

BASELINE AND DEVELOPMENT OF HIV AND AIDS WORKPLACE POLICIES by STOP AIDS NOW! partner organisations in Ethiopia

Introduction

- SAN! Ethiopia project objective* Develop and strengthen organisational capacity of 35 NGOs to respond to the challenges of HIV and AIDS within their organisation. The project runs from July 2007 to June 2010.
- Project management* A (full time) local Programme Coordinator (PC), an assistant Programme Coordinator; a local Project Group with representatives of 7 participating organisations and other stakeholders; supported by a Dutch Project Coordinator.
- Aim of applied research (AR)* To provide information to inform SAN! project management, and NGO managers on how to direct or redirect activities for successful HIV and AIDS workplace policy (WPP) development and implementation.
- AR phases* Three AR phases during the course of the SAN! project, focusing on: 1) Baseline data gathering and process of WPP development (June to December 2008); 2) WPP development and start of implementation (June to December 2009); 3) Implementation and effects of WPP on workers and organisations (January to June 2010).

Study methodology of AR Phase One – Baseline data gathering

- Main objectives*
- Assess the knowledge and practices related to HIV and AIDS among workers and in NGOs
 - Assess management of HIV and AIDS in the workplace
 - Identify promising practices, opportunities, and constraints for development and implementation of WPP.
- Data collection methods and tools*
- In-depth interviews (IDI) with managers, with a question guide
 - Face-to-face interviews with staff using a semi-structured questionnaire
 - Document review (of NGOs and SAN! office).
- Sampling design and sample size*
- For NGOs: head offices of all 35 NGOs were approached – 30 participated
 - For staff: stratified sampling according to job level and sex, with target of 6 staff in each NGO; total of 174 staff participated.
- Background of the 30 NGOs*
- *Founding mission:* poverty reduction (16); capacity building (5); promotion of human rights (4); gender equality (2); empower HIV positive people (1)
 - *HIV and AIDS work* (14) – of which HIV and AIDS as the main focus (10)
 - Headquarters in Addis Ababa (25); with project offices (23); nationwide geographic focus (20); regional focus (9); district focus (1)
 - *Staff size* in the workplace ranged between 10 and 120: less than 20 (3); between 20 and 50 (6); between 50 and 100 (5); over 100 (2)
 - *SAN! donors:* Cordaid (12); Oxfam Novib (13)
 - *Signature:* faith based organisations (FBO) (5); secular (25)
 - *Available policies:* human resources guidelines/policy including health (30); gender guidelines (9); disability (2); addressing HIV and AIDS (3)
 - *Health insurance* (16) – which also included dependents (8); reimbursement of medical expenses up to limit of 7,000 bir (1); free treatment in clinics of organisation (1).

- Socio-demographic background of 174 staff in survey**
- Sex: female (47%); male (53%)
 - Age: 20-29 (30%); 30-39 (34%); 40-49 (23%); 50-59 (9%); 60 and over (4%)
 - Marital status: married (54%); never married (39%); divorced/separated/widowed (7%)
 - Habitation status: lives with spouse/partner (57%); lives without spouse/partner (43%)
 - Educational status: first degree and above (48%); college/university diploma (23%); secondary completed (16%); primary completed (10%); illiterate or no formal education (3%)
 - Reading skills of all staff: English only (1%); English and Amharic – and possibly another Ethiopian language (78%); Amharic – and possibly another Ethiopian language (21%); illiterate (1%)
 - Reading skills of logistic staff: illiterate (2%); Amharic – and possibly another Ethiopian language (61%); Amharic and English – and possibly another Ethiopian language (37%)
 - Religion: Ethiopian Tewahedo Orthodox (67%); Protestant (17%); Catholic (11%); Moslem (5%); Jehovah Witness (1%).
- Work-related background of 174 staff in survey**
- Job category: technical personnel/programme or project (39%); logistics support (29%); administration and finance (17%); leadership/management (16%)
 - 52% go out for fieldwork – mean 9 times, mode 12 times per annum; – significant differences between sexes, and staff of different levels: male staff (71%), female staff (30%); management (78%), technical staff (63%), administration (48%), support staff (26%).
- Research team**
- Data were collected and processed by two local consultants, the SAN! project coordinator, and assistants from University of Addis Ababa; report written by the two local consultants; advice by consultant from University of Amsterdam.
- Variables and themes**
- Organisation: status of the policy; key actors in the policy development; major components/elements of the policy; contentious issues; implementation activities; organisation's services related to HIV and AIDS; perceptions on HIV and AIDS related issues; effects; challenges; sustainability measures; plans; support; promising practices; suggestions to project office and donors
 - Staff level: knowledge, perceptions, and practices related to HIV and AIDS and the WPP.
- Analysis**
- Qualitative data transcribed, organised by theme, categorised, and entered in Excel data spreadsheets – manual analysis
 - Quantitative data entered, cleaned, and analysed in SPSS – frequency counts, percentage analysis, cross tabulations
 - Comparing information from different tools and at different levels (quantitative and qualitative, staff and NGO level).
- Ethical considerations**
- Considering the sensitive matter, no names were put on the staff questionnaires.

Staff members' knowledge and perceptions related to HIV and AIDS

- Knowledge of HIV transmission**
- Known ways of transmission: unprotected sexual intercourse (98%); utilization of used needles and blades (96%); transfusion with contaminated blood (74%); from mother to child (45%)
 - Transmission through traditional practices were reported by 162 (93% of total) – the main included: circumcision/FGM (80%); epiglottis cutting (39%); tattooing, piercing, body marking (30%); rape/abduction (27%); polygamy, wife inheritance, wife sharing, having several lovers (26%); milk teeth removal (18%).
- Knowledge of methods of HIV prevention**
- General prevention (multiple answers): keeping to a single and reliable sexual partner (93%); using condoms (84%); avoiding sex (81%); using needles and blades that are untainted with blood (74%); using blood untainted with HIV in transfusion (58%); limiting number of sexual partners (8%); avoiding sex with commercial sex workers (8%); delaying the age at which one begins having sex (6%); avoiding premarital sex (2%)
 - Prevention of mother-to-child transmission (multiple answers): ART (70%); avoid breastfeeding (46%); safe delivery techniques (19%); do not know/there is no way (13%).
- Knowledge of HIV diagnosis and ART**
- Whether diagnosis of HIV is possible from appearance: no (93%); yes (6%); don't know (2%)
 - What ARVs do: keep people with HIV alive longer (97%); do nothing (2%); don't know (1%).

Perceptions

- 94% think there are certain *high risk groups* – main groups are: female sex workers (92%); truck drivers (57%); street girls (43%); street children (37%); street boys (36%); young people (36%); women (31%); substance abusers (25%); field workers (23%); poor people (9%); medical personnel (6%); students (5%); poor women (5%). Mean and median number of risk groups=4, mode=5
- 97% believe all people should *know their HIV status*; 98% believe all people planning to marry should know their status
- 66% approve of *condoms for staff in the workplace*; 34% do not approve – reasons for non-approval: encourages promiscuity (53%); workplace not the right venue (35%); doubt whether condoms can protect (29%); church prohibits (28%); only rely on being faithful to one partner (10%)
- *Personal feeling of risk* in the workplace: yes (12%, n=21) – when on fieldtrip 60%; caring for patients without gloves 20%; cleaning sharp instruments 15%; cleaning toilets 5%. Personal feeling of risk higher among staff who went for fieldwork (19%).

Attitude and behaviour related to stigma and discrimination

- Opinion that HIV negative persons should be given *preference* over those HIV positive in *recruitment*: yes 4%; no 96%
- *Attributes of blame for HIV infection*: always the person's fault (6%) – because ways of transmission and prevention are known; sometimes to blame (88%) – when through carelessness or recklessness; never to blame (6%) – because accident or bad luck, factors beyond one's control
- Personal *preference* for with whom to *share an office*: with HIV positive colleague (3%); with HIV negative colleague (6%); all the same (91%)
- Feel *comfortable working* with HIV positive person: yes (96%) – knows right ways of preventing transmission; no (4%) – because risk of infection
- Ways of *interacting with HIV positive staff*, by 37 staff who know of HIV positive colleague: socialise (81%); help with jobs (19%); as usual (9%); talk about their status (5%); financial support (2%); avoid socialising outside workplace (16%); avoid physical contact in workplace (2%); avoid sharing utensils (2%).

Intention of disclosure of HIV+ status

- *General disclosure*: willing to disclose (67%); not willing to disclose (33%) – because of fear of stigma and discrimination (81%); the feeling that it is not important that others know (11%); cannot say (6%); shame (2%)
- *Intention to disclose in the workplace*: would not disclose (62%); would disclose (38%) – specific staff they would disclose to are: peers (24%); supervisor (21%); head of organisation (17%); everyone (14%); HIV focal point person (FPP) (6%); friends (4%), mainly for reasons of accessing support and care.

Practices

- Multiple ways of practicing *HIV prevention*: being faithful (67%); using untainted sharp instruments (51%); abstinence (32%); using condoms (12%); avoid substance/alcohol abuse (1%)
- *VCT*: have been for VCT (61%) – mean=3.92 times, mode=1
- Of those who have been, *VCT accessed* in: private clinic/hospital (57%); public clinic/hospital (26%); (international) NGO (12%); NGO's own clinic (4%)
- *Reasons for going for VCT*: own initiative (81%); suspicion of partner infidelity (10%); visa requirement (5%); workplace promotion (4%)
- *VCT*: did not go (39%) – of whom 91% know where to access
- Openly *discuss AIDS in the workplace* (76%) – with colleagues who are friends (60%); staff at same work level (46%); with those they share an office (39%); management (11%); with same sex staff (10%); with all staff (5%); same age (4%); fellow fieldworkers (2%); HIV Focal Point Person (FPP) (2%).

HIV and AIDS conditions in organisations

HIV positive staff in organisation

- Managers in IDI know or suspect HIV positive staff in NGO: yes (11) – total 59 PLHIV; no (7); don't know (12). In 5 NGOs staff openly disclosed HIV positive status
- Deaths from AIDS (15 in 8 NGOs)
- Caring is felt as social obligation – staff with HIV are unofficially supported by reduced workload, sick leave, full salary; an official and formal response in 2 NGOs; staff contribute to fund that can be used by HIV positive staff (1)
- No HIV positive staff was terminated because of status (according to IDI)
- *Staff*: know of no HIV+ staff in the organisation (40%); don't know (31%); know there is HIV+ staff (21%, n=52); suspect there is (9%)
- How 52 staff know about HIV+ staff: person disclosed (56%); rumours (47%); happened to see a document (7%); physical appearance (4%); happened to see the person in AIDS clinic (2%).

- Affect of HIV on staff*
- IDI: effects of HIV and AIDS on staff mentioned (6) – being sick, attending funerals, support HIV+ relatives, increased medical expenses; affected but not specified (13); no observed effects (9)
 - Two FBOs: *'Difficult to know because people relate HIV with immorality and for fear of stigma they do not tell the truth about themselves and their relatives.'*
 - Staff reporting to be affected: yes (87%) – by attending funerals (75%); support family of bereaved (75%); care of sick community member (51%); care of sick family member (30%); taking orphans into the household (15%); increased medical expenses (5%); reduced personal health (2%).
- Impact of HIV and AIDS on organisations*
- IDI: yes (13) – staff having to take care of relatives, attend funerals, staff's absence because of sickness, financial stress; no (10) – staff not vulnerable because of work; not sure (4)
 - Staff: yes (52%) – by absenteeism to attend funerals (85%); absenteeism to take care of relatives (39%); increased workload because of illness of other staff (26%); work overtime to pay for medical bills or orphans (15%); reduced performance due to stress at home (11%); reduced performance due to personal weakness (4%); staff's absence because of personal illness (4%).
- Perceptions on susceptibility to HIV of specific staff*
- IDI: staff in outreach (10); junior (5)
 - Staff on *sex-differentiated* higher risk of HIV infection: yes (38%) – 21% believe male staff at higher risk because of frequent travel and culture encourages having frequent sex, while 17% believe females are at higher risk because of their reproductive role, travel, being single, sexual harassment, economic dependence, anatomical vulnerability, and sexual subordination; no (31%) – males and females equally aware and exposed, similar kind of work, married; don't know (31%)
 - Staff on *job level related risk*: no (52%); don't know (1%); yes (47%) – of whom those at higher risk are project officers (62%); support staff (59%); administrative (8%); leadership (8%); workers providing care and support for AIDS patients (8%); fieldworkers (5%) because of frequent travel and occupational hazard.

WPP development and contents

- Status of WPP*
- From IDI: final or draft WPP (12) – implemented WPP (3); final stage of developing draft (4); process of drafting (5); stand alone (9); part of human resources policy (3)
 - No WPP (18). Reason for lack of WPP: new concept – lack of information, not thought about effect of AIDS for workers; no need – address it in other guidelines (HR manual).
- Initiation and motivation*
- Discussion with donors about effect of HIV and AIDS in workplace (13)
 - Initiation: by someone from within the NGO (6) – by leaders (4) or staff (2) after they attended SAN! awareness raising workshops; by donors (5); by Civil Service College (1)
 - Motivations (n=12): recognizing risk of HIV for staff (5); support national HIV and AIDS policy (3).
- Process of WPP development*
- Time used: range 6-36 months
 - Most NGOs who had finished had hired consultant for drafting or writing final document – with help of management and staff (3); FPP (1); committee (1)
 - Of the 3 still drafting, being done by: 2 staff members (1); by committee (1); by consultant (1)
 - Participatory approach with all levels of staff in a workshop (6); involvement of senior management (10); involvement of PLHIV (1).
- Dissemination*
- Not communicated to all staff (7) – to project managers only (1); through workshops and meetings (5).
- Resource documents*
- Used by 8 NGOs: national HIV and AIDS policy (4); ILO materials (4); Ethiopian labour law (3); ACORD international document (1); national workplace policy of Ethiopia (1); SAN! workshop materials (1); documents of Cordaid (1)
 - Do not know / no documents (4).
- Issues of contention*
- In 6 NGOs: total confidentiality (2); disclosing one's status under certain circumstances (1); employment of HIV+ people (2); paid leave (1); cost of medication for HIV positive employees (2); promotion of condom use (1).

- Basic elements in policy*
- In 11 NGOs: focus on protection of rights of PLHIV, and prevention through information, education, and training
 - Contents in 9 NGOs: sensitization and awareness raising; anti-discrimination; prevention, including condom promotion; counselling; care and support (2 NGOs); treatment; confidentiality; attention to gender (2 NGOs); VCT
 - Content in 1 NGO: only sensitization and awareness, and anti-discrimination.
- Activity plan and budget*
- Only 1 NGO has action plan and has submitted budget to donors
 - Reason for lack of action plan: having HIV mainstreaming as a policy with action plan (1); included in yearly financial work plan (2); lack of budget to develop one (2); draft not finalized (3); wait for approval of draft by board (2).
- Staff knowledge on WPP*
- Know what a WPP is (47%) – how they came to know: training/meeting (67%); reading of document (11%); word of mouth (9%); discussion (4%); involved in development (3%); line of duty (3%); from previous organisations (3%)
 - Know of their organisation's (draft) WPP (25%) – because they were involved in development (39%); trained in it (21%); given a copy (21%); through official dissemination to staff (14%); word of mouth (7%)
 - Know their NGO has *no* WPP (33%); do not know whether they have or not (42%). Of these two groups: 9% know their organisation is developing a WPP; 30% know the organisation is *not* developing one; 60% do not know.
- Staff perceptions on WPP*
- 94% of staff without a WPP would like to have one; 2% do not want; 4% don't care
 - See benefits of WPP (97%) – facilitates care and support (42%); helps prevention of HIV (20%); protects rights of HIV+ staff (17%); raises awareness of HIV (13%); helps fight discrimination (9%); makes staff secure and so more productive (9%); raises awareness of VCT (7%); guides HIV activities (3%); raises awareness of ART (2%); reduces impact of AIDS (1%)
 - See no benefits in WPP (3%) – because it would encourage claims on false grounds
 - Don't know of benefits of WPP (9%)
 - Envisioned beneficiaries for WPP: all staff on payroll (55%); all staff and some family members (27%); staff and volunteer workers (7%); don't know (11%).

WPP implementation

- HIV focal point person (FPP)*
- FPP in 8 NGOs
 - Time on the job: more than 4 years (3); for 3 years (3); for 2 years (1); for half a year after SAN! workshop (1); full time (3) – one also for gender
 - Background: FPPs are health workers in 5 NGOs
 - Received training: in HIV mainstreaming (2); in WPP (1)
 - Main activities: awareness raising of staff (and community)
 - Reasons for not having an FPP: do not require full time staff; lack of resources to cover salary; level of problem does not warrant such staff
 - *Staff aware of FPP*: no (46%); don't know (18%); yes (36%) – 90% of whom know jobs of FPP..
- HIV and AIDS related activities according to IDI*
- 19 NGOs have HIV related activities – 7 of them have no (draft) WPP
 - Sensitization workshops and training (16) – topics: basic facts, transmission, prevention, stigma, VCT; no attention to WPP and employee rights
 - Informal routine discussions among staff (3)
 - Condoms for staff (5) – but not consistently available
 - VCT promotion (5)
 - Care and support for HIV+ staff (4) – mainly by sick leave and financial support
 - Anti-discrimination and stigmatization measures (10).
- HIV and AIDS related activities according to staff*
- Sensitization: no (47%); don't know (6%); yes (47%) – 65% of whom participated
 - Training: no (47%); don't know (9%); yes (43%) – 82% of whom participated
 - Training topics: transmission and prevention (47%); basic facts (45%); VCT (17%); WPP (16%); mainstreaming (10%); care and support (7%); stigma and discrimination (6%); ART (6%); gender and AIDS (6%); condom use (4%); rights of PLHIV (4%)
 - Condoms in the workplace (9%, n=16) – 13/16 say staff use the condoms; 6/16 have taken the condoms
 - VCT promotion in organisation: no (72%); don't know (10%); yes (18%) – of whom 38% participated
 - HIV day celebrated: no (57%); don't know (12%); yes (31%) – 78% of whom participated
 - Availability of first aid kit: yes (21%); no (63%); don't know (16%).

- Challenges reported by NGOs*
 - 27 NGOs perceived challenges in development and/or implementation of WPP – lack of financial resources (17); lack of knowledge on how to develop it (17); lack of technical support (13); lack of activity plan and budget (9); lack of openness to discuss HIV among staff (4); staff unwilling to go for VCT (1); poor management support of FPP (1).
- Opportunities reported by NGOs*
 - Leadership and donor commitment (26); government policy (22); availability of free ART (18); budget (9); available time (7); free and cheap VCT (2); presence of full time FPP (1); presence of own health department (1).
- Plans reported by NGOs*
 - All intend to (further) develop and implement WPP: start preparing for developing a WPP; develop WPP proposal; discuss with the donor; mobilise resources; make action plan and budget; appoint an FPP
 - They also plan activities: awareness raising; VCT promotion; link with SAN! Ethiopia.
- Wishes expressed by staff*
 - On training topics: ART (52%); PMTCT (45%); fighting stigma and discrimination (45%); how HIV and AIDS affect the body (34%); how to talk to HIV+ people (33%); modes of transmission (25%); prevention (24%); testing for HIV (21%)
 - Preferred support for HIV+ staff: adjust job to be less strenuous (70%); frequent counselling (64%); pay for treatment of opportunistic infections (60%); pay for sick leave (60%); pay for ART (41%); link them with networks of PLHIV (40%); extra food (24%); no support needed (4%).

Conclusion: Good practises, challenges, and recommendations

- Promising practices*
 - NGOs providing care and support for HIV positive staff
 - Developing a WPP by participatory approach, and involving leadership
 - Conduct an internal needs assessment survey in the NGO
 - Use of resource documents, including national documents for WPP development and implementation
 - Start discussions about HIV and AIDS among staff – this reduces stigma
 - Start HIV and AIDS related activities that do not cost money
 - Promote VCT and pay for VCT by staff
 - Appoint an FPP who has dedicated time.
- Challenges*
 - Not all NGOs are convinced of the need for a WPP
 - Not enough capacity for developing and implementing WPP in NGOs
 - Fear of NGOs for sustainable funding
 - HIV related stigma prevents disclosure – and thus also NGOs' ability to plan for care and support, and for staff accessing benefits
 - Lack of structure in NGOs (committee, FPP) to coordinate and implement WPP.
- Recommendations to partner organisations*
 - Orient every level of staff on policy
 - Appoint an FPP with dedicated time and let the person receive training in WPP
 - Organise infrastructure to develop and coordinate WPP activities
 - Conduct situation analysis
 - Use available documents, including SAN! guidelines and tools
 - Identify health and HIV and AIDS services in the surroundings, including for information
 - Open up the dialogue on managing HIV and AIDS in the workplace with the respective SAN! donor and other donors.
- Recommendations to SAN! Ethiopia*
 - Provide technical support, documents, and advisory service
 - Create more awareness of SAN! documents and tools – 'Good donorship in a time of AIDS', and the budgeting tool 'What's it likely to cost'
 - Build capacity of NGOs through continuous training
 - Provide a knowledge and experience sharing forum – including best practices
 - Facilitate networking between NGOs, donors, and PLHIV organisations or networks
 - Support NGOs in integrating their activities and budgets into their programmes and project cycles with their donors.
- Recommendations to donors*
 - Open the dialogue on managing HIV in the workplace
 - Give long term financial support
 - Screen budgets in timely way and release funds accordingly.