

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

IMPLEMENTATION AND EFFECTS OF HIV AND AIDS WORKPLACE POLICIES

FACT SHEET OF APPLIED RESEARCH PHASE THREE May 2009

Project and applied research introduction

<i>SAN! project objective</i>	Facilitate 76 Ugandan non-governmental organisations (NGOs), partner organisations of STOP AIDS NOW! (SAN!) – OXFAM/NOVIB, Icco, Cordaid, and Hivos – to develop and implement HIV and AIDS workplace policies (WPP), or to address HIV and AIDS in the workplace in other ways
<i>Project management</i>	A (full time) local Project Coordinator (PC); a Local Project Group (LPG) – with representatives of 5 participating NGOs and other stakeholders; 3 regional lead organisations; supported by a Dutch Project Coordinator
<i>Aim of applied research (AR)</i>	Provide information for policy makers, program staff, and beneficiaries in the SAN! partner organisations that can be used to (re)direct activities for successful WPP development and implementation
<i>Three phases of AR</i>	1) Baseline and process of WPP development (reports January and July 2007); 2) Start of WPP implementation (reports January 2008); 3) Implementation and effects of WPP

Study methodology of AR Phase Three

<i>Main objectives</i>	<ol style="list-style-type: none">1. Document the processes of WPP implementation in NGOs2. Document NGOs' experiences with SAN! support structures3. Measure effects of WPP at organisation and staff level4. Identify promising practices and challenges
<i>Sample organisations</i>	35 NGOs with (draft) WPP; 27 secular and 8 faith based; 19 from central, 13 from north east, 3 from western region; among the remaining 41 NGOs (out of the 76), 15 have a WPP
<i>Data collection, methods, tools and sample size</i>	Data collection took place between March and August 2008 <ol style="list-style-type: none">1. In-depth interviews (IDI) with a question guide in 29 NGOs; respondents: managers and HIV focal point persons (FPP); main variables and themes: policy status, key actors in policy development, major elements in the policy, activities, perceived challenges, sustainability measures, effects, support by SAN! structures2. Interviews using a semi-structured questionnaire with 236 staff members in 31 NGOs; main variables and themes: involvement with WPP, personal HIV risk perception, prevention measures, discrimination, disclosure, participation in activities, perceived effects
<i>Background staff</i>	<ul style="list-style-type: none">• Sex: 53% male, 47% female; marital status: 63% married, 35% single, 2% widowed or divorced; age groups: 20-29 (36%), 30-39 (42%), 40-49 (18%), 50 over (4%)• Level of staff: 17% managers, 31% support, 37% technical, 12% administrative, 3% other• Type of contract: 49% fixed, 46% temporary, 5% volunteer• Go for fieldwork or work related travel: 62% (male 65%, female 59%)
<i>Analysis</i>	<ul style="list-style-type: none">• Qualitative data organised by theme, entered in spreadsheets, followed by content analysis• Quantitative data analysed in SPSS 12• Juxtaposing staff and management information

WPP and FPP availability

<i>Status of WPP (from IDI, N=29)</i>	<ul style="list-style-type: none">• 24 final WPP, 5 draft policies; 16 stand alone, 10 incorporated in human resources policy, 3 in health policy• 9 with policy funded by donors (as of August 2008)
<i>Dissemination to</i>	<ul style="list-style-type: none">• 90% staff know about WPP; support staff knew relatively the least (80%); 33% received

- and participation of staff* personal copy
- 82% of those who know about WPP (=73% of all 236 staff) were involved in development (participatory process); relatively more management (88%) and less support staff (78%) were involved
- Points of discussion on contents* 20 NGOs (69%) reported controversial issues in WPP: scope of the policy/who should benefit from it (14); condoms in the organization (9); stand alone policy or incorporated in other policies (3); access to ART (2)
- HIV focal point person (FPP)* 28 NGOs (97%) have FPP: 12 male, 16 female
- All FPP work part-time; other responsibilities: administration, finance, human resources, communication, programme or logistic officer
 - 24 FPP received SAN! training in WPP
 - 89% of staff know about FPP – relatively few support staff (84%) and many management (98%) and administration (93%)

Staff: AIDS related knowledge, perception, and behaviour

- Work related personal risk perception of HIV* 18% of all staff feel at risk:
- Relatively high feeling of risk among: males (20%), age group 20-29 (21%), singles (21%), management (23%), technical (21%), those going for fieldwork (21%)
 - Relatively low feeling of risk among: women (16%), age group 40-49 (14%), support staff (15%), and those not going for fieldwork (13%)
- HIV prevention measures* 97% of all staff take HIV prevention measures:
- 65% are faithful to their partner; 34% use condom; 25% abstain from sex
 - Relatively high condom use among: males (40%), age group under 40 (41%), singles (50%), administration staff (41%), going for fieldwork (37%)
 - Relatively low condom use among: females (30%), age group 40 and over (16%), married (27%), management (32%), not going for fieldwork (29%)
- VCT*
- 96% think everyone should know their HIV status
 - 93% know where to access VCT
 - 65% have gone for VCT; of those who went: 14% once, 33% twice, 27% thrice, 26% four or more times; average number of VCT visits 2.9
 - Relatively many management (78%) personnel, married staff (67%), and those going for fieldwork (71%) went for VCT
 - Relatively few staff aged 40-49 (60%), singles (61%), support staff (54%), and those not going for fieldwork (57%) went for VCT
- Attitudes towards people living with HIV and AIDS (PLHIV)*
- 51% of staff think that PLHIV are never to blame for their status, 46% feel sometimes, 3% always
 - 92% feel comfortable working next to PLHIV; main reason for *not* feeling comfortable is when travelling together and possibly being involved in a car accident
 - Only 2 staff members report that other staff stigmatise PLHIV in the workplace
- Intended disclosure in the workplace* 84% (=199 staff) would disclose
- Specific persons the 199 would disclose to: FPP (36%); immediate supervisor (31%); head of NGO (26%); peers (16%); everyone (11%)
- ART* 89% know where to access ART
- Preferred places for ART: free by service organisation (48%); free services by government (35%); private (15%)

Main WPP related activities

- Awareness raising and sensitization*
- *According to NGOs:* in 97% of NGOs there is general awareness raising, 66% internal routine discussions, 38% internal training for staff, 21% training by external facilitators
 - *Staff:* 74% know of awareness raising activities; 84% of those who know participated; 52% total participated in training
- IEC AIDS corner*
- *NGO reports:* 59% have AIDS corner; 41% have HIV/AIDS notice board
 - *Staff:* 76% report IEC materials
- Condoms for staff*
- *NGOs:* 62% have condoms in workplace

- *Staff:* 66% have condoms in the workplace; 51% of those have taken the condoms
- VCT promotion*
- *NGOs:* 66% have VCT promotion activities
 - *Staff:* 70% have VCT promotion in the organisation
- Guidelines for disclosure*
- *NGOs:* 35% have guidelines
 - *Staff:* 62% think their organisation promotes disclosure
- Guidelines for confidentiality*
- *NGOs:* 28% secure confidentiality of HIV status
 - *Staff:* 64% believe their organisation secures confidentiality
- Stigma reduction measures*
- *NGOs:* 52% will punish or suspend staff who stigmatise PLHIV
 - *Staff:* 55% think their organisation has stigma reduction measures
- Attention to gender*
- *NGOs:* 52% pay attention to gender sensitivity
 - *Staff:* 48% think so
- Facilitate access to ART*
- *NGOs:* 31% facilitate access to ART for staff: 21% have arrangement with private facility, 10% have health insurance including ART
 - *Staff:* 23% think their organisation provides access to ART; 39% say their NGO does not; 39% do not know
- Measures for care and support*
- *NGOs:* 24% have measures to support staff with HIV and AIDS
 - *Staff:* 77% think so
- Peer counselling*
- *NGOs:* 31% provide peer counselling on HIV and AIDS

Effects of WPP

- Knowledge on HIV and AIDS*
- *NGOs:* 76% think staff has increased knowledge
 - *Staff:* 68% report to have increased knowledge; 46% have enough knowledge; relatively few support staff (43%) and many managers (55%)
- Openness about HIV and AIDS*
- *NGOs:* 72% notice more open discussions among staff about HIV and AIDS
 - *Staff:* 64% report so
- Stigma*
- *NGOs:* 62% report reduced stigma
 - *Staff:* 55% report changed attitude towards PLHIV
- (Intention for) disclosure*
- *NGOs:* 21% report more staff disclosure
 - *Staff:* 47% now intend to disclose; 38% will not disclose; 15% would have already disclosed
- VCT*
- *NGOs:* 38% report more staff go for VCT
 - *Staff:* 20% was motivated by WPP to go for VCT; 44% was not motivated; 36% already went
- Condoms*
- *NGOs:* 35% report increased demand for condoms by staff
- Support*
- *Staff:* 50% now feel supported if they would be HIV positive; 15% does not feel supported; 35% already felt supported
- Job security*
- *Staff:* 88% now feel confident of job security
- Gender friendly workplace*
- *NGO:* 31% report a more gender friendly workplace
 - *Staff:* 7% report gender effect of WPP (others mainly believe workplace was already gender friendly)
- Behavioural change*
- *Staff:* 39% report behaviour change; relatively more behaviour change among men (49%), singles (43%), managers (55%); change mainly related to safer sex
- Staff on ART*
- *NGOs:* 14% have more staff on ART
- Linking & learning*
- *NGOs:* 69% report increased linking and learning: 66% for IEC; 62% with other SAN! partners; 55% with Service Organisations; 45% for condoms; 38% for training
- Family members involved*
- *NGOs:* 35% report family members are now involved in access to ART, VCT days
 - *Staff:* 46% discuss HIV and AIDS with family and friends; relatively more by males (51%) and

management (60%)

- Negative/No effect*
- NGOs: 7% report there is no effect of WPP
 - Staff: 14% report a negative effect

SAN! support structures (from IDI)

- SAN! support documents*
- 83% have seen 'Good donorship in a time of AIDS' (GDG – good donorship guidelines)
 - 41% have seen 'What's it likely to cost' (BT - budget tool)

- Evaluation of GDG and BT (% of those who know)*
- GDG: 63% think it is very useful, 37% somewhat useful; usefulness mainly relate to planning process, making a work plan, reporting format
 - BT: 73% think it is very useful, 27% somewhat useful; usefulness related to making budgets that are realistic, making budget calculations, knowing what is permitted to include in budget
 - Problematic commitment in GDG: donor funding for WPP budget equalling up to 4% of staff salary – perceived too low, in particular for NGOs with only few staff or staff with low salaries

- SAN! project database*
- 86% access database; FPPs fill in the database
 - Database is perceived user friendly and useful: especially to track implementation and check on what is expected

- Structural SAN! support*
- 93% (N=27) received support: 96% of the 27 by SAN! PC; 59% by lead organisation (LO); 21% by other SAN! partners; 17% by LPG; 10% by Dutch programme officer
 - Nature of PC and LO support: supervisory, consultation, supervision visits, providing condoms
 - Expressed need for more support: visits by PC and LO especially for implementation of WPP, more training, financial support, workshops at organisational level, and assistance with self assessment at the organisational level

Good practices and challenges

- Good practices*
- Making the policy available and known to all staff
 - Starting WPP activities before donor funding is received
 - Making condoms available for staff
 - Reaching beyond the workplace border, involving family and neighbouring communities in activities
 - Linking and learning with public and private organisations, for information sharing, access to free IEC, condoms, training and referral services
 - Having a job description with time allocation for FPP
 - Putting in place sustainability measures, including internal training, writing proposals for funding, mainstreaming HIV/AIDS in other organisational budgets, internal fundraising mechanisms

- Challenges*
- Lack of or late funding by donors – risk of losing momentum
 - High turn over of staff trained in WPP – especially managers and FPP – resulting in lack of skilled staff to implement activities
 - Negative stance on condoms by religious organisations
 - Time constraints for staff to participate in activities and for FPP to do his/her work

Recommendations

- To partner organisations*
- Continue with internal awareness raising on the WPP and IEC on HIV and AIDS – also for the benefit of new staff
 - Start/continue implementing WPP activities that do not require much funds
 - Reduce work related risk of HIV infection (maintain office cars, provide cars with first aid box and condoms, provide protective gear)
 - Share with and learn from other partner organisations, for instance by organising exchange visits
 - Link with services, IEC, and training institutions; be keen to identify free services
 - Specify the job description of the FPP with attached time allocation
 - Internally share what has been gained in training of individual staff; for instance, internally train more peer educators

- To PC, LPG, and LO*
- Involve stakeholders on activities, especially government, donors, and HIV/AIDS related organisations – promote the SAN! project with them

- Better disseminate GDG and BT to NGOs and continue sensitizing them
- Do more supervisions to motivate and support those NGOs lagging behind – possibly involve neighbouring peer NGOs which have performed well with WPP
- Better disseminate AR reports; give the applied research team a role in AR report dissemination, through workshops

To donors

- Screen budgets in a timely way and release funds quickly
- Initiate new programme managers in WPP at the start of their job
- Share lessons learnt and good practices with other agencies/countries – lobby for funding