WPP orientation and staff meetings, through workshops, and in orientation during recruitment. The following is what NGOs stated that they did to ensure confidentiality.

In the majority of the NGOs, information concerning an employee's HIV status was limited only to top management. In four NGOs, information on employees' HIV status was shared only between FPPs and management. In two NGOs, HIV positive employees had to write a letter requesting

support, which was only seen by the HIV and AIDS committee.

In two NGOs, all health records, notes, and other documents that make reference to an employee living with HIV, including those with AIDS, were kept in a secure place in the executive directors' offices. The HR policies of six NGOs also stated that only the executive director has the right to information concerning an employee's status and support is given through him/her. IDI respondents claimed that in addition to maintaining confidentiality, limiting the information only to top management helped to provide HIV positive employees with reasonable accommodation or arrange benefits covertly or secretly.

The WPP document of ACORD clearly stated that confidentiality is assured by providing a private environment for an employee who wants to disclose his or her HIV status and by making secretive arrangements while providing care and support. All respondents confirmed that medical certificates do not specify HIV status on an employee's permanent work record. In ORDA, strict procedures on the confidential handling of medical information have been issued and disseminated. The directors of two NGOs stated that their NGO used promotion as a means of maintaining confidentiality when an employee needs a change of placement or an easier assignment as a result of illness.

Despite these efforts, according to IDI respondents there were problems encountered in maintaining confidentiality. In fifteen NGOs, commitment to confidentiality protection was not always matched by organizational arrangements, especially the financial system. Directors and FPPs of ten NGOs complained that their financial and management systems were not suitable for maintaining total confidentiality, especially for those who were in need of financial support. For example, in NEP+ employees were required to write a letter to the HIV and AIDS committee for support, but it was not possible to protect their HIV status while receiving financial support. In ASE, for fear of being identified when collecting money, two employees declined to accept financial benefits after they had disclosed their HIV status to the HR manager.

A few NGOs had found creative solutions for the problem of confidentiality and the risk of exposure when receiving support. In IHAUDP, in order to support HIV positive employees while ensuring confidentiality, the NGO had created a special health fund provided by bank cheque, with only two people knowing who received such funds. However, no staff with HIV had yet come forward. In ORDA, HIV positive staff have to disclose to the HIV and AIDS committee and the FPP. Financial support would then be given using a special code ordered by the FPP. In ORDA, to further strengthen confidentiality, financial support is provided through a different financial and administrative procedure, established under the HIV and AIDS committee which runs the AIDS fund. In ERSHA, to minimize the problem of being identified through the receipt of financial support, the letter for payment is written as serious disease, without mentioning a specific disease. In ECS, only the executive director is entitled to authorize medical bills and the bills are submitted to finance with no name mentioned.

Even though all IDI respondents acknowledged the importance of confidentiality measures, the majority were doubtful about the practicality of NGOs' existing confidentiality measures. In addition to problems related to the financial and management system, two respondents were doubtful of the possibility of maintaining confidentiality in their small NGOs with few employees. In spite of acknowledging problems with confidentiality, none of the IDI respondents reported encountering a case of a breach in confidentiality.

Respondents from four NGOs held another view on the importance of confidentiality. They were more in favour of working to reducing workplace stigma and discrimination than focussing on confidentiality measures.

Staff Perception of NGOs' Confidentiality Measures

Only fifty-four survey respondents (48%), from ten NGOs (which makes 93% of the respondents in those NGOs), were able to indicate the measures their NGOs took to ensure confidentiality. According to these respondents, information concerning an employee's HIV status was limited only to top management, FPPs, and the HIV and AIDS committee. Staff of six NGOs indicated the procedures stated in the HR policy on confidentiality when handling all medical information, including HIV status. These respondents were aware of disciplinary measures for breaching confidentiality, described in the HR manuals of their NGOs. Though unable to specify the mechanisms, all other survey respondents expressed that they were certain and had strong trust in the management of their NGOs to keep information on staff's HIV status confidential.

All staff respondents in ORDA were aware of the secretive financial support to HIV positive employees. One respondent

stated that due to the confidentiality measures she did not know who benefited from the AIDS fund. All respondents from ORDA confirmed that it was a requirement to sign a consent paper obliging all levels of staff not to disclose other employees' HIV status.

7.2 Disclosure of HIV Status and Benefits

Eleven NGOs reported having a total of thirty-eight employees, sixteen female and twenty-two male, who had disclosed their HIV positive status. In eight NGOs employees first disclosed their status to the management, and in two NGOs to the FPPs. Only three employees in three NGOs had disclosed their status to all staff. According to IDI respondents among the management level, the executive directors and HR managers were preferred for disclosure. In terms of seeking support, in one NGO employees disclosed their status by writing a letter to the management, and in another to the HIV and AIDS workplace committee running the AIDS fund.

None of the NGOs had mandatory regulations for disclosure. However, sixteen formally and informally encouraged disclosure. In three NGOs staff were highly encouraged to disclose because this was believed to help break through the silence that is caused by denial, stigma, and discrimination. Some four NGOs encouraged staff to disclose through communicating the WPP document, and in five NGOs through their human resource manual. Just two IDI respondents, including from NGOs encouraging disclosure, were doubtful of employees' willingness to disclose in small NGOs due to the difficulty of maintaining confidentiality.

The main reason respondents forwarded for encouraging disclosure was their NGOs' social responsibility to help employees by providing various levels of benefits, ranging from sick leave to financial assistance. A number of respondents also said that NGOs were providing benefits to create a conducive environment that would help increase the number of employees willing to disclose. Although the issue of encouraging staff to disclose was a key principle, it did not clearly stand out in the NGOs' WPP documents. As a result, most IDI respondents stated that they did not have clear guidelines regarding how much and what benefits to provide; these issues were still under discussion.

NGOs reported different benefits coming to HIV positive staff who disclosed their status. The IDI respondents from one NGO claimed that in 2011 alone their NGO had provided 3000 birr to each of the eight employees who had disclosed their status. They believed that such beneficial disclosure had led to greater openness in their NGO. In two NGOs, five HIV positive employees who had disclosed to their respective directors were given a less demanding work

position in the guise of a promotion, after the appointment committee approved the promotions without knowing who the sick employees were. As a result of a positive discussion about the organization's WPP, a female employee in one NGO was advised to have HCT. After the test result she disclosed her HIV positive status to the executive director and then to all staff. Over the last year she received 1000 birr from the AIDS fund. (The management of this NGO involved the employee's sister to convince her to undergo HCT and then to disclose in order to get support.)

In spite of knowledge and communication regarding the benefits of disclosure, IDI respondents in three NGOs said that employees still do not come forward. In one of these NGOs, although one male and one female employee had disclosed their HIV positive status to the HR manager, out of fear of a breach of confidentiality they did not request support.

Most IDI respondents did not notice a difference in disclosure as a result of the WPP, by gender or by staff level. Only two respondents from REST believed that lower level or support staff disclosed more and preferred to disclose to management. The reasons stated for this difference were that higher level staff feared discrimination and lower level staff had greater need for economic support.

IDI respondents in the four NGOs that did not encourage disclosure reasoned that they had no budget to provide support as a benefit after disclosure. The concern of these respondents was also shared by other respondents. During the IDIs, one of the major issues raised by NGOs (those both encouraging and not encouraging disclosure) was the promotion of 'beneficial disclosure,' which would be voluntary disclosure that leads to benefits for the infected individual.

IDI respondents from four NGOs claimed that their NGOs' mission and priority engagement in HIV and AIDS activities

had helped to develop a favourable culture that encouraged employees to disclose their HIV status. The respondent from ORDA said, "I believe our NGO has one of the best workplace policies that helps treat our employees very well." Similarly, five respondents described their HIV WPPs as a reflection of their NGOs' values, designed to benefit employees. The other reasons included having a friendly workplace environment that helps disclosure, being socially responsible, having committed management, and having management which encourage more openness.

Concerning the benefit to NGOs of staff disclosure to management, two respondents stated that being a socially responsible NGO, the management knew that sick employees would mean decreased productivity. Other IDI respondents added that staff members who disclose can teach other employees and this helps to increase awareness and promote prevention.

Staff Perceptions of Disclosure

Only twenty-two survey respondents (19%) claimed to know HIV positive staff in their NGOs. Twelve of these respondents knew after the HIV positive employees had disclosed their status to them, while the other ten respondents said it was just a rumour. Another 19% of respondents said that there was no staff with HIV, and the remaining 56% answered that they did not know.

More than half (62%) of the survey respondents stated that their NGOs had regulations for staff regarding disclosure of HIV status in order to access benefits; 18% claimed there were no such regulations; while 20% of respondents said they did not know or were not sure.

The sixty-nine respondents who believed their NGOs had regulations about disclosure of HIV status were asked about to which person(s) an employee should disclose in order to access benefits. Table 12 shows a variety of persons, with senior management being the most mentioned (64%).

Table 12: Survey respondents' perception of NGOs' regulation on to whom to disclose (multiple response, N=69)

| Person/s to disclose to | N | % |
|-------------------------|----|----|
| Senior management | 44 | 64 |
| Human resource managers | 24 | 35 |
| Executive director | 24 | 35 |
| Immediate boss | 18 | 26 |
| FPP | 11 | 16 |
| HIV and AIDS committee | 6 | 9 |

Concerning staff's willingness to disclose if they were to test HIV positive, 79% of staff respondents indicated that they would be willing. As shown in Table 13 below, relatively more female (84%) than male (73%) staff intended to

disclose if tested HIV positive. A comparable percentage of mid level staff (80%), and support staff (77%) stated their willingness to disclose their HIV status.

Table 13: Survey respondents' willingness to disclose, by sex and level of staff

| | | N | % Would disclose | % Would not disclose |
|----------------|-----------|------------|------------------|----------------------|
| Sex | Male | 52 | 73 | 27 |
| | Female | 61 | 84 | 16 |
| Level of staff | Mid level | 60 | 80 | 20 |
| | Lower | 53 | 77 | 23 |
| Total | | 113 | 79 | 21 |

When asked about their preferred person or persons for disclosure in the NGO, Table 14 shows that the majority (77%) would like to disclose to a person from senior management; these were also the persons that respondents thought they should disclose to according to the NGO's guidelines (Table 12). The majority of respondents who

preferred to disclose to senior managers stated that management was concerned for employees and was ready to facilitate support and disclosure to the HR person, which made it easier to get a lighter job when sick. The five persons who intended to disclose to all staff were from ORDA and SHAFON, and all were lower level workers.

Table 14: Respondents' preference regarding to whom to disclose HIV status (multiple response, N= 79)

| Preferred person/s to disclose to | N | % |
|-----------------------------------|----|----|
| Senior management member | 61 | 77 |
| FPP | 12 | 15 |
| Senior management member and FPP | 12 | 15 |
| Close friends | 6 | 8 |
| All staff | 5 | 6 |

The reasons why twenty-one respondents would not be willing to disclose their HIV positive status in the workplace were that they did not expect any benefit after disclosure, they feared stigma, and because they believed that HIV is a personal matter not to be discussed with others.

7.3 Stigma and Discrimination

All NGOs' WPPs stated that employees living with HIV and AIDS had the same rights and obligations as all staff members regarding job access, promotion, security, and training opportunities. IDI respondents confirmed that HIV

infection is not to be taken into consideration as part of the employment or admission procedure, or in the decision for any individual applying to the NGO for work. None of the NGOs reported using HCT screening for purposes of exclusion or as a prerequisite for recruitment. Four NGOs reported that they had recently hired PLHA and provided a suitable job.

Respondents discussed whether their NGOs had in place any disciplinary procedures and/or grievance resolutions in relation to protecting HIV positive employees from stigmatization and discrimination. In four NGOs disciplinary measures against stigma and discrimination were

mentioned in the HR manual by specifically addressing HIV and AIDS. All other respondents stated that the procedures for discipline and grievance resolution for employees in relation to HIV and AIDS would be carried out in accordance with the relevant NGOs' policy and regulations. In addition, all respondents said that they were aware that all types of stigmatization and discrimination, including unfair dismissal, denial or unjustified restriction of employment or work related rights and benefits, were contrary to Ethiopia's Labour Law.

Two directors stated that it was part of their NGO's entire mission and imbedded in their values not to discriminate for any reason. One said, "It is integral to our values that we protect people with HIV, not discriminate against them." The AfD IDI respondent said that discrimination against and stigmatization of PLHA inhibited efforts to promote prevention and could easily lead to trouble and disruption of working relations in the workplace.

To inform staff on the procedures, in six NGOs employees were educated that there was no justification for refusing to work or to share the workplace with HIV positive individuals, since HIV cannot be transmitted through casual contact in an office or other working area. In four NGOs, if an employee refuses to carry out duties in the workplace with an HIV positive employee, the NGO will act with disciplinary procedures, taking the case as "refusal to work." The director of SHAFON stated that "In SHAFON for the interests of decent work and respect for human rights, stigma and discrimination against HIV and AIDS employees is not seen as a simple and common offence". The respondents from SHAFON and RLAD emphasized that discrimination against employees on the basis of real or perceived HIV status was actively discouraged.

There was concern among some IDI respondents that specific HIV policy provisions may unintentionally reinforce rather than alleviate the problem of stigma and discrimination. For instance, one director and an FPP were worried that the right to redeployment to a more suitable position for HIV positive staff may be taken as a demotion by the concerned staff and other employees. Still, most respondents stated that their NGOs respected the right to redeployment to a more suitable position for HIV positive staff, without making a job rearrangement which would lead to a drop in salary. All IDI respondents in NGOs that had openly HIV positive staff claimed that their procedure ensured that the issue of redeployment was discussed individually and sensitively with the staff member prior to taking any decisions.

Concerning the practice of stigma and discrimination in their respective NGOs, all IDI respondents stated that there was no case of stigma or discrimination reported. Rather, in

three NGOs the workplace was reported to be friendly and staff helpful for HIV positive employees.

It was a striking finding that through the WPP 89% of staff in the survey claimed to have changed their attitude towards PLHA, which points at reduced stigmatization of PLHA.

7.4 Measures to Protect against Occupational Risk

To address occupational risk related to blood contact and during fieldwork, the WPPs of many NGOs stated measures which NGOs should take to reduce these risks. All IDI respondents stated that their NGOs were committed to maintaining a safe and healthy work environment to ensure that staff were protected from work related infection. However, the policy documents of only seven NGOs clearly explained measures to reduce these risks.

To ensure that employees were protected from infection or post exposure effects while at work, the WPP documents of ACORD and AfD stated that the NGOs would provide: 1) first aid kits with protective gear in case of accidents involving the loss of blood – these include gloves, syringes and needles, and helmets for motorcycle riders; 2) counselling and reasonable paid time off for staff following occupational or other exposure; 3) male and female condoms and updated information on storage, use, and disposal. Only in four NGOs did the AR team observe the availability of protective materials other than condoms, such as first aid kits in the AIDS corner. In REST, as a measure to reduce risks related to blood contact at the NGO's clinic, all employees were required to comply with standards of universal precautions.

When asked in the staff survey whether their work exposed them to the risk of contracting HIV, the majority (95%) did not feel a work related risk. Only six female janitors felt that their work exposed them to HIV infection. These staff said that their contact with materials such as toilet tissues contaminated with urine, faeces, and blood during toilet cleaning increased their risk.

7.5 Performance Management

The right and ability of HIV positive employees to work was affirmed by all IDI respondents. Almost all respondents stated that, as a guarantee for HIV positive employees, the HR policy had flexible work arrangements and guidelines suitable for employees suffering from any serious life threatening disease, including HIV and AIDS. Consequently the NGOs guaranteed that employees living with HIV and AIDS could continue to work as long as they were



able to perform their duties in accordance with the job requirements. One respondent stated that “In our NGO HIV infection is not a cause for termination of employment. As with many chronic conditions, persons with HIV related illnesses should be able to work for as long as medically fit in available, appropriate work, even for many years.”

When due to medical reasons an employee may no longer be able to continue with his or her normal employment duties, all NGOs claimed that they would make every possible effort to reasonably accommodate the employee in another position. The WPP document of AfD stated that “Staff living with HIV and AIDS and unable to perform in accordance with the standards will benefit from a reasonable accommodation in the form of redeployment or transfers, according to Article 4 of the Personnel Manual.” In ORDA and REST, employees are transferred from remote branch offices to cities where the headquarters are located, if their health so requires.

The study found other examples of how NGOs adjusted the jobs of HIV positive employees. In one NGO a guard who was HIV positive was relieved from working at night, and in another NGO an employee’s office was changed to the first floor in order to minimize the discomfort of going up to the third floor. In a third NGO an employee was made to change his job in the name of promotion – even though he was not due for one – for the sake of justifying his change of position.

Respondents also stated that their NGOs had a guideline to consider when an employee’s illness adversely affected his/her performance to such a degree that he/she was no longer able to meet the standards of performance required by the position. For example, in AfD and ECS staff living with HIV and AIDS requesting voluntary retirement would be entitled to severance (separation) payment, unlike other staff who resign of their own accord.

7.6 Gender

Gender is one of the key principles addressed in the WPP documents, and was given high priority in the implementation of the workplace programme. All NGOs recognized that HIV and AIDS impact male and female staff differently and thus designed their policies to accommodate these differences, and where possible redress gender inequalities. All IDI respondents agreed that giving gender issues a high priority in design and implementation of the WPP was important in the promotion of equality between male and female staff with regard to their right to protection, treatment, and support.

One way in which HIV and AIDS and gender were combined was that in twelve NGOs the HIV and AIDS focal point person also served as the gender focal point person. All NGOs had measures in place for gender equality, giving special priority for female applicants. For most NGOs it was compulsory for any project in the organization, including

those related to HIV and AIDS, to address gender in order to be approved. The WPP documents of eleven NGOs emphasized that awareness raising, education sessions, and dialogues should always be gender sensitive.

The gender policy of ACORD was attached to the HR policy, stating equality in recruitment and promotion. It also described the importance of keeping an even composition of staff with respect to gender, and that qualified females would be given priority in recruitment. Even though they did not have a written gender policy, CVM said that they give priority to women during training and recruitment.

7.7 Involvement and Support of Staff Members' Family

The intention of all NGOs was to include families in WPP activities. All NGOs' documents described, in different ways, that the purpose of their WPP was to ensure a consistent and equitable approach to the prevention of HIV among employees and their families. They recognized that extending workplace programmes to employees' immediate family members made WPP programmes more effective. Involving family members also encouraged discussion between staff and their sexual partners about safer sex and other relevant issues. For sick employees, involvement of immediate family members also helps to increase the uptake of treatment.

However, until now only three NGOs have been trying to address the issue of families. The FPP of SLUF had already prepared and submitted a proposal to involve staff family members in WPP activities, and in ORDA employees' family members had started to receive financial support through the AIDS fund.

7.8 Involvement of PLHA in Development and Implementation of WPP

The involvement of PLHA in NGOs and WPP activities, as promoted by STOP AIDS NOW! Ethiopia and recognized by NGOs to be important, was not yet a common practice – although there was progress. In contrast to three NGOs in AR2, in this phase ten NGOs reported the involvement of PLHA in the development and implementation of their WPP. Four NGOs had involved HIV positive employees during WPP development and training. In five NGOs, PLHA were invited during awareness raising workshops for staff. In three NGOs, HIV positive individuals were invited from associations of PLHA to share their experiences in issues such as disclosure, stigma, and discrimination. In two NGOs, PLHA were invited during World AIDS Day, and in one a female HIV positive volunteer was involved in condom sensitization.

7.9 Networking

Networking between NGOs in the project and with outside organizations can benefit sustainability, efficiency, synergy, and learning. As was indicated in previous sections of this report, NGOs were networking with outside organizations and with the government for condoms and IEC materials, and with organizations of PLHA for providing training. NGOs networked (sometimes through the STOP AIDS NOW! Ethiopia office) for IEC materials with HAPCO, and for condoms with DKT Ethiopia, FGAE, Addis Ababa Health Bureau, and Pathfinder. Fifteen NGOs networked with service providers to facilitate access to testing and treatment for their employees; covered by health insurance or payment of bills (up to a certain amount), employees thus had easy access to ART and medicines for OIs.

Concerning networking within and outside STOP AIDS NOW! Ethiopia NGOs, almost all IDI respondents were convinced that WPPs could be implemented in a much stronger and better way if there was networking among NGOs. Half of the IDI respondents stated that they wanted and were ready to share the experiences of NGOs that have successfully adopted WPPs and implemented prevention and/or care programmes.

A very important lesson in networking was observed from the commitment and undertakings of SHAFON. The annual report of SHAFON stated that "SHAFON believes that Civil Service Organizations, Associations, Groups, Faith Based Organizations and the Regional and Federal governments should jointly work towards HIV and AIDS prevention, control and impact mitigation." SHAFON had conducted HIV and AIDS mainstreaming training for sixty-two members, focusing on the workplace and external HIV interventions. The training was mainly aimed at enhancing the multi-sectoral response to HIV and AIDS through effective and efficient planning and implementation of workplace HIV and AIDS interventions, and ensuring productive and healthy staff among member organizations. To enhance networking and partnership efforts, SHAFON has made functional its official website and updates it regularly to enable member organizations and other stakeholders to access important information on HIV and AIDS, and SHAFON as a Forum (www.shafon.org). The respondent from RLAD confirmed that by working together with SHAFON the NGO received benefits such as expertise in implementing workplace policies on HIV.

Another example of learning between participating NGOs came from OSSA and DF. The management of DF, taking into consideration the experience of OSSA in conducting and promoting HCT, had planned to work together with OSSA to promote HCT in the workplace. The director of AMUDAS also stated that "We are a member of a network composed

of seventeen NGOs and we are promoting WPP and advise our partner NGOs to scale up activities by sharing our experience from SAN! Ethiopia” (see also 6.2).

Concern was expressed by IDI respondents in four NGOs that only a few NGOs had established HIV and AIDS committees, which are supposed to facilitate networking. According to them, this reluctance had caused the slow progress in networking initiated by STOP AIDS NOW! Ethiopia. The respondent from AfD stated that the NGOs had to take the lead themselves instead of waiting for STOP AIDS NOW! Ethiopia, which had already played its part, by starting the process and by showing the direction.

7.10 Cost of WPP Implementation

Not many NGOs had a budget for WPP implementation; only five NGOs had an annual budget allocated for the WPP. In four of these the source of the budget was the NGO's AIDS fund, and in one it was the general NGO budget. The items indicated for inclusion in the budget were: awareness creation sessions, coffee ceremony, workshops, and IEC materials. However, only one of the respondents was able to tell how much was allocated, and none were able to tell how much had been spent for each item. Even though they had started early, the WPP of NEP+ was only approved by the board at the end of 2010. The board then decided to make the WPP fully operational in 2011, stating that the WPP should be taken as a programme by itself with a budget, and assigning the FPP to work on this assignment.

In the course of the project, NGOs learned and realized that a WPP can be implemented with a limited budget. Concerning the cost of WPP implementation, the FPP from IHAUDP remarked that “The training organized by STOP AIDS NOW! Ethiopia, especially the field visit, was a great experience. I learned how a WPP can be implemented with a small budget and that really convinced me very much and motivated me.” Other NGOs also realized that a WPP does not have to cost much money. In KMG as a result of management commitment and the conviction that a WPP does not cost much money, the budget for the WPP was allocated during the annual planning process. ECS had a plan to establish an HIV and AIDS committee which would be given fund raising responsibility, and they were developing a budget proposal including 2% administrative support.

7.11 Review of WPP and Related Activities

Most WPP documents clearly stated the importance of periodically assessing and reviewing WPP activities.

However, in actual practice this is reported by only six NGOs, who tried to constantly review their WPP activities. Rather, most respondents stated that as a result of developing the WPP they had revised their HR manuals or policies.

In ORDA, the HIV and AIDS committee was expected to report biannually to the management and staff in order to monitor the progress of WPP activities. In this NGO, family support from the AIDS fund was a contested issue during policy development. Recently the WPP was revised to provide to family members and to raise benefits for staff and family members who disclose their HIV status from 3000 to 5000 birr. The respondent from ORDA stated that “The WPP has to reassure not only employees but also dependents about our NGO's commitment to fighting HIV and AIDS.”

SLUF was reviewing their WPP in order to include the issue of support to employees' family. The FPP of SLUF stated that “We want our WPP to concentrate on efforts to reduce the spread and impact of HIV and AIDS not only among employees, but also to their dependants.” According to the FPP of KMG, because the management was committed to the WPP, it had been revising the policy document to allocate money for workplace HIV related activities. IHAUDP was also revising its WPP to increase the budget for activities, in addition to the already allocated 18,000 birr.

7.12 Sustainability of WPP Activities

Concerning sustainability, the majority of the IDI respondents stated the common view that, as a WPP cannot continue without resources, NGOs have to design means for income generation instead of waiting for donors. Respondents from five NGOs clearly stated that the problem of getting money from donors had hindered them in giving support to affected employees and from hiring a full-time FPP.

IDI respondents from eleven NGOs believed that establishing and strengthening the AIDS fund was the best tool for sustainability. One respondent strongly commented that the AIDS fund was the best alternative for sustainability, as it is a common cultural practice in Ethiopia to establish such self help associations. One respondent stated, “We started implementation of WPP when we established the AIDS fund and we are not expecting donor funds to sustain WPP efforts as we have our own fund.” According to respondents, the financial support for WPP activities, which comes from an AIDS fund, has many implications. Because it is employees' money, such programmes encourage individual employee participation, and foster greater discussion and openness in a positive context within the workplace. The other major

implications are that the financial support of management for HIV and AIDS efforts shows commitment and is a guarantee for sustainability.

Networking was mentioned as another way to foster sustainability. Respondents from seven NGOs mentioned that networking among STOP AIDS NOW! NGOs would enhance sustainability, and five respondents strongly suggested that working with government sectors such as regional bureaus and health institutions enhanced and sustained WPP activities. One director commented that for sustainability, donors have to provide 3% of the annual budget for the WPP and to the employees' AIDS fund.

IDI respondents also sought sustainability through enhancing the motivation of staff and management for WPP activities. The FPPs of four NGOs strongly commented that increasing awareness and motivation among employees was the best tool for sustainability of WPP activities. During AR3 data collection the FPPs of ECS and IHAUDP were organizing such a workshop for all staff. Ten respondents also stressed that the commitment of management and regular awareness activities for staff had to be seen as crucial for WPP sustainability.

7.13 Use of AR2 Recommendations

Part of the overall project is the applied research (AR) with the aim of describing experiences in the project at various levels, and giving recommendations. In all NGOs the AR team saw the AR2 report, and IDI respondents from fifteen NGOs claimed to have read it. All reported that they had read the part of the report that concerned them, the abstract, and mainly the recommendations. The majority of respondents stated that the recommendations addressing the speeding up of efforts for HIV and AIDS education and prevention, giving emphasis to promoting HCT, communication of the policy to staff, and trying to establish and communicate confidentiality procedures, were very much accepted – and that they had taken action on them.

In NGOs such as ASE and APAP, the AR2 recommendations were reported as not having been used or put in action because the FPPs were not around to take them forward, and the FPP from KMG and the director of one NGO stated that they had assumed their current position only recently and thus had not read the document.



Chapter 8

Conclusions and recommendations

This last chapter first summarizes the progress made in the project since AR2 and compares the findings in this AR3 to those of AR2 and AR1. Then the good practices will be summarized – as elaborated in the previous chapters. Good practices relate to: 1) WPP development and dissemination; 2) NGOs' structures for WPP; and 3) WPP implementation. The next section presents the challenges in implementation of a WPP. Lastly, recommendations to NGOs, STOP AIDS NOW! Ethiopia, and STOP AIDS NOW! Netherlands are given, based on the lessons learnt from the good practices and challenges.

8.1 Summary of Progress in Applied Research Phase 3

Many training activities for NGOs have taken place in the last year of the project organized by STOP AIDS NOW! Ethiopia, which supported the NGOs in the development and implementation of WPPs. Moreover the project manager made support visits to the NGOs, and the office distributed relevant documents and resource materials and assisted NGOs in networking with stakeholders.

Among the twenty NGOs, nineteen had developed a final WPP document and only one was still in the process of drafting the policy document. This was remarkable progress in contrast to the findings of AR1 and AR2, when four out of thirty and five out of eleven NGOs respectively had a final WPP document. IDI respondents recognized the benefit they had gained from STOP AIDS NOW! Ethiopia's training and material support in developing, revising, and finalizing their policy documents.

With significant contrast to AR2, when only four NGOs reported having implemented their policy, to varying degrees WPPs had been implemented in nineteen NGOs in AR3. Ten NGOs reported having a fully operational policy, seven reported a partially operational WPP, and three had a weakly implemented policy. Even though they had started developing their WPP relatively late, NGOs that had the support of STOP AIDS NOW! Ethiopia showed fast progress in development and implementation. Respondents from NGOs which had reported problems in the commencement of WPP implementation also verified that the support from STOP AIDS NOW! Ethiopia, such as the trainings, and especially the experience sharing workshop and the establishment of the AIDS corner, had helped them to resolve their challenges and answer their question of "Where does our NGO start implementation?"

As in AR2, all (but one) NGOs had an FPP for coordinating HIV and AIDS workplace activities. It was an encouraging new development that NGOs were supporting branch offices to develop their own HIV and AIDS WPPs and have

FPPs. Nine NGO branch offices had their own part-time FPPs appointed by management.

As in the previous two AR phases, failings in establishing an HIV and AIDS committee was a major weakness still observed in AR3. Only three NGOs in AR1 and five in this phase had installed a committee for WPP activities. Only one NGO reported having branch offices with their own HIV and AIDS committee. At the time of data collection, three other NGOs were in the process of establishing a committee. In contrast, three IDI respondents stated that they did not consider it important to have a committee as their NGOs were small in size.

The establishment of AIDS corners had increased enormously in this phase, from one in AR2 to sixteen in AR3. For many NGOs the establishment of the AIDS corner was described as an important learning experience. As a result of the lessons learned from the AIDS corners of others, many NGOs started implementation by focusing on easier elements which did not require so many resources and on activities supported by the management. The initiation and support by STOP AIDS NOW! Ethiopia for establishing the AIDS corners was highly appreciated by both NGO directors and FPPs.

Awareness raising activities were ongoing in the AIDS corners, and some NGOs were including issues such as employment rights, benefits after disclosure, and information about care and support options. All NGOs with an AIDS corner stated that the corner had become a suitable display place, which had created an opportunity for regular provision and easy access of up-to-date and relevant information on HIV and AIDS. A major weakness observed among NGOs was the lack of training on HIV and AIDS. In the last twelve months prior to the survey, none of the NGOs reported having organized training on HIV and AIDS for their employees. Staff respondents also confirmed the absence of training. Furthermore, even though to varying degrees all NGOs surveyed were offering some kind of HIV and AIDS education to employees, there was still minimal effort to deal with HIV related occupational health and safety issues.

All NGOs' documents described, in different ways, that the purpose of the WPP was to ensure a consistent and equitable approach to the prevention of HIV among employees and their families. However, in most cases the issue of families was not well addressed. Only one NGO had already prepared a project document to include family members in activities such as HIV and AIDS related awareness sessions, HCT, and care support. This was a very good observation, because bringing the family into the educational process not only helps in broadening the impact of stigma reduction, but also supplements prevention strategies aimed at the general population.

In the WPP documents, all NGOs had made a firm policy commitment to HCT and with varying degrees all NGOs promoted HCT among their employees. All NGOs took a strong stand that mandatory HIV and AIDS screening was unnecessary and inappropriate for either job applicants or persons already employed. All NGOs also reported their commitment to confidentiality and affirmed that, without exception, the test result of any employee would not be revealed by anyone other than the individual concerned. It is important to note that 85% of survey respondents claimed to have knowledge of their HIV sero-status (in AR1 this was 61%). A good experience was also reported by two NGOs which had counselling services to provide information to staff to enable them to make informed decisions and ease problems resulting from exposure to HIV and AIDS.

In the WPP documents the issue of condoms did not stand out in the same way as HCT. Though not clearly stated in the WPPs, condoms were reported to be available in eleven NGOs. In AR1 and AR2 only in five NGOs had attempted to distribute condoms to staff. The majority of staff in these NGOs knew about the availability of condoms. However, only about half said that they had taken some. In two NGOs condom provision was said to have started as a result of the AIDS corner. The policy documents of many NGOs stated measures which NGOs should take to reduce the risks related to blood contact and during fieldwork. However, the WPPs of only seven NGOs clearly explained measures to reduce risks related to blood contact or while employees were on fieldwork. In relation to WPP activities, none of the staff respondents indicated activities related to measures to reduce occupational risk. Only in four NGOs did the AR team observe protective materials such as first aid kits.

Even though it was better than the first and second phases, the involvement of PLHA in NGOs and WPP activities, as promoted by STOP AIDS NOW! Ethiopia, was not yet a common practice. In contrast to three NGOs in AR2, in this phase ten reported the involvement of PLHA in the development and implementation of their WPP.

According to IDI respondents, both senior managers and FPPs stressed that NGOs sought a collective spirit and willingness to face up to the reality of HIV and AIDS, both within and outside the workplace. It was the view of almost all IDI respondents that the development of partnerships and working together with regional bureaus, local health facilities providing services such as HCT, and with PLHA organizations was vital for the sustainability of the WPPs.

Concerning the cost of WPP implementation, according to IDI respondents, through STOP AIDS NOW! training they had learned how a WPP can be implemented with a small budget. However, none of the IDI respondents were able to describe the amount of money required for the development and implementation of a one year HIV and AIDS action programme. Five NGOs reported having an annual budget allocated for their WPP, and the AIDS fund was the source of the budget for four NGOs. As observed from NGOs which had established an AIDS fund, it was easier to allocate extra funds to HIV and AIDS workplace policies than NGOs without. In NGOs with an AIDS fund, the process of involving all staff in establishing the fund was seen as a positive experience which was helpful for sustainability of the WPP. The directors of some NGOs claimed that establishing an AIDS fund through the involvement of employees was an important starting point for WPP implementation.

8.2 Summary of Good Practices

The following section summarizes the promising practices extracted and condensed from the experiences of the twenty NGOs in this phase that could be instructive for all STOP AIDS NOW! NGOs:

Good practices of WPP development and dissemination

- Involving higher management, starting from the initiation of WPP development and in subsequent activities.
- NGOs using the WPP training and documents to develop a WPP to suit them. The training by STOP AIDS NOW! Ethiopia helps in providing direction for developing and implementing a WPP that can be used by small and large NGOs, faith based and secular, with or without an HIV focus. Thus, rather than offering a rigid set of recommendations, the STOP AIDS NOW! Ethiopia training provides guidelines that an NGO can adapt to its particular needs, processes, and resources.
- NGOs supporting branch offices to develop their own WPP (also supported by STOP AIDS NOW! Ethiopia).
- Participatory WPP development by staff and management – solving controversial issues through discussion among employees and with the management. The participatory nature of WPP development helped NGOs to have discussions on what to include, and to address the different requests and queries by all levels of staff.

- Disseminating the WPP to all staff, making it available in the AIDS corner, on the NGO website, providing orientation on the WPP to new staff, and translating it into the local language if needed.

Good practices of setting up a structure for WPP and management commitment

- Setting up an AIDS committee to plan and coordinate WPP activities; establishing an HIV and AIDS committee at branch offices.
- Having an FPP with allocated time for WPP activities and support by management. If a full-time FPP is not possible, it is good practice to assign a human resource manager or senior staff member to be the FPP, because the FPP needs to be a person who is adequately respected and trusted by staff and who is sufficiently senior to make independent decisions about implementation of treatment without having to disclose the employee's status.
- Management addressing HIV and AIDS in all current and future projects in the NGO.
- Addressing HIV and AIDS as a topic on the agenda at all staff meetings.
- Granting staff free time for open dialogue sessions.
- NGOs' allocation of a regular budget for contribution to the NGO's AIDS fund.
- Designing creative confidentiality measures, such as revising the financial mechanism to facilitate disclosure and benefit uptake; developing and communicating guidelines that provide clear directions to human resource, programme, and finance managers while dealing with HIV and AIDS issues on a routine basis; having a formal and official mechanism for the support of staff with HIV and AIDS; communicating confidentiality and anti-discrimination measures.
- Providing support for family members affected by or infected with HIV and AIDS.
- Higher management living by example – for instance, in promoting HCT.

Good practices of WPP implementation

- Starting activities without donor funding.
- Preparing operational or implementation guidelines to be used when developing annual work plans, and preparing a budget for WPP activities.
- Conducting planned awareness raising sessions, which attract staff attention more than routine discussions.
- Having a peer education and counselling programme; facilitating and providing pre- and post-test counselling.
- Using traditional ceremonies to facilitate the discussion of WPP issues.
- Establishing an AIDS corner for WPP documentation, IEC, and condom provision.

- Redeploying HIV positive staff to more suitable positions if needed, without making the role change lead to a drop in salary. Where there is a need to decrease salary as a result of redeployment, this should be discussed individually and sensitively with the staff member prior to taking any decisions.
- Establishing relationships with HCT centres and organizations for condom provision and IEC.
- Promoting an anonymous advice and information service.
- Inviting people living with HIV and AIDS to sensitize staff.
- Establishing an AIDS fund with voluntary staff contributions.
- Working outside of the work environment on WPP related activities.
- Establishing relations and communications with organizations of PLHA.
- Arranging experience sharing among STOP AIDS NOW! partner NGOs.
- Taking sustainability measures.

8.3 Summary of Challenges

The following are challenges reported by IDI respondents and identified by the AR team.

- Lack of time for WPP activities of staff and FPPs. Time restraints were a challenge reported especially by FPPs. As a part-time assignment, the FPPs cannot devote their time maximally for planning, implementing, and evaluating WPP activities.
- Lack of structure in NGOs by not having an HIV and AIDS committee to coordinate activities.
- Not involving all staff. From findings it can be deduced that lower level staff are less aware of the WPP and its related activities. This may be due in part because they were relatively less involved in development. Another reason was that many of them were not able to read the documents in English due to language barriers.
- Lack of funding for activities. Similar to the two previous phases, lack of finances was the main barrier reported by NGOs. Most respondents worried that all activities for responding to HIV and AIDS in the workplace must have financial implications, and they were not sure of the sustainability of such undertakings. NGOs did not have a good idea of the costs of developing and implementing a WPP. Even if financial support was available, many NGOs were not sure of the long term commitments of donors and as a result complained that activities such as care and support programmes were expensive and difficult to sustain. The problem of funding was also the major impediment for NGOs in conducting training on HIV and AIDS for staff.

- No extension of activities to staff's families as yet, as is described in the WPP documents.
- Difficulty in developing mechanisms with clear guidelines to ensure confidentiality. Without these mechanisms staff may be reluctant to disclose and access benefits. The major challenge is to develop procedures to protect the identity of staff who claim financial benefits after disclosure.
- High turnover of FPPs. This was observed to be a serious problem for many NGOs. As a result of such high turnover, there was reported decreasing momentum for implementing the WPP in NGOs previously reported to be very active.
- Resistance to condoms. Resistance to the promotion and provision of condoms for HIV prevention was a challenge in many NGOs, faith based or not. Even if the NGO management was not against it, staff may be opposed to providing condoms in the workplace.
- No attention to occupational risk of HIV infection. Even though, to varying degrees, all of the NGOs surveyed were offering some kind of HIV and AIDS education to employees, there was minimal effort in dealing with HIV related occupational health and safety issues.
- Challenge to involve all levels of staff. Support staff are less involved in development, are less aware of the WPP and its implications, and participate less in activities compared to mid level staff. This was due in part to their not working in the office and the inability of some to read English.

8.4 Recommendations

Based on the study findings, and especially the identified promising practices and challenges, the following recommendations are made to participating organizations, STOP AIDS NOW! Ethiopia, and STOP AIDS NOW! Netherlands and donors.

To NGOs

- Strengthen efforts with regard to planned and regular awareness raising sessions and training.
- Involve all levels of staff, including support staff.
- Establish and communicate confidentiality procedures.
- Put greater effort and emphasis into promoting condoms.
- Set up structures that are central to the workplace, such as an HIV and AIDS committee.
- For the FPP, design a clear job description with a defined and agreed time for WPP activities; chose a staff member who is most likely to keep their job and who is sufficiently senior to have the trust and respect of other staff and who can make decisions.
- Develop and strengthen a peer education programme.
- Establish relationships with local health and training facilities; organizations can partner with health facilities,

including organizations providing HIV and AIDS related services, which can provide training and materials at low cost or for free.

- Positively and meaningfully involve PLHA and establish relations with PLHA organizations.
- Plan WPP activities and make a budget for this.
- Involve family members; extending workplace programmes to employees' immediate family members makes these programmes more effective. Involving family members also encourages discussion between staff and their sexual partners about safer sex and other relevant issues. For sick employees, involvement of immediate family members also helps to promote care and support and increase compliance with treatment.
- NGO management has to consider that being a peer educator or FPP is emotionally demanding, particularly concerning staff disclosure of HIV status. NGOs should thus consider training FPPs in HIV and AIDS counselling to help them cope with this pressure.
- Pay attention to occupational risk.
- Network among STOP AIDS NOW! Ethiopia partner NGOs.
- Continually monitor the effectiveness of HIV and AIDS workplace initiatives.

To STOP AIDS NOW! Ethiopia and steering group

- Disseminate STOP AIDS NOW! Ethiopia partner NGOs' achievements to other sectors.
- Organize experience sharing workshops for partner NGOs and stakeholders.
- Provide training for new FPPs.
- Support and motivate NGOs without an AIDS corner and those lagging in implementation.
- Continue support for the process of establishing the network among partner NGOs.

To STOP AIDS NOW! Netherlands and donors

- Scale up financial and technical support for WPP implementation, helping NGOs to have appropriately funded programmes integrated into existing structures.

Annex 1

Activities in the STOP AIDS NOW! Ethiopia project in 2010

The third year (2010) activities were devoted to linking and learning among NGOs involved in the project and other actors active in managing HIV and AIDS in the workplace. In 2010, the STOP AIDS NOW! project was deeply engaged in sharing resources and experiences to increase the impact on a larger scale through collaborative effort.

Four objectives were set out for the period January to December 2010. The objectives were:

- Establishing efficient coordination for HIV and AIDS internal mainstreaming projects;
- Facilitating linking and learning among the thirty-five NGOs and other stakeholders;
- Supporting the thirty-five NGOs to implement their HIV and AIDS workplace policy;
- Supporting lobbying events focused on HIV and AIDS internal mainstreaming.

The project achieved the stated objectives through undertaking planned activities. The planned and implemented activities in 2010 included:

Conduct two project steering group meetings: Two steering group meetings were conducted: One meeting, held in September 2010, discussed project achievements and the activities to be undertaken in 2010 and early 2011.

On May 8, 2010, a half day workshop was organized and conducted at the Jerusalem Children and Community Development Organization (JeCCDO) office for the project steering group. The workshop dealt with the concepts of HIV internal and external mainstreaming, integrated AIDS work, institutionalization, and gender mainstreaming. The HIV workplace project coordinator and policy officer of STOP AIDS NOW! Netherlands facilitated the session. Five organizations participated in this interactive session and reflected on their experience of employing the frameworks provided by the facilitators.

In the Ambo consultation workshop which was run in October 2010, a steering group was reformed to coordinate HIV and AIDS workplace learning activities. The five organizations represented in this group were JeCCDO, the Organization for Social Services for AIDS (OSSA), the Network of Networks of Ethiopians Living with HIV and AIDS (NEP+), the Ethiopian Business Coalition against AIDS (EBCA), and the Ministry of Civil Service. The new steering group conducted its first meeting in November 2010 and discussed the content of the TOR for the new steering group. OSSA and EBCA were tasked with drafting the TOR to be

presented at the learning group meeting which was planned for April 2011. This was an attempt by the SAN! project to continue linking and learning among the NGOs participating in the project and other pertinent actors representing private, business, and government authorities. It was also a way of realizing sustainability for the project activities.

Establishment of an HIV and AIDS corner: In the reporting period the project supported nine NGOs to establish their HIV and AIDS corners.

Conduct monitoring visits to organizations: The project office managed to visit twenty-seven NGOs with the objective of encouraging their engagement in managing HIV and AIDS in the workplace and discussing emerging issues. The STOP AIDS NOW! Netherlands project coordinator and policy officer conducted a visit to selected partners in Addis Ababa and organizations located in the northern part of the country.

Conduct a learning workshop: The STOP AIDS NOW! Ethiopia project, in cooperation with the Ethiopian Business Coalition against AIDS, organized and conducted an experiential learning visit and workshop for partner organizations on the 18th and 19th of May, 2010, in Addis Ababa. The workshop was attended by thirty-six participants drawn from NGOs partnering with ICCO, Cordaid, and OXFAM Novib; the business community; the Ministry of Civil Service; ILO; and the media. The event was organized in a way to synergize between plenary and group discussion and field visits. The visit covered four enterprises, which have interesting experiences in managing HIV and AIDS in the workplace.

Documentation of project experiences: In 2010, the project office started the documentation of key project events through copying the video version to CDs. Transcription of the CDs into soft copy is being done to produce a report that builds on the project experiences and can be used by diverse actors.

Applied Research Phase Two: AR2 was finalized and presented at a workshop held in June 2010. Moreover, the final research report was shared with all partner organizations both in hard and soft copies.

Participation at IAS Vienna conference and facilitation of training: The STOP AIDS NOW! Ethiopia project supported the participation of two people (the project coordinator and one person from the project steering group-ACORD) in the International AIDS Conference, which was run in July 2010 in Vienna, Austria.

The project coordinator participated in different events: provided training on managing HIV and AIDS in workplace for STOP AIDS NOW! Zambia and Zimbabwe partners; participated in scaling up project meetings organized by Oxfam Novib; facilitated sessions organized by STOP AIDS NOW!; and participated in different sessions of the IAS conference.

Participation at INTRAC learning workshop: The project assistant participated in a learning workshop organized by the International NGO Training and Research Centre (INTRAC) which ran for five days (14-18 June 2010) in Nairobi, Kenya. The aim of the learning workshop was to enhance the knowledge, skills, and competence of capacity building service providers in Sub-Saharan African countries and some Asian countries, to enable them to deliver higher quality services in HIV and AIDS internal mainstreaming to Civil Society Organizations (CSOs).

Participation at meeting of NEP+: The 5th annual meeting of the Network of Networks of Ethiopians Living with HIV (NEP+) was conducted on the 15th and 16th of June 2010. The objective of the meeting was to exchange views on achievements and challenges with delegates from all regional PLHA networks. About eighty people representing regional networks, associations, and stakeholders, including UNAIDS, the HIV and AIDS Prevention and Control Office (HAPCO), the Ministry of Health, Action Aid, and the STOP AIDS NOW! project office participated in this meeting.

Sharing the experience of STOP AIDS NOW! at the workshop organized by EBCA: A one day consultation meeting was organized and conducted in July 2010 by EBCA to review the implementation of HIV workplace policies and programmes by companies. EBCA provides capacity support to twenty businesses to develop and implement HIV workplace policies. The STOP AIDS NOW! project shared its experience with participants representing diverse companies.

Facilitation of session on HIV workplace policy for ECS: The Ethiopian Catholic Secretariat (ECS) organized and conducted a workshop on managing HIV and AIDS in the workplace for its dioceses. The STOP AIDS NOW! project coordinator facilitated a session on the need for HIV WPPs and steps to develop and implement them. ECS is one of the beneficiary organizations of the STOP AIDS NOW! project. ECS has developed a draft WPP using the inputs from our training events, tools, and materials.

Participation at SHAFON workshop: In April 2010, the Southern Ethiopia Forum of NGOs (SHAFON) organized a one day workshop to discuss the findings of two studies: 1) HIV and AIDS Resource Mapping of CSOs Working in the Southern Region; 2) Contribution to and Participation of Southern Region NGOs in the Attainment of Universal Access Targets. The findings of the research were presented and discussed.

Participation in country programme evaluation: Oxfam Novib Country Programme Evaluation Workshops were run in May and September 2010. The former workshop focused on preparation for the evaluation, and the second was on sharing the main findings of the evaluation and receiving feedback from Oxfam Novib partners. Similarly, Cordaid conducted HIV and AIDS programme evaluation in Ethiopia. The project coordinator participated in both programme evaluations and provided input to the evaluation team.

Participation in annual World AIDS Day: The project coordinator was invited to and presented an address on HIV and AIDS in the workplace on the occasion of 2010 World AIDS Day, celebrated at the Ministry of Civil Service. More than 300 people from top leadership and other categories of staff participated in this event. The event was a good opportunity to transmit the message that HIV is a workplace issue. At the end of the session, the representative of the HIV Prevention and Control Office and the State Minister for the Ministry of Civil Service acknowledged the interventions of the STOP AIDS NOW! project and showed interest in cooperating.

The 2010 STOP AIDS NOW! Expert Tour: This tour was conducted between 8-11 November in the Hague, Amsterdam, and Utrecht, the Netherlands. The aim of the tour was to share practical lessons, experiences, and tools of STOP AIDS NOW! with programme/policy officers, researchers, and development organizations. The project coordinator facilitated sessions on developmental partnerships and co-facilitated on HIV WPPs.

Consultation workshop in Ambo Town: Between 28th and 29th October 2010, the workshop took place with participants representing NGOs participating in the STOP AIDS NOW! project, NGOs partnering with ICCO/IIRR, business companies working with EBCA, and the Federal Ministry of Civil Service. The workshop focused on: 1) introduction to concepts and discussion on selected themes such as the Rapid Results Approach (RRA), low cost options for managing HIV in the workplace, resource mobilization for implementation of HIV WPPs and programmes, and monitoring and evaluation of HIV workplace interventions; 2) designing a feasible framework for networking and learning among HIV workplace groups.

A radio programme on managing HIV in the workplace:

Agreement was reached between OSSA and the project office to transmit a message on HIV in the workplace via national radio. Together with the production company we identified our target groups, the channel most likely preferred by workers in different sectors, and how long the media coverage would be. The message was adapted from a book entitled "Managing HIV in the Workplace: A Guide for CSOs," published by STOP AIDS NOW! in 2010.

Inventory of available IEC materials on HIV internal

mainstreaming: We collected and reviewed the IEC/BCC materials of two selected organizations working on HIV and AIDS in the workplace at policy as well as project level. The objective was to understand how much issues on managing HIV in the workplace were reflected in these materials. Based on the review outcome, the project office decided to develop IEC/BCC materials reflecting HIV in the workplace and which were suited to Ethiopian organizational behaviour and culture. The preliminary idea was developed and communicated with a cartoon producer.

Reflection on Oxfam Novib scaling up project: In 2010 the STOP AIDS NOW! Ethiopia project office actively participated in the Oxfam Novib scaling up project. The activities included:

Participation in the stakeholders meeting held in Uganda: From Ethiopia, three organizations (ACORD, IIRR, and JeCCDO) participated in the stakeholders meeting organized by Oxfam Novib which ran between 20-23 April 2010 in Kampala, Uganda. The objectives of the stakeholders meeting were to discuss the inception document developed by Oxfam Novib, to establish a relationship among partners, and to discuss budgets, fundraising, and structure of the scaling up project.

Participation in the development of survey tools: In August 2010, Oxfam Novib organized a workshop to develop survey tools for the scaling up project to be implemented in twelve countries. The purpose of the workshop was to finalize the tools for collecting baseline information on partner organizations and staff attitudes and behaviours. The STOP AIDS NOW! Ethiopia project coordinator participated in this workshop and provided his input. Terms of Reference for the entire survey to be used by twelve individual countries were developed and shared.

Site visiting: The STOP AIDS NOW! delegation, composed of leadership and film crew, conducted visits between 4-9 September 2010 to Ethiopian CSOs working on HIV and AIDS in Addis Ababa and Hawassa town.

Annex 2

Year of establishment and founding mission or mandate of participating NGOs

| Name of NGO | Year established | Mission / Mandate |
|---------------|------------------|---|
| ACORD | 1994 | Working for/with the poor to address issues of sustainable livelihood and denial of human rights in Ethiopia. |
| AfD | 1994 | Urban poverty alleviation among poor and marginalized groups. |
| AMUDAS | 1995 | Fostering the development of a politically, culturally, socially, and economically empowered citizenry in Ethiopia and the world, thereby contributing to the establishment of vibrant democracies. |
| APAP | 1993 | Facilitating legal empowerment of the poor and disadvantaged population by emphasizing their economic, social, and cultural rights for the full realization of all human rights in Ethiopia. |
| ASE | 1969 | Facilitating the empowerment of the poor and marginalized in Ethiopia towards a sustainable livelihood. |
| CEYSD | 1991 | Promoting art (circus skills). |
| DF | 2004 | Poverty reduction and empowerment of vulnerable groups. |
| ECS | 1982 | Social, economic, and pastoral development among people. |
| EDA | 1996 | Empowering pastoral communities through research and development activities. |
| ERSHA | 1997 | Poverty reduction and ensuring gender equality. |
| IHAUDP | 1989 | Poverty reduction in urban slums by addressing health needs, socio-economic needs, and upgrading housing. |
| KMG | 1998 | Realizing gender equality. |
| NEP+ | 2004 | Enhancing the meaningful participation of PLHA in HIV and AIDS prevention efforts and relaying their voices at a higher level. |
| ORDA | 1984 | Empowering food and livelihoods insecure households and communities in the Amhara national regional state. |
| OSSA | 1991 | Addressing social needs with regard to HIV and AIDS. |
| REST | 1978 | Eradication of poverty in Ethiopia by promoting livelihoods on a sustainable basis. |
| RLAD | 1993 | Poverty reduction. |
| SLUF | 1995 | Capacity building in the area of sustainable land use and natural resource management. |

Annex 3

IDI respondents' position, by NGO

| Name of NGO (Full name) | 1st respondent's position | 2nd respondent's position |
|--|--|---------------------------|
| Action Professionals' Association for the people | Executive director | |
| African Initiatives for a Democratic World Order | Executive director | Focal point person |
| Agency for Cooperation and Research for Development | Project manager and focal point person | |
| Agri – Service Ethiopia | Executive director | Focal point person |
| Alliance for Development | Executive director | |
| Circus in Ethiopia for Youth and Social Development | Executive director | Focal point person |
| Community of Volunteers for the World | Country representative | Focal point person |
| Der Foundation | Executive director | Focal point person |
| Emanuel Development Association | Executive director | Focal point person |
| Ethiopian Catholic Church | Project coordinator | Focal point person |
| Ethiopian Rural Self Help Association | Finance and administration head | |
| Integrated Holistic Approach-Urban Development Project | Project coordinator | Focal point person |
| Kembatti Menti Gezzimma | Executive director | Focal point person |
| Network of Networks of HIV Positives in Ethiopia | Project manager | Focal point person |
| Organization for Relief and Development in Amhara | Project manager | Focal point person |
| Organization for Social Services for AIDS | Administrative manager | Focal point person |
| Relief Society of Tigray | Human resource officer | Focal point person |
| Resurrection and Life Aid Through Development | Human resource manager | Focal point person |
| SNNPR HIV and AIDS Forum of NGOs | Executive director | |
| Sustainable Land Use Forum | Project manager and focal point person | |

Annex 4

Number of staff in the NGOs and who participated in the survey

| Name of Organization | Total number of staff in organization | Total number of staff in headquarters | Males | Females | Males in survey | Females in survey |
|----------------------|---------------------------------------|---------------------------------------|-------|---------|-----------------|-------------------|
| ACORD | Not asked | 21 | 12 | 9 | 3 | 3 |
| AfD | 24 | 12 | 7 | 5 | 2 | 3 |
| AMUDAS | 29 | 15 | 7 | 8 | 2 | 3 |
| APAP | 26 | 26 | 19 | 7 | 3 | 3 |
| ASE | 45 | 28 | 19 | 9 | 3 | 3 |
| CEYSD | 14 | 14 | 7 | 7 | 2 | 4 |
| CVM | 50 | 41 | 26 | 15 | 3 | 3 |
| DF | 26 | 26 | 22 | 4 | 3 | 3 |
| ECS | NA | 96 | 64 | 32 | 3 | 3 |
| EDA | 115 | 18 | 10 | 8 | 2 | 3 |
| ERSHA | 97 | 21 | 13 | 8 | 3 | 3 |
| IHAUDP | 101 | 54 | 14 | 40 | 3 | 3 |
| KMG | 75 | 24 | 15 | 9 | 3 | 3 |
| NEP+ | 22 | 24 | 17 | 7 | 2 | 3 |
| ORDA | 670 | 224 | 161 | 63 | 2 | 4 |
| OSSA | 403 | 153 | 116 | 37 | 2 | 2 |
| REST | 793 | 300 | NA | NA | 3 | 3 |
| RLAD | 119 | 18 | 11 | 9 | 2 | 3 |
| SHAFFON | ? | ? | ? | ? | 3 | 3 |
| SLUF | 16 | 16 | 8 | 8 | 3 | 3 |

Annex 5

HIV and AIDS related activities of the FPPs in the last 12 months, by NGO, reported in IDIs

| NGO | Established AIDS corner | Attend STOP AIDS NOW! training | Awareness raising activities | Provide IEC materials | Provide condoms | Organized HCT | Organized World AIDS Day celebration | Oriented staff on WPP | Engage in finalizing WPP document |
|--------------|-------------------------|--------------------------------|------------------------------|-----------------------|-----------------|---------------|--------------------------------------|-----------------------|-----------------------------------|
| ACORD | X | X | X | X | X | X | X | | |
| AfD | X | X | X | X | X | X | X | | |
| AMUDAS | | | X | X | | | X | X | X |
| ASE | X | | X | X | | | X | | |
| CEYSD | | | X | X | | | X | | |
| CVM | X | X | | X | | | X | X | |
| DF | X | X | X | X | X | | X | X | X |
| ECS | X | | | X | | | X | X | X |
| EDA | X | | X | X | X | X | X | | |
| IHA-UDP | X | X | X | X | X | | X | | |
| KMG | X | X | X | X | X | | X | | X |
| NEP+ | X | X | | X | X | | X | X | X |
| ORDA | | | X | X | X | X | X | | |
| OSSA | X | | X | X | X | | X | | |
| REST | | X | X | X | X | | X | | |
| RLAD | X | | | X | | | X | | X |
| SHAFON | X | X | X | X | | | X | X | |
| SLUF | X | X | X | X | X | | X | X | |
| Total | 16 | 9 | 14 | 18 | 11 | 4 | 18 | 7 | 6 |

* ERSHA does not have an FPP

Annex 6

HIV and AIDS related activities in the NGO, by NGO, reported in IDIs

| NGO | Established AIDS corner | Awareness raising | Provide IEC materials | Provide condoms | Promotion of HCT | World AIDS Day | AIDS fund | Peer education | WPP fully operational | WPP partly operational | WPP poorly implemented |
|--------------|-------------------------|-------------------|-----------------------|-----------------|------------------|----------------|-----------|----------------|-----------------------|------------------------|------------------------|
| ACORD | X | X | X | X | X | X | | | X | | |
| AfD | X | X | X | X | X | X | | X | X | | |
| AMUDAS | | X | X | | X | X | | | X | | |
| APAP | | X | X | | X | X | | | | | X |
| ASE | X | X | X | | X | X | | | | X | |
| CEYSD | X | X | X | | X | X | | | | X | |
| CVM | X | X | X | | X | X | | | X | | |
| DF | X | X | X | X | X | X | | | | X | |
| ECS | X | X | X | | X | X | X | | X | | |
| EDA | X | X | X | X | X | X | X | | X | | |
| ERSHA | X | X | X | X | X | X | | | | | X |
| IHA-UDP | X | X | X | X | X | X | X | | | X | |
| KMG | X | X | X | X | X | X | | | X | | |
| NEP+ | X | X | X | X | X | X | | | | X | |
| ORDA | | X | X | X | X | X | X | | X | | |
| OSSA | X | X | X | X | X | X | | | X | | |
| REST | | X | X | X | X | X | | | | X | |
| RLAD | X | X | X | | X | X | | | | | X |
| SHAFON | X | X | X | | X | X | X | X | X | | |
| SLUF | X | X | X | | X | X | X | | | X | |
| Total | 16 | 20 | 20 | 11 | 20 | 20 | 6 | 2 | 10 | 7 | 3 |

Annex 7

In-depth interview guide for managers and FPPs

A. Background of interviewees

| | |
|------|--------------|
| Name | Job position |
| Name | Job position |

B. Background of NGO

We visited you in phase one or phase two 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 tell us the number of staff who are employed in HQ and branch offices?

| | | |
|-------------------------------|------|--------|
| Total staff in HQ | Male | Female |
| Total staff in branch offices | Male | Female |

C. Addressing HIV and AIDS in the workplace

2. Do you have a WPP for HIV and AIDS? Yes No

2.1. If so: In what stage of development: final document, implemented?

2.2. Is your WPP: A. stand-alone policy?

B. added / integrated to other policies?

2.3. If yes to what policy?

2.4. Why did you decide the WPP to be a stand-alone policy or integrated with other policies?

D. Health coverage

3. Does your organization cover employees' expenses? Yes No

3.1. If yes, amount per year

3.2. Does it include treatment for OIs, hospital admission? Yes No

3.3. Does it include family/ dependants? Yes No

3.4. If yes, specify

E. Confidentiality measures

4. Are all information and test results of an employee concerning HIV and AIDS confidential? Yes No

4.1. Who is / are the persons who are entitled to know the information?

4.2. Do you have measures in place to ensure confidentiality of employee's HIV status? Yes No

4.3. If yes, what are these measures?

4.4. In your NGO did you encounter a case of breaching confidentiality? Yes No

4.5. If yes, elaborate

4.6. Do you think confidentiality measures are necessary? Yes No

4.7. Why?

F. Disclosure

5. In your NGO are there employees who disclosed their HIV status? Yes No Don not know
- 5.1. If yes, how many?
-
- 5.2. To whom did they disclose? Management Focal person To all staff
- 5.2.1. Do you have staff disclose to all employees? Yes No
- 5.2.2. If yes, tell us more
-
- 5.3. Do you know specific level of staff disclosing more? Yes No
- 5.3.1. If yes, who are they?
-
- 5.3.2. To whom did they disclose? Management Focal person To all staff
- 5.3.3. What do you think are the reasons for this difference?
-
- 5.4. Do you know of a specific gender disclosing more? Yes No
- 5.4.1. If yes, who are they?
-
- 5.4.2. To whom did they disclose? Management Focal person To all staff
- 5.5. What do you think are the reasons for this difference?
-
- 5.6. Do you have regulations that encourage staff to disclose? Yes No
- 5.7. If yes, does this include access to benefits after disclosure? Yes No
- 5.8. If yes, what type of benefits?
-
- 5.9. What is the benefit to the NGOs if staff discloses to management?
-
- 5.10. What is the benefit to the NGOs if staff discloses to all staff?
-
- 5.11. What do you think is the favourable culture in your NGO that encourages employees to disclose their status?
-

G. Performance Management

6. Does your NGO guarantee that employees living with HIV and AIDS may continue to work as long as they are able to perform their duties in accordance to the job requirements? Yes No
- 6.1. If yes, how do you guarantee this?
-
- 6.2. When due to medical reasons an employee may no longer be able to continue with his or her normal employment duties, does NGO make efforts to reasonably accommodate an employee in another position? Yes No
- 6.3. If yes, can you give an example?
-

H. Reducing stigma and discrimination against HIV positive employees

7. Do employees living with HIV and AIDS have the same rights and obligations as all staff members?
- Job access
 - Promotion
 - Security
 - Training opportunities
- 7.1. Is HCT a prerequisite for recruitment? Yes No
- 7.2. What are the measures to protect all HIV positive employees from stigmatization? and discrimination? (Such as disciplinary and grievance procedures)
-

7.3. How do you describe the practice of stigma and discrimination in your NGO?

7.4. If there is a case of discrimination in your NGO, who discriminates most? Males or females?

7.5. If there is a case of discrimination in your NGO, who are victims of discrimination most?

Males LHIV Females LHIV

I. Reduction of vulnerability

8. Do you have any IEC materials for staff? Yes No

8.1. If yes, What type of materials?

Posters Leaflets Newspaper
 Clippings Audiovisual Other

8.2. Do you have any awareness raising activities for staff? Yes No

8.3. If yes, what type?

Planned discussions Drama Peer education
 Celebration of World AIDS Day among staff Other

8.4. Did you involve PLHA in these awareness raising activities? Yes No

8.5. If yes, how?

8.6. Did you conduct training on HIV and AIDS? Yes No

8.6.1. If yes, which staff is involved?

8.6.2. In the last one year how many trainings were conducted?

8.7. If yes, who chose the training topics

8.8. Do you have peer education programmes? Yes No

8.8.1. If yes, elaborate (selection, frequency, ways and topics of education)

8.8.2. Does peer education cost money? Yes No

8.8.3. If yes, who supports the programme?

8.9. Do you promote HCT? Yes No

8.9.1. If yes, how?

8.11. Are condoms available in the workplace? Yes No

8.11.1. If yes, where did you get the condoms?

8.11.2. Do you buy condoms? Yes No

8.11.3. If yes, how much do the condoms cost?

8.11.4. If yes, how do you rate the utilization of condoms by employees?

8.12. Do you have any measures to reduce risks related to blood contact, fieldwork / field trips?

Yes No

8.12.1. If yes, what are the measures?

8.13. What is the status of networking with and outside STOP AIDS NOW! NGOs?

8.14. Do you conduct periodic risk assessment in your NGO? Yes No

8.14.1. If yes, elaborate

- 8.15. **Do you constantly review the WPP activities in your NGO?** Yes No
- 8.16. **If yes, how?**
-
- 8.17. **What are your plans for sustainability of the WPP activities?**
-
- 8.18. **Does your NGO have an established AIDS fund?** Yes No
- 8.18.1. **If yes, elaborate**
-
- 8.18.2. **What is the contribution of staff?**
-
- 8.18.4. **What is the support the AIDS fund provides so far?**
-
- 8.19. **What are the supports you are providing for employees LHIV?**
- Financial
 - Access to treatment: ART, OI
 - Nutritional
 - Other
-
- 8.20. **What are the supports you are providing for staff's family LHIV?**
- Financial
 - Access to treatment: ART, OI
 - Nutritional
 - Other
-

J. CSO

9. **Do you have a focal point person (FPP) for WPP coordination and activities?** Yes No
- 9.1. **If yes, what is the position and profession of the FPP?**
-
- 9.2. **Man or woman?** Man Woman
- 9.3. **How was the FPP selected?**
-
- 9.4. **Full-time or part-time? (How many days a week)**
-
- 9.5. **How do you rate management support for FPP?**
-
- 9.6. **What have been activities of the FPP in the last 12 months?**
-
- 9.7. **Do you have an HIV and AIDS committee to monitor WPP activities?** Yes No
- 9.8. **If yes, who are the members?**
-
- 9.9. **Levels of members of the committee**
-
- 9.10. **Are females members of the committee?** Yes No
- 9.11. **What are the major activities of the committee?**
-
- 9.12. **How do participants in the STOP AIDS NOW! training usually communicate the information gained from the training to other staff members?**
-

K. Implementation of WPP in branch/ field offices

10. **What did you do in field offices concerning WPP?**
-
- 10.1. **Do all your field offices have their own FPP?** Yes No
-

10.2. If yes, what is the position and profession of the FPP?

10.3. Man or woman? Man Woman

10.4. How was the FPP selected?

10.5. Full-time or part-time? (How many days a week)

10.6. Did the FPP attend STOP AIDS NOW! training? Yes No

10.7. What have been the activities of the FPP in the last 12 months?

10.8. How do you rate management support for FPP?

L. Gender

11. Does your WPP address gender issue? Yes No

11.1. If yes, what are the issues addressed?

M. Involvement of PLHA in development and implementation of WPP

12. Did you involve staff LHIV during WPP development? Yes No

12.1. If yes, elaborate

12.2. Did you involve staff LHIV in WPP implementation? Yes No

12.3. If yes, how?

N. Use of second phase AR recommendations

13. Have you seen the second phase applied research? Yes No

13.1. If yes, have you read it? Yes No

13.2. If yes, which part? Whole report, factsheet, abstract, recommendations?

13.3. Have you used any of the recommendations? Yes No

13.4. If yes, explain

O. Cost of WPP implementation

14. Do you have an annual budget allocated for WPP? Yes No

14.1. If yes, what are the items / activities included in the budget?

- Salary
- Coffee ceremony
- Workshops
- IEC materials
- Condoms
- Other

14.2. How much is allocated for each item?

- Salary
- Coffee ceremony
- Workshops
- IEC materials
- Condoms
- Other

14.3. In the last 12 months how much is spent for

- Salary
- Coffee ceremony
- Workshops
- IEC materials
- Condoms
- Other

14.4. Who is the source of the budget for WPP?

14.5. Do donors provide / allocate budget for WPP?

Yes No

14.6. If yes, how much?

14.7. If you do not have a fixed budget how do you cover the expenses for WPP activities?
Give examples of activities

P. Effect of WPP

15. What is the effect of WPP on your NGO?

15.1. Do the WPP activities affect your work with the community you are working with?

Yes No

15.2. If yes, how?

Q. Support from STOP AIDS NOW! Ethiopia

16. Please tell us the support you get from STOP AIDS NOW! Ethiopia.

R. Steering committee

17. Do you know the existence of the steering committee established by partner NGOs?

Yes No

17.1. If yes, what is the role of the committee?

17.2. If your NGO is not a member of the committee, how do you communicate with the committee?

S. Perceptions of NGO

18. 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?

19. What challenges and constraints do you face in implementation of your WPP?

Observation

| | |
|--|--|
| AIDS corner (Location and accessibility) | |
| IEC materials (Type and accessibility) | |
| Condoms for staff (Location and accessibility) | |

Annex 8

Staff questionnaire

A. Background

Q1. Name of organization: _____

Q2. Sex respondent: Male
 Female

Q3. Position _____

Interviewer fill: Level of staff:
 Senior management
 Midlevel
 Support staff

Q4. How long have you been working for this organization? _____ months

Q5. Age _____

Q6. Marital status: Married/living together
 Stable boy/girlfriend
 Single

B. Knowledge about HIV and AIDS

Q7. Is HIV transmission from mother to child possible? Yes No

If yes: Q7a. How does it transmit from mother to child?
A. In uterus
B. During delivery
C. Trough breastfeeding
D. Other

Q7b. Can a pregnant HIV positive woman do something to prevent transmission of the virus to her baby? Yes No

If yes: Q7c. What can she do? (open question, multiple response)
A. Mother takes ARVs
B. Not breastfeeding
C. Caesarean section
D. Take antibiotics
E. Other, specify

Q8. How can you see from the outside / know from signs that someone is HIV positive? (Open question – interviewer ticks. Multiple answers possible)
A. Cannot see from the outside
B. Person is always sick
C. The skin does not shine
D. The person loses weight
E. Other ways

If answer was b) or over: Q8a. Can one always see from the outside if someone is HIV positive?
 Yes No

Q9. In your family, do you practice any of the following traditional practices? (Interviewer read out practice; if family applies practice = Yes, ask B, if B=Yes, ask C, if C=Yes, ask D)

| Traditional practice | A Family applies practice | B Practice can transmit HIV | C Family tries to prevent | D If yes: How do you try to prevent transmission? |
|---------------------------------------|------------------------------|--------------------------------|------------------------------|--|
| 9a FGM | Y / N | Y / N | Y / N | |
| 9b Male circumcision | Y / N | Y / N | Y / N | |
| 9c Epiglottis cutting / tonsillectomy | Y / N | Y / N | Y / N | |
| 9d Extract teeth | Y / N | Y / N | Y / N | |

Q10. Does your organization offer health coverage for when you become ill? Yes No

If yes: Q10a. How much is arranged?

Q10b. Who is covered? (Open question)

- A. Only myself
- B. Myself and my wife
- C. Myself, wife and children (fill in number)
- D. Others, specify
- E. Not sure

Q11. Is there any HIV positive staff in this organization? Yes No Don't know

If yes: Q11a. How do you know? (Open question)

- A. Person told you
- B. Rumour
- C. Happen to see the person in the clinic
- D. Other, specify

C. Attitudes / perceptions

Q12. Does your work expose you to risk to contract HIV? Yes No

If yes: Q12a. In what way?

Q13. If you would be HIV positive, would you disclose this to anyone of your organization?

Yes No

If yes: Q13a. To whom would you disclose?

(Open question, tick all that apply and specify in table below why to these persons)

| Person to disclose | Why this person(s)? |
|----------------------|---------------------|
| A. Senior management | |
| B. FPP | |
| C. Peers | |
| D. To all | |
| E. Other | |

If not: Q13b. What is the main reason why you not disclose your status in the organization?

- A. Fear of stigma
- B. No use because no benefits
- C. Is my own business
- D. Other, specify

Q14. Does your organization keep information on staff's HIV status of confidential? Yes No Don't know

If no: Q14a. Please explain

If yes: Q14b. How?

Q15. Is there any regulation for staff in disclosing HIV status to access benefits? Yes No Don't know

If yes: Q15a. To whom does an HIV positive staff member have to disclose to access benefits?

- A. Senior management
- B. Immediate boss
- C. HR manager
- D. HIV focal point person
- E. Other, specify

Q16. Does stigmatization or discrimination of HIV positive staff happen in your organization? Yes No Don't know No HIV positive staff

If yes: Q16a. Can you give an example of what happened?

D. Practices

Q17. Have you ever gone for HIV testing / VCT? Yes No

If yes: Q17a. How often have you been?

Q17b. How long time ago was the last time?

months

If not: Q17c. Why not?

Q18. Do you ever talk informally about HIV and AIDS with your fellow workers? Yes No

If not: Q18a. Why not?

Q19. Do you presently take measures to prevent HIV? Yes No

If yes: Q19a. What do you do? (Open questions, single answer)

- A. Abstain from sex
- B. Only have sex with my spouse / steady boy-/girlfriend,
- C. Always use a condom when I have sex
- D. Use a condom when I have sex with someone else than my steady partner
- E. Other, specify

If no: Q19b. Why not?

Q20. In the last 6 months, were condoms available for staff in your workplace? Yes No

If yes: Q20a. Were they always available? Yes No

If not: Q20b. Please explain

Q20c. Do you ever pick some of the condoms? Yes No

If yes: Q20d. Do you use them yourself or pick them for others?

- A. Self
- B. Others only
- C. Self and others

If also for others (b or c): Q20e. For whom do you take them?

E. Workplace policy

Q21. Does your organization have a workplace policy for HIV and AIDS? Yes No Don't know

If no or don't know: skip to Q23

If yes: Q21a. How did you get to know about it? (multiple response)

- A. Given a copy
- B. Told in a meeting
- C. Involved in development
- D. Others, specify

Q22. Have you been involved in any way in the development of the WPP? Yes No

If yes: Q22a. How, in what way(s)? (Multiple response – and check answer c, Q21)

- A. Writing
- B. Committee
- C. Asked my opinion
- D. Workshop for development
- E. Others

Q23. Does your organization have a focal point person for HIV and AIDS? Yes No

If yes: Q23a. What are the main activities of this person?

F. WPP activities

Q24. Only ask if answer to Q 21 was Yes

Have any activities taken place in your organization because of the WPP? Yes No

If yes: Q24a What are some of the activities, and did you participate in them? (Open question – multiple response interviewer tick)

| Activity | Participated | Specifics? |
|---|--------------|------------|
| A. IEC | Y / N | |
| B. Training | Y / N | |
| C. Set up an AIDS corner | Y / N | |
| D. HCT promotion | Y / N | |
| E. Securing access to treatment | Y / N | |
| F. Measures to reduce occupational risk | Y / N | |
| G. Condom provision | Y / N | |
| H. Other | Y / N | |
| I. Other | Y / N | |

After answering, go to Q26

Q25. For those who do not know about WPP – ask: Do/did activities related to HIV and AIDS take place in your organization? (Ppen question – multiple response interviewer tick)

| Activity | Participated | Specifics? |
|---|--------------|------------|
| A. IEC | Y / N | |
| B. Training | Y / N | |
| C. Set up an AIDS corner | Y / N | |
| D. HCT promotion | Y / N | |
| E. Securing access to treatment | Y / N | |
| F. Measures to reduce occupational risk | Y / N | |
| G. Condom provision | Y / N | |
| H. Other | Y / N | |
| I. Other | Y / N | |

Q26. Is there an AIDS corner in your organization? Yes No Do not know

If yes: Q26a. Do you even make use of it? Yes No

Q27. Is there an AIDS fund in your organization, i.e. to help people affected by HIV and AIDS?

Yes No

If yes: Q27a. Is this for people inside or outside the organization, or for both

- A. Inside
- B. Outside
- C. Both inside and outside

Q27b. How do people benefit from the fund?

Q27c. Do you know anyone who has benefited from the fund? Yes No

Q27d. Do you contribute to the AIDS fund in your organization? Yes No

If yes: Q27e. How much do your contribute in a month?

G. Effects of WPP

If no activities on HIV and AIDS take place end the interview

If respondent does not know about presence of WPP - do not ask Q28, but go to Q29

Q28. What changes do you see in the workplace as a result of the WPP process and implementation? (Open question, multiple response, interviewer ticks)

1. No changes
2. More open discussion about HIV and AIDS in the workplace
3. More staff disclose their status
4. Now support of PLHA
5. Condoms in the workplace
6. Other, specify
7. Other, specify

Q29. Do you in any way use the information and knowledge you have gained from the workplace activities related to HIV and AIDS in the communities you are working with? Yes No

If yes Q29a. In what way?

Q30. Do you ever talk outside of work about what you hear and learn about AIDS in the office?

Yes No

If yes: Q30a. With whom do you talk? (Multiple response)

- A. Spouse,
- B. Children,
- C. Family members
- D. Friends / peers,
- E. Neighbour / community members
- F. Church members
- G. Others

H. Personal changes because of HIV and AIDS activities

Q31. First as general question – then probe for specific – in Q32, if not mentioned already:

Did anything change for you personally because of the WPP?

Yes No

If yes: Q31a. What changed?

Spontaneous answers

| Change | Specify |
|---|---------|
| A. Attitude towards PLHA changed | |
| B. Your understanding of HIV and AIDS | |
| C. Now knowing where to access services | |
| D. WPP motivated to go for HCT? | |
| E. Behavioural change to prevent HIV transmission | |
| F. Other | |
| G. Other | |

Answers after probing

| Change | Change | Specify |
|--|--------|---------|
| H. Attitude towards PLHA changed? | Y / N | |
| I. Your understanding of HIV and AIDS? | | |
| J. Now knowing where to access services? | | |
| K. WPP motivated to go for HCT? | | |
| L. Behavioural change to prevent HIV transmission? | | |
| M. Others | | |

Q32. Do you notice or foresee any negative effects of the WPP?

Yes No

If yes: Q32a. What negative effects?

Thank you for your participation

Interviewer fill, do not ask

Q33. Type of organization:

FBO NGO

Q34. Health coverage for staff (IDI info)

Yes No

Q35. Condoms for staff (IDI info)

Yes No

End time

Q37. Total duration interview min

STOP AIDS NOW! is a partnership of Aids Fonds and four Dutch development organisations: Cordaid, Hivos, ICCO and Oxfam-Novib. Our mission is “working together towards a world without AIDS”. We work on expanding and enhancing the quality of the Dutch contribution to the AIDS response in developing countries. So far we have raised more than 90 million Euros. Besides we stimulate and support innovative initiatives. Our ‘Learning by Doing’ method, for instance, has resulted in several valuable new approaches and tools.

Our projects and programmes focus on children, youth, and women in countries hardest hit by the epidemic. Annually, we reach around 400,000 people who are affected by HIV and AIDS. We offer care, treatment and income opportunities, give AIDS orphans a new future, and slow down HIV and AIDS through prevention.

Please visit our website for a wide range of interesting resources like this one: www.stopaidsnow.org/downloads



