

Addressing HIV and AIDS in the workplace

Scaling up the response

Workshop Utrecht
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STOP AIDS NOW!
is a partnership
between Aids Fonds,
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and Oxfam Novib

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1 Introduction

HIV and AIDS is a problem for organisations, as it affects people in their most productive years. Amongst others absenteeism, sickness and death of employees result in a decline in productivity and higher costs of non governmental organisations (NGOs). Therefore, NGOs are less able to carry out their core activities.

The effects of HIV and AIDS on workplaces can be addressed, managed and reduced through workplace policies and programs. In 2005, STOP AIDS NOW! started the pilot project 'Managing HIV and AIDS in the workplace', in Uganda, and later in India and Ethiopia. The overall aim was to reduce the spread of HIV and create better management of HIV and AIDS issues in the workplace.

In May 2009, STOP AIDS NOW! organised a three-day workshop with the aim of bringing potential lead organisations of different countries together to lay the basis for a joint funding proposal for the scale up of the project 'Managing HIV and AIDS in the workplace'. This report sets out the main conclusions and agreements of the workshop 'Addressing HIV and AIDS in the workplace – Scaling up the response', which was held in Utrecht on the 13th, 14th and 15th of May 2009. The first day started with making partners enthusiastic about the initiative of scaling up and feeling ownership of the process and proposal. Ideas on up scaling and various responses to addressing HIV and AIDS in the workplace were developed. Furthermore, the guiding principles, roles and objectives of the up scaling program were developed as well as the first ideas for concrete programs. The second day was devoted to formulate what is needed to be the lead organisation in scaling up the response and to assess the capacity needed for the scale up. The third day focused on developing indicators for the formulated objectives and planning the process – consultation, actors, the role of people living with HIV (PLHIV) organisations, needs – of coming to the country proposals and overall process (see appendix 1 for workshop program).



Photo by Lotte Ghielen

A total of about 25 people, including partners that are involved in the various mainstreaming initiatives -for instance from the STOP AIDS NOW! project in Uganda, India and Ethiopia-, program staff of STOP AIDS NOW! partners and STOP AIDS NOW! staff were brought together (see appendix 2 for list of participants). During the workshop, participants took the opportunity to share their knowledge and experiences within several sessions, presentations, exercises and informal networking. Each participant received the workshop materials (i.e. PowerPoint presentations, handouts and daily summaries) and photographs on an USB memory stick.

The workshop was a great success. Participants reported that the workshop had been enriching and educative, made them feel inspired, created synergy and that a clear picture was drawn of the program they want to undertake.

2 Conclusions, agreements, questions and discussions

2.1 Conclusions

2.1.1 Working principles

Participants were extensively experienced in addressing HIV and AIDS in the workplace. Before starting to think about what to do and what to achieve together, lessons learned about 'what works in addressing HIV and AIDS in the workplace' were shared (see appendix 3). Based on these lessons, the following working principles have been identified.

- The principles of the ILO code of conduct and national frameworks are followed, and partners are stimulated to put them into practice.
- The potential lead organisations reflect on themselves and do not ask of others what they cannot do themselves.
- Individuals and organisations are supported and respected to make decisions on relevant issues like whether to disclose one's status or keep it confidential.
- The program work is informed by evidence and contributes to it.
- In addressing HIV and AIDS in the workplace, a long-term response is carried out.
- Individuals are approached within their contexts (workplace, families, communities and other support structures).
- The responses are context-specific.
- In the program, PLHIV are involved. On the one hand, there will be learned from PLHIV, on the other hand the capacity of PLHIV will also be build.
- The potential lead organisations believe in ensuring management / board commitment in order to make the responses sustainable.
- The focus will be on a participatory process, in order to create sustainability.
- Existing capacities are valued and built upon.

2.1.2 Impact level – Goals

Starting from the defined lessons learned, three impact levels or goals were defined. These goals, as well as the objectives, output and strategies discussed in the three following sections, will be worked out in the logical framework after the workshop.

- Vulnerability of and susceptibility to HIV and AIDS of staff in organisations is decreased (less infections, gender sensitivity etc.).
- Organisations are able to perform their core activities despite the HIV and AIDS crisis.
- NGOs in 10 countries (Uganda, India, Ethiopia, South Africa, Zambia, Indonesia, Malawi, Tanzania, Zimbabwe, Kenya) more effectively tackle poverty and MDGs.

2.1.3 Outcome level – Objectives

Several objectives, that are derived from the goals stated above, were defined.

- Open and safe workplaces, in organisations, public sector and corporate sector, where there is:
 - Increased access to services (prevention, treatment, care and support)
 - Reduction of stigma and discrimination
- Enabling environments around these workplaces, formed by a critical mass.

2.1.4 Output – Objectives

Organisations manage/ address and institutionalize HIV and AIDS in the workplace in a sustainable way.

2.1.5 Strategies

Six strategies were defined that will lead to the objectives reported above. Central in these strategies are GIPA (Greater Involvement of People Living with HIV) and MIPA (Meaningful Involvement of People Living with HIV). This is a cross-cutting strategy; it underlies all of the following strategies:

- Capacity building of organisations in managing / addressing HIV and AIDS in the workplace.
- Building a community of capacity builders in both volume and capacity.
- Linking and learning.
- Maximizing learning by collecting evidence. New evidence collection to inform the practice.
- Lobby and advocacy to:
 - Private sector, in order to stimulate them to be more pro-active in addressing HIV and AIDS
 - Governments (local, national), in order to work towards active access to services
 - Donors (government, INGOs, private sector, general public), in order to mobilise resources and get them more pro-active in addressing HIV and AIDS
- Walk the talk: being a role model in managing / addressing HIV and AIDS in the workplace.

2.1.6 Benefits of working together in up-scaling

In up-scaling the process of managing / addressing HIV and AIDS at the workplace, the added value of being in such a program together was discussed. These benefits are the following:

- There will be no or less duplication (no re-invention of the wheel), as there will be built on existing strengths.
- Creating a critical mass of people capable of addressing HIV and AIDS in the workplace.
- Have a strong voice towards:
 - National governments
 - Donors
 - Insurance companies
 - Pharmaceuticals
- Synergy
- Exchange, e.g. learning, tools, research
- Quality control and standards to work with.
- Better position in terms of resource mobilization.
- Working together can be cost-effective.
 - There might be extra costs. These are important to look at in order to decide whether these are acceptable in terms of the extra benefits gained.

2.1.7 Roles and responsibilities of lead organisations

The potential lead organisations that are going to participate in the joint program have certain responsibilities within their country. The following roles and responsibilities were identified as important for lead organisations:

- Writing proposals
- Receiving and managing the grant (financial manager)
- Managing the program at country level
- Representing the program at country level
- Being the link between the participating organisations and the donor
 - Key coordination role and facilitating the process
 - Leading the process on behalf of the participating organisations
- Being responsible for reporting to donors
- Providing technical and logistical support to partner organisations
- M&E
- Strengthening and capacity building
- Lobbying and advocating

- Linking organisations
- Creating understandings by organisations about what needs to be done
- Ensuring accountability to all stakeholders
- Knowing what their expertise / strength is, but also being able to delegate / outsource certain responsibilities
- Documenting experiences

2.1.8 Needed capacities

The defined roles and responsibilities of lead organisations can only be achieved when these organisations have certain capacities. Different capacities have been defined that are necessary to perform the role of the lead organisation:

- Already having experience in addressing HIV and AIDS in the workplace
- Having an internal learning culture (e.g. willingness to reflect, participation in learning circles)
- Credibility
- Commitment to the cause □ being a role model / 'walk the talk'
- Security and stability
 - Financial
 - Legal entity
 - Established / reputable / recognized organisation
- Internal capacity (e.g. in terms of training facilities, skills in monitoring and reporting)
- Having good and established networks in the country, in order to be able to provide linkage to others

2.2 Agreements

2.2.1 Proposed structure of the joint up scaling program

The several entities in the HIV and AIDS workplace policy (WPP) up scaling program will have different roles. Appendix 4 provides an overview of the proposed structure, meaning that this model is not definitive yet and also roles and responsibilities of the various entities will need to be worked out further.

Basically, the following suggestions were discussed concerning the structure of the program:

- The Steering Committee decides about the strategic issues, changes of the business plan etc.
- The Advisory Board gives input on knowledge, research, developments in the area of HIV and AIDS etc.
- Oxfam Novib executes daily program management, has the decisive power and provides the connection with the external donors.
- STOP AIDS NOW! facilitates linking and learning, research, lobby and advocacy.

2.2.2 Proposals

For the joint program, a concept note and two proposals are needed. The concept note will be developed by Oxfam Novib and STOP AIDS NOW!, and will cover two pages. Two proposals have to be developed; one overall proposal and one country specific proposal.

The overall proposal, which will cover 10 to 15 pages, includes the following elements:

- Logical framework (see appendix 5)
- Problem tree (see appendix 6)
- General context analysis
- Actors (these are different for each country)
- Activities
- Structure

The country specific proposal is developed by the lead organisations per country, together with the various stake-holders in-country. It will cover 8 to 10 pages and includes the following elements:

- Context analysis for each country or region (HIV situation, actors, problem definition, specifically problem definition within the workplace)
- Organisational description
- Context specific results
- Description of target group / beneficiaries □ coverage of the group. The estimated STOP AIDS NOW! partners of each country are 70 – 100 partners in total. For India and Indonesia, the amount of STOP AIDS NOW! partners will be more.
- Role and participation of various actors and stakeholders at country level, as well as the reason for their participation in the program.
- Organisations' structure and team proposed for implementation
- Means of implementation (e.g. human resources, hardware)
- Time frame for activities (divided into three years)
- Risk analysis → country specific assumptions and risks
- Budget

2.2.3 Time frame

All participants agreed on the following proposed time frame:

- 1st June: Organisations have made the decision whether they are willing to be part of the up scaling and 'wear the necklace' (see section 3.1), keeping in mind the benefits of working together discussed in section 2.1.6. This decision should be send by e-mail.
- 1st June: Framework proposal from Oxfam Novib and STOP AIDS NOW!
- 15th June: Concept Note (and logical framework)
- 22nd June: Workshop report
- 22nd June: Complete portfolio of potential participating organisations
- 30th July: Country / Regional proposal
- 21st September: Final proposal



Photo by Lotte Ghielen

2.3 Questions and discussions

During the three days, questions on several issues came up and certain issues were extensively discussed. At the end of the first and second day of the workshop, participants had questions concerning several aspects of the up scaling and the structure of the cooperation. These are discussed in the following section. Other important issues are mentioned below.

- The importance of external mainstreaming was discussed several times. During the workshop, it was agreed that the focus will be on internal mainstreaming, with the assumption that it will have some effect on the programs. External mainstreaming could be the spin off effect of the internal mainstreaming. Organisations that successfully mainstream HIV and AIDS internally can possibly focus more on external mainstreaming.
- Discussions arose regarding the question whether lead organisations should be organisations that externally mainstream HIV and AIDS and whether workplace knowledge on HIV and AIDS is needed.
- Discussions on structures: A steering committee represented by both leading organisations and organisations at connection point (CP) level could work. An option could be to have one rotating seat.
- Discussions on funding donors:
 - There are no donors yet for the up scaling of the program. Organisations could already think about possible donors, and could also approach these donors by themselves.
 - When sending in funding proposals to donor agencies in Scotland, the emphasis should be on linking and learning, since this is regarded as very important by Scottish donors.
 - In the proposal, the up scaling has to be called a project.
 - The risks of action that is going to be taken need to be carefully described, as this is important for donors – risk analysis
 - To increase the success rate of core proposals, it is needed to assess the donor. Oxfam Novib generally maps the donors on themes (e.g. HIV and AIDS, humanitarian help, environment) in order to facilitate the process of identifying potential donors.
- Discussions on the organisation of the workshop:
 - The objectives of the workshop could be stated more clearly at the beginning of the workshop.
 - The participants should be the same every day, in order to start effectively each day.
 - Venue: better direction, bigger building, access to telephone and internet.

3 Workshop sessions in brief

This section provides a brief overview of each workshop session. The most important outcomes are discussed in the previous section.

3.1 Day 1

Welcome and introduction

Yvette Fleming and Lotte Ghielen – STOP AIDS NOW!

Yvette officially welcomed the participants and outlined the objectives of the workshop. By using a metaphor of beads on each chair (existing initiatives) and making a necklace (STOP AIDS NOW! having the string and clasp to illustrate initiator and facilitator), she introduced the joint action in the scaling up. Five slides were presented to outline the role of STOP AIDS NOW! in the scaling up and to outline the objectives of the workshop. Participants got to know each other by introducing someone else and telling about something they value about this person.

Harvesting lessons learned

Maaïke Smit – Kessels & Smit

Facilitation of the first day of the workshop was done by Maaïke Smit. She started with an exercise to identify what works in addressing/managing HIV and AIDS in the workplace. In groups of about four participants, personal stories of learning on responses to HIV and AIDS in the workplace were shared. The essence of the shared lessons of each group that resulted in working principles (see section 2.1.1), were written down and displayed throughout the room. These were the cornerstones of the program that were taken with the participants for three days.

Certain lessons were discussed plenary. For instance, it was argued that in up scaling sustainability is very important. An example of Malawi, where people's demands regarding treatment could not be carefully managed by the government, showed that sustainability can be a challenge. In line with this, participants agreed on the need of continuing technical assistance to the partner organisations in the WPP program. Also, the role of the WPP was discussed. It was argued that the WPP could be the wedge to address institutional policy limitations. Finally, the effects of the WPP were discussed. The WPP is not limited to the workplace but has an effect on the family of staff members and is helpful in raising voices. This was supported by an example of Uganda, where it was indicated by some women that due to the WPP program they had discussions with their partners on sexual issues for the first time.

What dreams and ambitions are in the room?

Personal ambitions on HIV and AIDS in the workplace, based on questions concerning personal dreams, achieved results, 'next level' ambitions and what is really needed now, were shared and linked to each other. Main issues that came up were written down on post-its, placed on a wall and clustered.

Principles in working together

The focus is on individuals in the workplace, however, it is understood that these individuals are linked to their family and the wider community. Important elements that are stressed in the program are awareness raising, testing, insurance (for whom needs further discussion) and ART. During this session, participants raised questions concerning the necessity of a partnership and the necessity and usefulness in the up scaling of the program. Therefore, in return, participants were asked to think about the questions underneath that were derived from the questions asked before the start of the second day of the workshop.

- What is the added value of working on the formulated dreams together?

- How do we build the trust?
- When do you 'step' in?
- What does each of us have to contribute? / What are our strengths?
- When do we need 'yes' or 'no'?
- What is our 'theory' on up scaling?
- What would make it attractive?



Photo by Lotte Ghielen

3.2 Day 2

Reflection session

Yvette Fleming – STOP AIDS NOW!

The second day of the workshop started with a reflection session in which participants were asked about their feelings of the achievements of the previous day. Participants' feelings varied between being energized, having a clear picture what to reach with the workshop and feeling excited and inspired, to feelings about the necessity of redefining certain issues, more clarity and more emphasis on certain issues, for instance on gender or behavioural change.

Furthermore, ideas about the added value of joint action were shared. These are discussed in section 2.1.6.

Lead organisation – What does this mean? What is needed?

Dennis Nduhuru – Director ACORD Uganda

“Forget hosting, it is leading”

After an exercise, in which small groups of participants discussed what qualities lead organisations should have, Dennis shared the experience of ACORD as a lead organisation in Uganda. Enabling factors for ACORD to play the lead role were discussed. These enabling factors included, amongst others, the organisation's focus on internal and external mainstreaming of HIV and AIDS, its well established systems and structures, strong partnerships and links with capacity building organisations and the support from STOP AIDS NOW!. Also, several challenges ACORD faced in taking the lead were shared. One of these challenges had to do with the ACORD staff that was too few in number to lead all 76 organisations in Uganda. Therefore, a team of capacity builders in other organisations was formed. Another challenge was that most partners came in when the project just started.

Based on the challenges that occurred in partner organisations, advice was given. As focal persons in several organisations left during the project, which created a gap, Dennis argued that it would be best that two or three people in each organisation are involved to ensure the continuity of the program. Furthermore, he argued that it should not be assumed that organisations make the tools their own, as there are problems of financials.

Furthermore, the difference between the project and the up scaling is important to take into account. In the up scaling, there will be no project point of view anymore. The lead organisation will be the program and not just the host. The role of STOP AIDS NOW! will diminish, although it will still be involved in research, linking and learning with other partners around.

How to assess your strengths and challenges as a possible lead organisation?

Nyantito Machota (Organisation Development (OD) specialist EASUN Tanzania)

In this session, Nyantito shared tools (in East African perspective, in an OD way) to assess a possible lead organisation's strengths and challenges. Assessment in OD is not just seen as data gathering on capacity needs but it is also an intervention that prepares organisations to change management. Three assessment tools were shared. The first one is levels of complexity, in which eight organisational levels are distinguished that in OD context make an organisation and can be self diagnosed. The second tool discussed is the action learning model, which works from peoples existing experience. Four steps are important, that Nyantito linked to the workshop. The first step is action/experience, which was started with at day 1 of the workshop. Reflection and new learning, step 2 and 3, were activities for day 2. Step 4, planning/action, was about to happen at day 3. The last tool Nyantito explained is the helping conversation model, which goes from picture building to deepening and finally actions or next steps. These tools are interdependent and normally not used alone but supported by each other.

Participants were given an exercise, in which they were asked to make a self diagnosis of capacities of the own organisation by using levels of complexity and the action learning model. Questions that can be asked when self assessing are: If we want to scale up, do we have the physical resources? Are the systems available within the organisation – do they support the scaling up? One important issue came out of this exercise: participants felt that this self-assessment tool is different for organisations that do and do not have HIV and AIDS as their core business. As the latter organisations might not know exactly what mainstreaming is about, it is hard to say that your organisation does have the capacities in this workshop, as it will be different when being back in the organisation. It was further argued that it is hard to do this exercise as an individual and that it should be done by the organisation.

Overall and country proposals –What is expected?– Process, framework, budget, deadlines

Lincie Kusters and Daniella Russo (Oxfam Novib)

“If you don't know what's the problem, you don't know the goals”

This session focused on funding that is demanded and required in a situation of joint action. Daniella, an expert on external funding of Oxfam Novib, discussed the 'marketing' of internal mainstreaming, or up scaling activities that can lead to more funds. Three different ways to get funds, on national level, regional level (e.g. eastern Africa, southern India) and global level, were discussed. Furthermore, information was provided about what is needed to write a common proposal. A logical framework has to be made to attract donors. This has to be about one page, and includes the overall objective, specific objectives, actions, risks of these actions and an impressions of the organisations and of the program. According to Daniella, the first thing donors look at is the risks of the actions that are going to be taken, therefore, these will have to be carefully described.

An exercise was given in which expected problems, both common and specific for a country, had to be formulated on post-its. These problems had to be divided by nature, in order to see what is causing what. The idea of this exercise was that participants saw where to start with writing a proposal. Daniella explained that it is only possible to formulate the goals if the problems are known. These problems are different in nature; each problem relates to one another and some are problems in themselves. During the exercise, a problem tree was developed, but not completed, mostly due to a lack of time. The goal is defined by the problem, in the end the problem has to be converted into a solution. This strategy of starting with the problems, seeing the relationship between the problems, has to be present in all proposals.

The idea of the workshop is to make a joint proposal. A problem tree is a system to write a proposal. It is up to the participants whether it is done on country level or all together. It is important to define region based problems, therefore in the proposal there should be room to adjust problems. Overall thinking should be a bit similar in order to make a joint proposal.

Donors and structure. Working strategically, practical and ... wisely

Gemma Willemsen (interim manager special problems, Oxfam Novib)

In this session, Gemma started with elaborating on donors and their relationships with the organisations they fund. In the up scaling of the HIV and AIDS WPP program, a new 'common ground' or 'set of rules' is created, which: is partly prescribed; needs a certain freedom at local level; is partly negotiable; and will partly change in the future. In the overall program structure Gemma discussed, five entities were identified. Firstly, the wise entity is responsible for making strategic decisions and works on a distance e.g. does not have direct financial interest. Secondly, the practical entity executes daily program management. Thirdly, the smart entity is knowledge based. Gemma raised the question whether this entity is necessary here, as everybody has relevant knowledge. Fourthly, connection points per country / region / group have up to date knowledge of the execution of the program. Finally, the executive entities that are part of the program have to be established. All these entities have to be pulled together and relationships between all unities have to be established. The question 'what do you expect from one another?' is important here.

Questions

At the end of the second day, it turned out that several aspects of the up scaling and the cooperation remained unclear. Therefore, participants were requested to write down the questions they had to be discussed during the last day of the workshop.

- Structure
 - What is the role of
 - STOP AIDS NOW! partners
 - STOP AIDS NOW!
 - Management structure on national/international level?
 - Are we looking at collaboration/MoU?
 - How will the WPP program complement/link with the existing programs?
 - What are potential risks of working together?

- Practical
 - Subsequent steps
 - time frame (when is proposal supposed to be finalised)
 - number of partners
 - what is the scale of the scale up
 - How will this joint proposal writing happen
- Funding
 - Have we already identified some potential donors for the program?
 - Do we have a plan B?
 - If 10 country funding is not successful, each lead organisation could use the proposal for local funding
 - Who is going to assess the donors to check if there is a good chance of funding?
- General
 - What is in it for us?
 - What type of WPP will be prescribed? Or not at all prescribed?
 - How do we maximise learning?

3.3 Day 3

Introduction

Yvette Fleming (STOP AIDS NOW!)

The planning of the day was changed to ensure that the questions raised by the participants the day before were answered. In an exercise, based on Gemma's theoretical structure presented the day before, participants were asked to write down their organisation and place them in the theoretical framework for a possible structure. Also roles and responsibilities of the different entities came into discussion. More discussion is needed on roles, responsibilities and decision-making powers. Especially the smart and wise entity need to be redefined (see appendix 4).

Problem tree and logical framework

Sue Holden (consultant and writer of 'Good Donorship Guidelines' and 'What's it likely to Cost?')

As at the second day of the workshop the problem tree was not completed, Sue did a session in which she presented a possible problem tree (see appendix 6). This problem tree can be a solution tree when switching things around and provides an overview of what can be done on certain levels to reduce problems on other levels. Of course, this is a simplistic reproduction of reality and therefore not complete. For instance, there are many reasons for why organisations are not being able to perform their core activities. In the problem tree, the focus is on a specific one. An additional problem is that some organisations do not have an HR policy at all. An important question that arose from the participants was where to start in such organisations.

Sue furthermore presented the logical framework approach, which is the essence of the program and supported by the problem tree (see appendix 5). Through an exercise, in which three groups of participants discussed the goals, specific objectives, expected results and activities, the first column of the logical framework was filled in.

Joint M&E framework internal mainstreaming

Caroline Aantjes (ETC Crystal)

Caroline started the session by explaining M&E, the link between the logical framework analysis and M&E and the use of indicators. As stated in the handout, "A Monitoring and Evaluation System comprises all activities that contribute to increased knowledge of inputs, processes, outputs, outcomes, and impacts of project or program activities". An M&E system

provides information which can be used to develop a policy and to assess the effects of a program or project (see handout). In the up scaling, the same M&E framework will be used with some country specific additions. This session was intended to identify indicators that reflect the measurements of the interventions included in the logical framework discussed earlier. Indicators compare between an actual situation (numerator) and a standard (denominator).

As an exercise, groups of participants were asked to identify indicators for certain overall and specific objectives and results in the logical framework. Of importance was that these indicators had to be kept small and that organisation, staff members and family have to be seen as separate entities. It appeared that some issues are hardly measurable, for instance access to services, staff going for VCT (as confidentiality should be taken into consideration) and productivity. However, this could be a possibility to assess the result of what is done, as not only a WPP influences these issues. These indicators therefore need more discussion. Also indicators for stigma and discrimination are hard to develop, however, the stigma reporting card developed by GNP+ was brought into attention. Another discussion point was whether the core work or the bigger picture should be measured. This came up when it was argued that, for instance, for partners of Cordaid, which are mostly Catholic organisations, condoms will be a problematic issue and might be the reason not to take part in the program.

Tools and guidelines

Sue Holden (Consultant and writer of 'Good Donorship Guidelines' and 'What's it likely to cost?')

This session was intended to improve the project tools for the up scaling of the program. As reported by participating organisations in Uganda, 83% is aware of the 'Good Donorship Guidelines', while only 41% is aware of the document 'What's it likely to cost?'. Feedback from the Local Project Group (LPG) in Uganda included that the documents are not understood by everyone, that they are too long to read, that there is not enough sense of local ownership and that the time to disseminate the documents is too short.

In this session, participants agreed on the necessity of having tools. A recommendation was that the tools could be turned into manuals, in order to make them shorter and to have the possibility to attach a context specific PowerPoint. This has the advantage that the context specific part could be created with staff, in order to create ownership, and that it applies more to the local situation. However, it should be taken into account that PowerPoint cannot always be used, as facilities are not always available. Furthermore, the 4% additional fund commitment made in the 'Good Donorship Guidelines' was discussed. Sue acknowledged that this 4% commitment is somehow unfair, as small organisations with low salaries are somehow discriminated. However, it was necessary to clarify how much money could be funded by the donors. A contribution was made regarding the negotiability of the 4% commitment, dependent on the context.

Becoming concrete: where are we going from here

Yvette Fleming (STOP AIDS NOW!)

In the last session of the workshop, agreements were made to assure the progress of the joint program. The concept note, proposals and proposed time frame were agreed on by all participants without much discussion. Concerning the country specific proposal, it was estimated that each country has about 70 to 100 partners. For India and Indonesia, this amount will be more. It was stressed that India has to be divided into several regions and that the different languages in Indonesia are a difficult factor. Furthermore, it was stated that participants are also free to include organisations in the program that are not partner organisations. Derived from earlier experiences, it was estimated that about 80% of the invited organisations will be enthusiastic about the program, and that not all of these organisations will finally develop a WPP. Regarding the budget, based on experiences in Uganda, India and Ethiopia, it was recommended to employ two full time staff. The expenses are estimated to be around €100.000,- per country annually.



Photo by Lotte Ghielen

Appendix 1 – Workshop program

May 13, Day 1

09.00 – 09.30	Registration and coffee
09.30 – 10.15	Welcome Yvette Fleming and Lotte Ghielen (STOP AIDS NOW!)
10.15 – 13.00	Introduction Harvesting lessons learned What dreams and ambitions do we have? Maaïke Smit (Kessels & Smit)
13.00 – 14.00	Lunch
14.00 – 17.30	Linking the ambitions- are there common dreams? From ambitions to interventions: what ways of up scaling seem fit? Designing the cornerstones of the process Maaïke Smit (Kessels & Smit)

May 14, Day 2

09.15 – 09.30	Coffee and tea
09.30 – 13.00	Lead organisation – What does this mean? What is needed? Dennis Nduhuru (Director ACORD Uganda) How to assess your strengths and challenges as a possible lead organisation? Nyantito Machota (OD Specialist EASUN Tanzania)
13.00 – 14.00	Lunch
14.00 – 16.00	Overall and country proposals – What is expected? – Process, framework, budget, deadlines Lincie Kusters and Gemma Willemsen (Oxfam Novib)
16.00 – 18.00	Consultation with only Southern partners for STOP AIDS NOW! strategic plan (Louise van Deth (Director STOP AIDS NOW!), Jael van der Heijden (Program Manager STOP AIDS NOW!) and Odette Salden (Policy Officer STOP AIDS NOW!)

May 15, Day 3

09.15 – 09.30	Coffee and tea
09.30 – 13.00	Joint M&E framework internal mainstreaming Caroline Aantjes (ETC Crystal)
13.00 – 14.00	Lunch
14.00 – 15.30	Tools and guidelines Sue Holden (Consultant and writer of 'Good Donorship Guidelines' and 'What's it likely to Cost?')
15.30 – 17.00	Plan of action & evaluation Yvette Fleming and Lotte Ghielen (STOP AIDS NOW!)

Appendix 2 – Participants

Country	Full name (as in passport)	Organisation	Wednesday	Thursday	Friday	Email address
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Invitees						
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SAN!						
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Appendix 3 – Lessons learned

During the first day of the workshop, various lessons learned were identified. In this document, a division is made between the following levels: project level for local organisations, outcome/impact level for local organisations, outcome/income level for individuals, project level for local organisations which support others in developing and implementing WPPs and, project level for donors.

A. Project level: local organisations

Policy development

Commitment / Participation

1. HIV focal person is important. Rotating focal committee is ideal. Pro-activeness in dealing with staff is important. Staff commitment through own contributions. Institutionalising the policy in job descriptions use of organisational time for sessions.
2. Tailored trainings to different staff (e.g. managers, implementing staff).
3. Participatory processes are critical.
4. Leadership and commitment from management to the processes.
5. Developing WPPs that are owned involves long term process and commitment by management and implementing staff.
6. Developing and implementing of WPPs continues even when specific funding is no longer available (demonstrates ownerships and commitment).
7. Ownership and participation from the very beginning

HIV specific organisations

1. Even in HIV specific organisations, we should not assume policies and processes exist.
2. Assumption about knowledge of HIV, particularly in HIV specific organisations and programs.

Partnership

1. Importance of partnership with networks and organisations of PLWHA for the lived experience.

Implementation / activities

Confidentiality

1. Having a policy alone is not enough. Need to look at support systems, cultures and a balance between confidentiality and a safe environment for disclosure.
2. Challenge of confidentiality versus benefits.

Stigma / discrimination

1. Stigma needs to be understood and addressed if WPPs are to be effective.

VCT

1. Peer pressure for testing can really work. Starting with the self.
2. Integrating HIV in workplace wellness policy (to reduce stigma □ increase VCT □ increase access to ART)

Other

1. Need for more shared learning between WPP initiatives – hampered by organisational and personal capacity (time, resources) limitations.
2. WPP as entry point to raising voices of citizens □ WPP does not stay in the workplace. Different effects: spill over to family and raising voices, as people can ask for services they do not own.

A) Outcome / impact level for local organisations

1. Evidence based information is important for convincing key people (board) on the need for WPP.
2. HIV and AIDS WPP as the wedge to address institutional policy limitations.

B) Outcome / impact level for individuals

1. Enabling and supportive environment in the workplace gives individuals confidence and security in their jobs.

C) Project level for local organisations which support others in developing and implementing WPPs

1. Manage expectations and sustain benefits Not only about up scaling but also about sustaining.
2. Importance of ongoing technical assistance. Follow up!

D) Project level for donors.

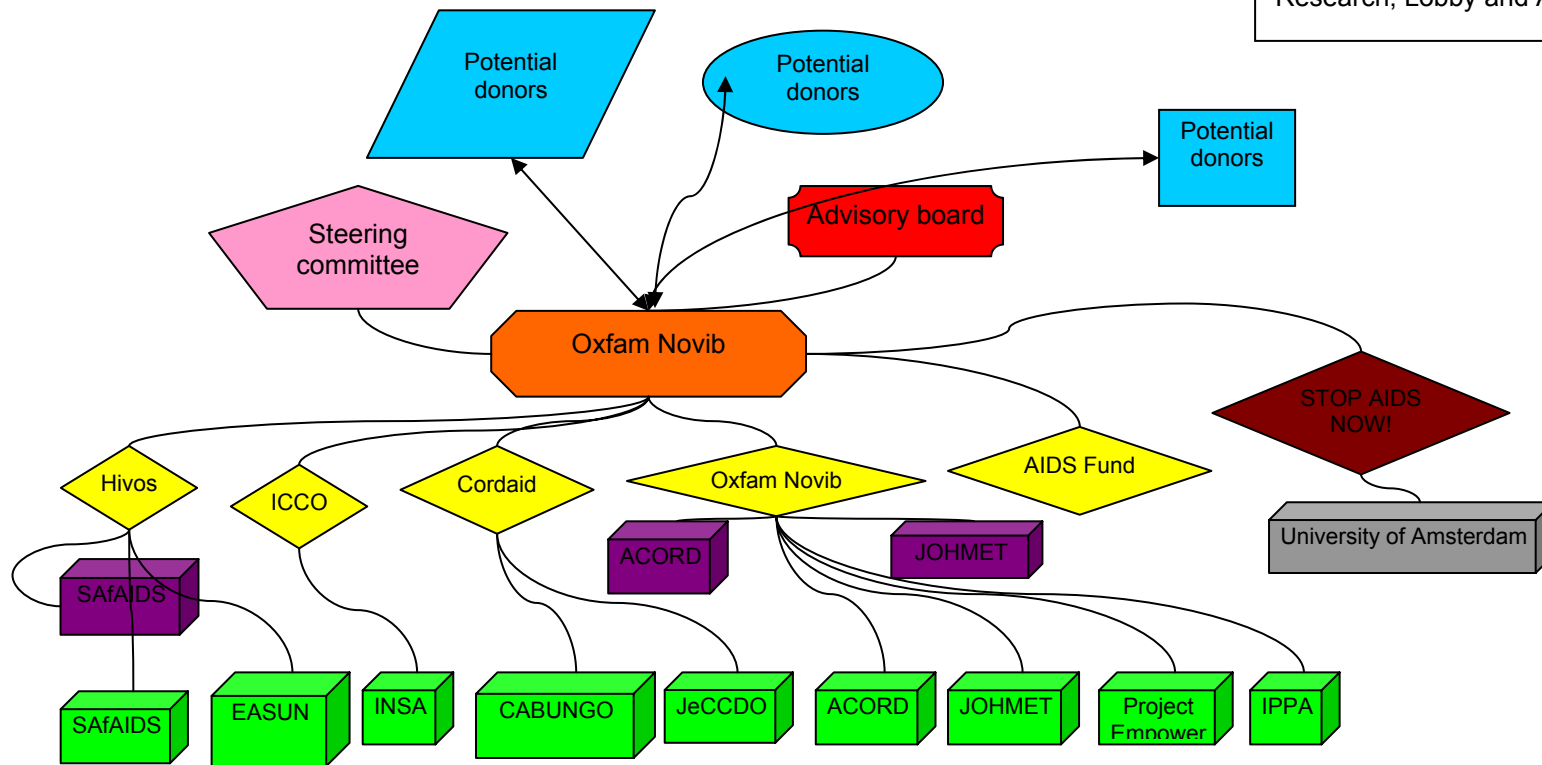
1. Structural support (i.e. funding for core costs) for organisations is critical to maintain momentum for implementing WPPs.
2. "Good donorship" – clear, roles and shared responsibility between the donor and the partner. Leads to better commitment and results.
3. As donors you can build capacity but do not require a standard policy outcome.



Photo by Lotte Ghielen

Appendix 4 – Proposed structure

Blue : potential donors
 Steering CommitteeL decides about the strategic issues, changes of the businessplan etc
Advisory Board: gives input on knowledge, research, developments in the area of HIV etc
Orange: executes daily program management, decisive power, connection with external donors
Yellow : connecting partners
Purple : possible lead organisations on regional level
Green : possible lead organisations on country level
STOP AIDS NOW!: facilitates Linking and Learning, Research, Lobby and Avocacy



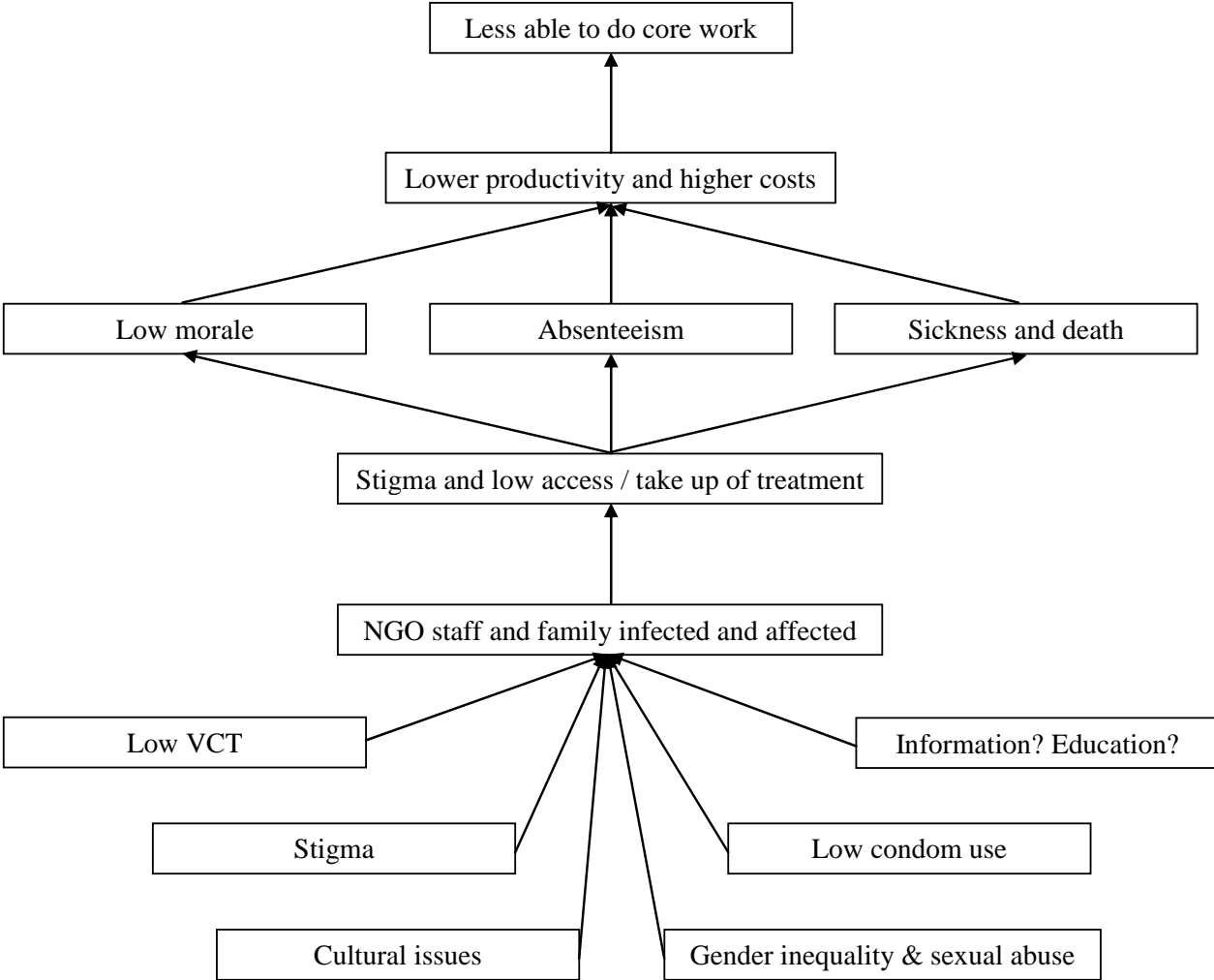
Appendix 5 – Draft Logical framework

	Intervention logic	Indicators	Means of Verification	Assumptions
Overall Objective (Goal → impact)	That (700) CSOs in 10 countries more effectively tackle poverty and MDGs (to do their core work)	<ul style="list-style-type: none"> - Reduced new infections/incidence and illness amongst? - Maintained productivity within core business despite HIV and AIDS - Increased competence to deliver core programmes 		Healthier and less stigmatising staff work more effectively and are better able to do their core work, often leading to more and better AIDS work with communities and adapting and improving core work through external mainstreaming.
Specific Objective (Project purpose → outcome)	The impacts of HIV and AIDS on (700) CSOs + (50,000) staff and dependents are mitigated and their susceptibility to HIV infection is reduced.	<ul style="list-style-type: none"> - Increased uptake of HIV preventive measures by staff and partners - Reduced reported negative impact (infected and affected) of HIV on staff and organisation - = Reduced cost of organisations (reduced absenteeism, mortality, sickness) - Increased productivity - Reduction of reported STIs among? - Increased uptake of condoms at the workplace - Increased openness on HIV related issues in the workplace - Increased openness on status - Increased uptake of VCT - Number of organisations that have used a participatory process to develop an HIV workplace policy 		

Intervention logic	Indicators	Means of Verification	Assumptions
<p>Expected Results (Outputs)</p>	<p>1. That stigma is reduced in 700 CSOs and replaced by openness and support</p> <p>2. That there is increased access to and uptake of preventive measures, treatment, care and support among (50,000) staff and dependents</p> <p>3. That CSOs (700) are managing/addressing HIV in the workplace more effectively in a sustained way</p>	<p>1. - A % of respondents in each organisation reports that they think that a person with HIV is not being mistreated - % of organisations that have a mechanism in place to address events of stigma and discrimination in the workplace</p> <p>2. - % of respondents in each organisation reporting that they knew where to get and had used condoms, VCT and ARV treatment - % of organisations that have organised access to services in their policies</p> <p>Stigma reporting card GNP+</p> <p>3. - number of staff and organisations that are reached with capacity building activities - number of organisations that have developed and implemented HIV policy or HR policy that gives attention to HIV - increased resources for HIV in the workplace - number of organisations/governments (national and local)/trade unions/donors that have undergone policy changes as a result of this programme</p>	<p>That CSOs institutionalise their internal response to HIV and AIDS rather than treat it as a one-off project.</p> <p>High turnover can undermine changing organisation culture and increases the need for on-going and repeat sessions.</p>

Intervention logic	Indicators	Means of Verification	Assumptions
<p>Activities</p>	<ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> a) BCC (IEC, trainings, awareness raising, peer education, routine discussions, partnering with PLHIV) b) Developing standards and guidelines/policies/code of conduct 2. <ol style="list-style-type: none"> a) Building the capacities and bringing about positive BC to access services b) Linkages with existing infrastructure (government and free) to access and utilize services c) Building strategic alliances with other service providers 3. <ol style="list-style-type: none"> a) Awareness raising and training on institutional development and on how to develop and implement HR and HIV workplace policy b) Developing and implementing an HIV workplace policy c) Establish innovative coalitions together with PLHIV organisations for advocacy on resource mobilisation, policy change and partnership with service delivery organisations and technical resource persons d) Reflecting, exchanging skills and experiences and documenting and sharing lessons learned – linking and learning 		

Appendix 6 – Problem tree



Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
CP	Connection Point
GIPA	Greater Involvement of People Living with HIV and AIDS
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
INGO	International Non Governmental Organisation
LPG	Local Project Group
M&E	Monitor and Evaluation
MDGs	Millennium Development Goals
MIPA	Meaningful Involvement of People Living with HIV and AIDS
MoU	Memorandum of Understanding
NGO	Non Governmental Organisation
OD	Organisation Development
PLHIV	People Living With HIV
VCT	Voluntary Counselling and Testing
WPP	Workplace Policy