

STOP AIDS NOW! project: 'Managing HIV and AIDS in the workplace', in Uganda

FACT SHEET July 2007

APPLIED RESEARCH FIRST PHASE: SURVEY AND CASE STUDIES

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, Hivos and Aids Fonds) 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 organizations; 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 organizations 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 organizations (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).
<i>First phase AR</i>	1) Survey of staff members 2) Case studies of organizations
<i>Status WPP development</i>	December 2006: 34 partner organizations are addressing HIV and AIDS in their place of work, most by having started the process of developing a WPP. (For comparison: In March 2006, 4 organizations had an operational WPP, 10 had a draft policy and in 4 organizations HIV and AIDS were being addressed in the health policy or human resource policy.)

Survey of staff members

<i>Methodology</i>	A self-administered semi-structured questionnaire for staff (also to be used for interviewing semi- or illiterate staff) distributed by AR team members to 62 organisations. AR team gives oral instructions to HIV focal person or manager to coordinate filling of questionnaire by staff members and send back to AR team. Data entered and analysed in EPI-Info programme. Answers to open questions were categorized where possible;
<i>Variables</i>	Sex, age, staff category, marital status, knowledge of HIV and AIDS, attitudes to PLWHA (knowledge and attitudes were measured on a scale according to answers to 5 statements on knowledge, 3 on attitude), risk perceptions for others and self, affect on workers and their workplace performance, use of prevention and education provided by organisation, need for information and services, involvement in WPP development.
<i>Sample size</i>	406 respondents in 60 organisations
<i>Background respondents</i>	Age range: 20-60, mean age 33; 50.2% male, 49.8% female; 56.8% married, 41.2% single, 2% widow/divorced; 31.7% technical staff, 22.8% management, 20.5% administration, 17.9% support staff, 7% volunteers.
<i>Signature organisations</i>	83.3% secular, 16.7% faith-based; 33.3% HIV/AIDS focus; 31.7% gender focus; 40.0% health focus.

<i>Knowledge of HIV transmission</i>	77.5% good, 22.5% medium, 0% poor knowledge. Knowledge was highest on knowing that someone infected with HIV can still look healthy (99.0%) and least on MTCT (85.7%).
<i>Attitude towards people living with HIV and AIDS (PLWHA)</i>	60% good, 31.9% medium, 8.1% poor attitude. Relatively high negative attitude of younger people (10.5%), singles (11%), support staff (11.6%) and volunteers (14.8%). Attitude was best on non-discrimination of HIV-positive persons for further training (93.8%), and least on feeling comfortable working next to a HIV-positive person (73.2%)
<i>Need for information</i>	98% expressed to need more information on HIV and AIDS. Main topics (multiple response): ART (83%), fighting stigma and discrimination (76.2%), PMTCT (60.8%) and how HIV and AIDS affect the body (59.6%).
<i>Preferred info channels</i>	Internal sensitization seminars (75.7%), individual counselling (59.8%), video (58.6%)
<i>Participation in IEC sessions</i>	47.8% reported their organisation ever organised sessions on HIV and AIDS; Of those: 83.2% participated; 98.8% of those who participated used the information: shared information with family members (69.9%) and friends (64.9%) or changed behaviour (68.4%). Information was least shared and used to change behaviour by administrative and management staff.
<i>Prevention strategies by organisation</i>	79.5% reported HIV prevention strategies by organisation. Main messages: faithfulness (63.7%), HIV testing (53.4%), abstinence (49.2%), condom use (44.2%); 96.7% express need to talk about HIV prevention, because: AIDS affects all staff (78.4%), impact on organisation (14.5%), fight stigma and discrimination (5.2%).
<i>Condoms in the workplace</i>	27.1% reported their organisation is providing condoms for staff. Of those: 80% said condoms are always available; 64.2% said they have collected the condoms for own use. Relatively more men (76.7%), younger age-group 20-29 (73.8%), support staff (80%) and volunteers (88.9%) collected condoms.
<i>HIV test</i>	62.5% have ever gone for an HIV test; relatively more women (68.6%), younger age-group (64.5%), married (65.8%) went for test. Significantly less support staff have gone for HIV test (47.8%).
<i>Disclosure of HIV+ status</i>	72.5% said they would disclose eventual HIV+ status. Significantly more male (78.6%) and married (77.7%) said they would disclose their status. - Reasons for disclosing: give a good example for others so they might change their behaviour, and also reduce stigma (57.7%); trust in organisation to provide care and support (24.4%); organisation does not terminate HIV positive staff (11.7%). - Reason for <i>not</i> disclosing: Fear of stigma and discrimination (77.3%); status is personal (11.3%); organisation does not have a WPP and they would not get help in any way (6.2%)
<i>Perception of gender risk</i>	63% felt women and men are equally at risk of HIV infection, 30.5% felt women are more at risk, 6.4% felt men are more at risk. Women scale their risk higher (33.7%) than men scale women's risk (27%).
<i>Staff category at risk</i>	(multiple response): support staff (63.1%), technical staff (58.0%), volunteers (55.3%); least vulnerable managers (46.5%). All staff categories, except support staff scale their own-category's risk higher than they are scaled by all respondents. Support staff own risk perception: 55.6%.
<i>Perceived workplace-related risk</i>	32.3% have ever felt at risk at the workplace or during duty travel; relatively more management (40.7%) and technical staff (33.3%). Reasons for feeling at risk: during duty travel being exposed to temptations in sexually attractive company (42.6%), fear of having been contaminated through working with PLWHA or through (medical) accidents (31.7%).
<i>Affect of HIV and AIDS on workers</i>	70.8% have been personally affected. Affects (multiple response): attending burials (56%), taking care of a sick family member (33.4%), caring for bereaved (32%), increased medical bills (21.4%), reduced personal health (5.7%).
<i>Affect on the workplace</i>	48% reported affect of HIV and AIDS on their work: (multiple response) increased absenteeism due to illness of family members and/or burials (38.4%), increased workload due to illness of other staff (17.3%), reduced performance due to weakness (10.2%), and increased absenteeism due to personal ill health (9.9%). Men relatively more report absenteeism due to illness of family members (45.1%) and reduced performance (13.2%) and increased absenteeism due to personal illness (12.1%) than women. The younger respondents (57%), women (58.3%) and volunteers (58.3%) were less likely to report any impact compared to the others. Relatively more support staff reported reduced performance due to weakness (20.6%) and absence due to personal illness (15.9%) than staff in other job categories.

<i>Managing HIV and AIDS in the workplace</i>	28% reported their organisation does something to respond to the needs of staff living with HIV or AIDS. Of those, the activities: actively fighting stigmatisation and discrimination (58.3%), pay for treatment of opportunistic infections (44.7%). access to ARVs (42.7%), HIV+ being redeployed to suitable positions (15.5%), food supplements (6.8%).
<i>Priority needs for services by their organisation</i>	(multiple response) Raising of awareness and knowledge of HIV/AIDS (63.8%), financial and material support for burial of staff members (59%), VCT (56.1%), meeting cost of treatment with ARVs (55.1%), and financial and material support for sick staff members (50.1%), meeting treatment cost of opportunistic infections (44.4%).
<i>Health care scheme</i>	32.5% in one way or another are assisted with a health care scheme of their employer, and 16.5% contributes money towards this scheme
<i>WPP</i>	46.0% reported WPP in their organisation, 35.7% said they did not have, 18.3% did not know. Of those with WPP, 66.5% were involved in the development of a draft WPP; Ways of involvement included: Comments on drafts that were distributed (51.6%), participated through review meetings and workshops (19.4%), taking part in WPP developing workshops (17.7%), being responsible for the drafting of the policy (8.9%). Involvement by staff category: management (83%), administration (71.8%) technical staff (69.7%), support staff (28%).

Case studies of organisations

<i>Main objectives</i>	Document the process of WPP development in organizations and identify promising practices.
<i>Study methods</i>	<ol style="list-style-type: none"> 1) Document study of data from the project baseline study (March 2006), pamphlets on the organization, website, and the draft WPP. Information concerned: the activities, size, perceived workplace factors that may be facilitating spread of HIV, experiences with HIV-positive staff and how HIV affects the organization. 2) In-depth interviews with multiple staff of different levels and category (management, financial, HIV focal person, administration, support) using topic lists to get the different perspectives on the process of WPP development.
<i>Sample and background organizations</i>	16 organisations with a submitted draft WPP: 3 FBOs, 7 with AIDS activities, 3 with health service provision. High variety in activities: from promoting organic farming, the rights of fisher-folk, to ICT among women groups. Staff strength varied, from 5 staff members and few volunteers to more than 200 employees.
<i>Initiation of WPP process</i>	Usually after staff coming back from SAN! capacity-building workshops (June and October 2005, February-May 2006) briefed other staff in a regular staff meeting and it was decided to start the process. Alternatively, they briefed management first.
<i>Motivating factors for initiation</i>	<ul style="list-style-type: none"> • Having seen co-workers die of AIDS. • Questions in the project baseline survey (in March 2006), made management and staff reflect on their organisation's vulnerability to HIV and AIDS. • Recognising risk for HIV when duty requires staff members to travel for longer periods to the field or to workshops
<i>Persons involved in developing a draft</i>	<ul style="list-style-type: none"> • A committee (of two to ten staff) was formed to develop a draft WPP which was then circulated, in hard or soft copy, to other staff for written comments, or a special staff meeting was called to discuss the draft. • One person wrote the WPP draft. • An outside consultant was hired for the participatory process of WPP development.
<i>Participatory development?</i>	<ul style="list-style-type: none"> • In 14 organisations participatory development: specially constituted committees drafted them and (even if drafted by only one person) this committee incorporated comments of other staff members - by written comments, or discussed in special meetings • In 2 organisations no participatory development. One person made the draft and briefed the others in a meeting.
<i>Some agreements and solutions (from some WPP)</i>	<ul style="list-style-type: none"> • A small organization without a health scheme that cannot provide ARVs for their staff, will link staff to free services. • Commitment to provide for PMTCT, and support HIV-positive staff with food supplements. • Disciplinary measures against discrimination run from suspension to dismissal. • Put the HIV and AIDS WPP in the induction package for new employees. • The policy includes the board members who in this way may be more inclined to approve the policy.

- Recognising that women usually care for the sick, support and encourage men to also care.
- Link HIV+ staff to other health care providers in case this staff who was supported by the organisation before, ceases employment

Promising activities

- The process of developing the WPP created opportunity for more discussion of AIDS among staff: Involvement of all staff in AIDS activities and so sensitizing and educating staff, and opening discussions.
- Organizations have started implementing their policy before it is final and funded: started of some activities that did not require any funding (AIDS corner, routine discussion of AIDS).
- Network with others, or being proactive and ask for information

Expressed challenges

- Insecure funding of activities and the sustainability of WPP when funding by the SAN! donors stops.
- If ARVs cannot be provided, staff will be less inclined to disclose their status and the organization cannot follow the policy and help to keep HIV-positive staff productive as long a possible.
- Lack of knowledge and skills to proceed with the formulation of a WPP, the writing of a budget and the implementation. Skills also relate to for instance to execute prevention activities and sensitization of staff for VCT.
- Time: 1) it takes too long to start implementation of the policy so momentum with the workers is lost; 2) time is too short: feeling pushed by the project to develop a policy, whereas this is a slow but also time-consuming process and the organisation has many other activities.
- High turnover of staff. Staff that was involved in the WPP including focal persons leave their job, due to other assignments or because they are temporary staff on contracts, and their employment depends on funding by donors.

Conclusion: Enhancing factors

- Project structure and the regular training, supervision and research activities boosted take-off and activities within organisations.
- In SAN! seminars and workshops participants get sensitised about the need to address HIV and AIDS in the workplace, but also get skills how to develop a WPP.
- Of critical importance was the sensitisation and buy-in of senior management and directors in initiation seminars in June 2005.
- The regular project capacity building workshops are at the same time a forum for sharing of experiences and comparing status of WPP development between peers.
- An opportunity created by the project is the networking with local strategic partners that have experience with WPP or are relevant for the development, i.e. insurance companies, training institutions and health service providers.

Conclusion: Inhibiting factors

- Cannot be concluded yet, because the 16 organisations have not started the implementation of the WPP.
- Reports of one organisation in which WPP development had not started showed that a critical inhibiting factor is when senior managers and board members are not motivated for a WPP.
- Possibly inhibiting successful finalising of the WPP and implementation, relate to expressed challenges (see above): lack of funding for activities, slow release of money which may cause loss of momentum, lack of skills to finalise formulating WPP, high staff turnover so institutional memory (also of WPP) is lost, no possibility to provide ARVs to staff, and continuing stigma.

Recommendations

- *To organizations:* Have an AIDS focal person with time for the work who most likely will stay on the job; Discuss feasible ways for accessing ART; Have routine discussions on HIV and AIDS; Start WPP related activities that do not cost money
- *To the PC, LPG and regional lead organizations:* Share information among organisations; Regular capacity building workshops and visits.
- *To the Dutch SAN! donors:* Quick financing of WPP budgets