

FACT SHEET APPLIED RESEARCH PHASE TWO
December 2007

IMPLEMENTING HIV AND AIDS WORKPLACE POLICIES,
by SAN! partner organisations in Uganda

Introduction

<i>SAN! project objective</i>	Facilitate 76 Ugandan NGOs who are partner organisations of one or more STOP AIDS NOW! (SAN!) partners (OXFAM/NOVIB, Icco, Cordaid, and Hivos) to develop and implement HIV and AIDS workplace policies (or to address HIV and AIDS in the workplace in other ways). The project runs from July 2005 to July 2008.
<i>Project management</i>	A (full time) local Project Coordinator (PC); a local Project Group (LPG) – with representatives of 5 participating organisations and other stakeholders; 3 regional lead organisations; and supported by a Dutch Project Coordinator.
<i>Aim applied research (AR)</i>	To provide information that can inform policy makers, program staff and beneficiaries in the SAN! partner organisations on how to direct or redirect activities for successful HIV and AIDS workplace policy (WPP) development and implementation.
<i>AR phases</i>	Three AR phases according to the phases of the SAN! project: 1) Baseline and process of developing of a policy in organisations (June to December 2006), 2) Start of WPP implementation (January to June 2007); 3) Implementation and effects of a WPP on workers and organisations (July 2007 to June 2008).

Study methodology of AR Phase Two

<i>Main objectives</i>	Document the process of WPP development and start of implementation in partner organisations and identify promising practices, facilitating factors and challenges.
<i>Data collection methods, tools and sample size</i>	<ul style="list-style-type: none">• 92 in-depth interviews (IDI) with managers and HIV focal persons in 72 partner organisations, with a question guide• 24 focus group discussions (FGD) with staff in organisations with a draft or final WPP.• Data collection by a team of three research assistants in the period April to June 2007
<i>Variables and themes</i>	Status of the policy; key actors in the policy development; major components/elements of the policies; implementation activities; factors that contributed to the success of the accomplished activities; challenges; sustainability measures; effects; promising practices; suggestions for better development and implementation of HIV and AIDS workplace policies.
<i>Analysis</i>	Data organized by theme, categorised and entered in spreadsheets; Manual analysis.

WPP development

<i>Status of WPP</i>	23 organisations with a final WPP (or addressing HIV and AIDS in the human resources or health policy), 24 with draft policy, 25 have no policy Of the 25 without a policy, 14 are interested to start, 4 have started the process of WPP development, 2 are not interested, 5 are not sure.
<i>Reasons for lack of WPP</i>	<i>Those who are interested or not sure</i> <ul style="list-style-type: none">• Lack of technical guidance and information, no sensitisation by SAN!• Financial constraints, fear of cost to treat AIDS• High turn-over of HIV focal persons, no one to lead the process• Not invited to SAN! workshops

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- Too few staff to develop a WPP

Those not interested

- Want to decide themselves when to start policy, not within SAN!
- Not in the interest of staff to disclose status in the office

Motivations for development of WPP

(Motivations often in combination)

- Recognizing HIV as a problem for staff
- Felt need to address HIV stigma and discrimination of HIV positive staff in the workplace
- Create HIV awareness among workers
- Provide guidelines for managers in caring for HIV-positive staff

Ways of WPP development

Near to all organisations developed the WPP in participatory way through:

- Group discussions, meetings to discuss opinions and ideas (most)
- Questionnaires to all staff on their ideas – findings discussed with all
- Contributing ideas on draft designed by a committee
- Training/workshop for participatory WPP development, using external facilitators

Issues of contention

- Coverage of treatment and support to family members – too expensive?
- Condoms provision – encourage promiscuity?
- Whether monetary contribution by staff
- Whether giving retirement package to staff if they leave work
- Whether disclosure of HIV-positive status is necessary for access to treatment through organisation
- HIV and AIDS policy as a stand alone policy or included in human resources or health policy

Basic elements in policy (all similar)

- Creation of awareness by education and IEC materials
- Promotion of non-discriminating environment
- Encourage (voluntary) disclosure, and ensure confidentiality
- Prevention, universal precautions (first aid kit) and in some organisations also condom provision
- VCT and ART services (not all) – some outsourced to specific service providers
- ART after disclosure (not all) – in some organisations also family members covered
- Focus on gender equality

Good donorship guidelines (GDG)

27 respondents in IDI were aware of GDG, 11 had not seen or heard of them (others not asked)
23 have used the GDG for development of policies, or for finalizing WPP (4 had not read them)

Activity plan

27 have developed an activity plan with the WPP

WPP implementation

Status of implementation

36 organisations have started activities (some also without an activity plan), 3 of them reported full implementation

Activities

- Awareness raising and sensitization of staff by one or various of the following: providing IEC materials, AIDS corner, posters on notice boards with preventive and non-discrimination messages, regular internal talks and meetings about HIV and AIDS among staff, training seminar (in 10 organisations), external motivational speakers, peer education (technical staff trains support staff)
- Preventative, including first aid kits (n=5), condom supply for staff (n=19)
- Access to treatment (n=15) through either or combination: health insurance, organization paying for treatment, provide treatment (in service providing organisations), or linking with free services
- Establishing links with other organisations for counseling, IEC materials, condom supply, training, VCT, ART
- Moral support through home visits to sick staff
- Guidelines for non-discrimination of HIV-positive persons with recruitment

<i>Effects of WPP felt by staff</i>	<ul style="list-style-type: none">• Increased awareness of HIV and AIDS• Increased availability and use of IEC and prevention materials, including condoms, first aid box• Increased VCT uptake• Staff willingness and spirit of volunteering (participatory development created enthusiasm)• Reduced feared stigma and discrimination of HIV-positive people• Confidence of staff considering job security in case of HIV infection• Increased visibility of lead organisations
<i>Sustainability measures</i>	<ul style="list-style-type: none">• Write WPP activities in general organisation's budget• Fundraise for WPP from other than SAN! donors• Establish social fund for the sick to reduce cost• Provide linkages with services for free medical care, and IEC and prevention materials
<i>Promising practices</i>	<ul style="list-style-type: none">• Already starting activities without donor funds has been received yet• Creating awareness, internally for instance by technical staff training support staff• Anti-discrimination guidelines for recruitment committee, establishing committee for complaints of stigmatization/discrimination (for any condition, not only for AIDS)• Staff who has attended training on HIV and AIDS routinely giving feedback to other staff• Condom supply for staff (even in two FBOs)• Proposals for sustainability• Senior staff living by example – for instance openly going for VCT• Networking with other agencies for free services or on reciprocity basis• Draw up a memorandum of understanding with service providers• Continuing capacity building by SAN! and associates• Gender sensitivity / for instance male and female focal person, start discussions with male and female staff separately
<i>Factors reported facilitating WPP implementation</i>	<ul style="list-style-type: none">• HIV and AIDS focal point person in place• Participatory approach and supportive efforts by board and management during drafting WPP brought enthusiasm and commitment, solidarity and volunteerism for implementation• Technical guidance from SAN!, PC and lead organisations – through training workshops and field visits and sharing of IEC materials• Networking within SAN! partner organisations and with outside organisations, establishing referral services• Already having a HIV focus in outside operations• Financial support – first from within organisation, then from donors• Deliberate approach from donors to fund activities and GDG• Problem analysis (how organisation and staff are affected by AIDS) and work plan made• Free ART and other HIV services are an opportunity to reduce cost of WPP
<i>Expressed challenges in implementation of WPP activities</i>	<ul style="list-style-type: none">• Lack of or late funding• Fear of stigma causes hesitance to disclose, while necessary to access ART• High turnover of staff trained in WPP• Negative stand on condoms by religious organisations• Lack of skilled staff to implement activities• Lack of time – staff are often away in the field• Language problems – support staff does not read English

Progress since first phase and recommendations

<i>Progress since first phase</i>	<ul style="list-style-type: none">• More have draft or final WPP compared to AR Phase One (for those 51 organisations involved in study Phase One and Two). Progress specifics: no → draft n=8; draft → final n=13; no → final n=5. (Still no policy n=15, still draft n=10)
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- Organisations have used recommendations AR first phase: have HIV focal point persons, access to ART, routine discussions on HIV and AIDS, start implementing activities which do not cost (much) money
- Training in Budgeting and 12 boxes self assessment model
- Appointment of lead organisation Central Region (TPO).
- Building capacity of lead organisations and supply of financial support to undertake their role

Recommendations to partner organisations

- First step: Internal awareness raising
- Start (or keep on) implementing activities that do not cost money
- Disseminate WPP to all staff, translate if needed
- Write proposals for funding to other than SAN! donors
- Link with free HIV and AIDS services, including IEC, counseling, VCT, condoms, ART
- Participatory development of WPP
- Look at promising practices of other organisations and replicate if applicable

Recommendations to PC, LPG and Lead organisations

- Assist organisations who are willing to develop WPP but who do not have technical know-how
- Be flexible in way organisations can address HIV and AIDS – by HR policy, health scheme, WPP – and support accordingly
- Facilitate linking and learning – share promising practices between organisations
- Continue training for capacity building

Recommendations to donors

- Quick release of funds for WPP
- Consider extension of funding