MANAGING HIV/AIDS IN THE WORKPLACE

A BASELINE SURVEY REPORT

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May 2006
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAR</td>
<td>African Air Rescue</td>
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<tr>
<td>ACORD</td>
<td>Agency for Cooperation and Research in Development</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ARVs</td>
<td>Antiretroviral</td>
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<td>ASO</td>
<td>AIDS Service Organizations</td>
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<td>CDRN</td>
<td>Community Development Resource Network</td>
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<td>CEFORD</td>
<td>Community Empowerment for Rural development</td>
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<tr>
<td>CEREDO</td>
<td>Catholic Education Research Development Organization</td>
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<td>COMBRA</td>
<td>Community Based Rehabilitation Alliance</td>
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<td>CoU</td>
<td>Church of Uganda</td>
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<td>CPA</td>
<td>Concerned Parents Association</td>
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<td>CSOs</td>
<td>Civil Society Organizations</td>
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<tr>
<td>EASSI</td>
<td>The East African Sub-regional Support Initiative for the advancement of Women</td>
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<tr>
<td>FHRI</td>
<td>Foundation for Human Rights Initiative</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>GIPA</td>
<td>Greater Involvement of People Living With HIV/AIDS</td>
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<tr>
<td>HASAP</td>
<td>HIV and AIDS Support and Advocacy Program</td>
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<td>HIV</td>
<td>Human Immune – Deficiency Virus</td>
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<tr>
<td>HRM</td>
<td>Human Resource Manager</td>
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<tr>
<td>IAA</td>
<td>International Air Ambulance</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
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<tr>
<td>KADP</td>
<td>Karamoja Agro-pastoral Development Programme</td>
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<td>KALI</td>
<td>Karambi Action for Life Improvement</td>
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<tr>
<td>LABE</td>
<td>Literacy and Adult Basic Education</td>
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<tr>
<td>LOFP</td>
<td>Lango Organic Farming Promotion</td>
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<td>LPG</td>
<td>Local Project Group</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<td>North Rwenzori Rural Agriculture and Conservation Link</td>
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<tr>
<td>OI</td>
<td>Oxfam International</td>
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<tr>
<td>PLWHA</td>
<td>People Living With HIV/AIDS</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission of HIV</td>
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<tr>
<td>SANI</td>
<td>STOP AIDS NOW!</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<td>TPO</td>
<td>Trans-cultural Psychosocial Organization</td>
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<tr>
<td>TTP</td>
<td>Tripartite Training Program</td>
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<tr>
<td>UAC</td>
<td>Uganda AIDS Commission</td>
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<td>UCS</td>
<td>Uganda Catholic Secretariat</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<td>VECO</td>
<td>Vredeseilanden Uganda</td>
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<tr>
<td>FGIs</td>
<td>Focus Group Interviews</td>
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<td>II</td>
<td>In-depth Interview</td>
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Acknowledgements

We are indebted to all persons who contributed in different ways to make this study successful. They are quite a number, and therefore we cannot single out all of them here. However, a few persons deserve mention—Mr. Dennis Nduhura Program Manager of HIV and AIDS Support and Advocacy Program (HASAP), ACORD for his keen involvement in this study right from its inception. Mr. Joseph Kiwanuka who is the regular Research Synthesizer of the Consultant is greatly acknowledged for laboriously processing the massive data. Our Research Assistants; Ms. Zainabu Kyokunzire and Dianah Kyakusimire played a commendable role in collecting the data.

Secondly, we want to thank Yvette Fleming, the SAN! Project Officer, David Maweijje of ILO, Winny Koster the supervisor for the applied research (part of SAN project) and Members of the Local Project Group for the continuous guidance and feedback throughout the study. The positive comments they made during report write-up enabled us to produce the report in its current form.

Finally, we wish to acknowledge with great appreciation all our study participants from support staff to members of top management who sacrificed their time to respond to the questions and issues raised by the research team.
# Table of Contents

List of Acronyms & Abbreviations used ................................................................. i
Acknowledgements.................................................................................................. ii
Executive Summary............................................................................................... v

1.0 INTRODUCTION TO THE STUDY AND METHODOLOGY ............................... 1
  1.1 Introduction ..................................................................................................... 1
  1.2 Background .................................................................................................... 1
  1.3 Purpose and objectives of SAN! Project ......................................................... 1
  1.4 Objectives of the survey ................................................................................ 1
  1.5 The study methodology ............................................................................... 2

2.0 OVERVIEW OF HIV/AIDS IN UGANDA AND WORKPLACE POLICIES ........... 6
  2.1 Introduction ..................................................................................................... 6
  2.2 Prevalence rate of HIV in Uganda ................................................................. 6
  2.3 Impact of HIV/AIDS ...................................................................................... 7
  2.4 HIV/AIDS as a workplace issue .................................................................... 7
  2.5 National HIV/AIDS policy framework .......................................................... 8

3.0 HIV/AIDS KNOWLEDGE, ATTITUDE AND PRACTICES IN WORKPLACE ....... 9
  3.1 Introduction ..................................................................................................... 9
  3.2 Employees’ knowledge of HIV/AIDS ............................................................ 9
  3.3 Attitude towards HIV/AIDS ......................................................................... 11
  3.4 Perceptions of HIV/AIDS vulnerability and practices at workplace ............... 13
  3.5 Spread of HIV Infection at workplace .......................................................... 14
  3.6 HIV/AIDS prevention measures at workplace .............................................. 15
  3.7 HIV/AIDS information, education and communication at workplace .......... 16

4.0 IMPACT OF HIV/AIDS ON PARTNER ORGANIZATIONS ......................... 18
  4.1 Introduction ..................................................................................................... 18
  4.2 Absenteeism due to HIV/AIDS related morbidity and mortality in the organization ................................................................. 18
  4.3 Other factors leading to absenteeism at the workplace ................................... 19
  4.4 Erosion of skills, capacity-building and organizational costs ......................... 20

5.0 HIV/AIDS INTERVENTIONS AND WORKPLACE POLICY ......................... 21
  5.1 Introduction ..................................................................................................... 21
  5.2 Current HIV/AIDS workplace interventions ................................................ 21
  5.3 HIV/AIDS workplace policy ........................................................................ 24
  5.4 Partner organizations without workplace HIV/AIDS policy .......................... 26
  5.5 Critical aspects of an HIV/AIDS workplace policy ....................................... 26
Executive Summary

Introduction and Methodology

This baseline survey on “Managing HIV/AIDS in the Workplace” was commissioned by STOP AIDS NOW! (SAN!) project. SAN! is a partnership between four co-funding agencies; Hivos, ICCO, Cordaid, Oxfam Novib and an AIDS specific organization; the Aids Fund in the Netherlands. The pilot project in Uganda is one element of a STOP AIDS NOW! Project called Managing HIV/AIDS in the Workplace including access to treatment. As such, this survey is part of a larger process of learning through pilot projects in India and Uganda which aim to improve how local NGOs manage HIV/AIDS within their workplace and the development of guidelines that set out what ‘good donorship’ means in a time of AIDS, containing clear principles and commitments to assist their partners in their efforts to develop and implement their own workplace policies to be used with our partners in Uganda and India.

The overall aim of the survey was to assess the current status on Managing HIV/AIDS in the Workplace among SAN! project participating organizations in the pilot Uganda. The other objectives were to identify the opportunities and constraints that may affect the development and implementation of HIV/AIDS workplace policy development and implementation, as well as delineating participating organizations’ expectations from the SAN! pilot project.

The study adopted a predominantly qualitative design that was highly participatory. A total of 52 partner organizations were visited in the three regions of the country. Twenty seven (27) focus group interviews (FGIs) were conducted with employees of the selected organizations and another 52 In-depth Discussions (II) were conducted with members of the senior management in these organizations. Desk review and direct observations were undertaken to complement the data collected through FGDs and IIs. The data were analyzed and reported using a thematic and content approach.

Findings

Overall, knowledge and awareness about the basic facts of HIV/AIDS is high among employees in all partner organizations. When asked to rate their staff, managerial staff in over three quarters (76.9%) of the organizations visited indicated that their staff had high levels of knowledge and awareness about HIV/AIDS issues ranging from modes of transmission, prevention, care and treatment. These people seem to have benefited from the widespread
campaigns in the country against the epidemic targeting the general population. They demonstrate correct knowledge on the modes of transmission, prevention, the incubation period and possible mitigation measures. Most employees are reportedly aware of the existing HIV/AIDS services namely voluntary, counseling and testing (VCT), and treatment both for opportunistic infections and with ARVs. However, few know the intricate issues in the management of the epidemic especially with regard to who qualifies for antiretroviral therapy (ART). Further, in almost all the partner organizations limited reference was made to VCT and prevention of Mother to Child Transmission (PMTCT) as essential services in prevention and management of the epidemic. This is partly due to limited access to information, education, and communication (IEC) messages at the workplace.

Mechanisms for dissemination of HIV/AIDS specific information to workers are almost non-existent in almost all partner organizations. Presence of HIV/AIDS related IEC materials were observed in only 17 organizations. Apparently employees in these organizations are expected to benefit from sensitization initiatives targeting the general population to which they are part. Although some organizations (30 out of 52 visited) reported having HIV/AIDS Focal Persons (FPs), no organization was found to have scheduled a discussion on HIV/AIDS among members of staff as an activity on the work plan. But the above notwithstanding, there is demonstrated ownership of the problem.

Over the years, workers’ attitudes towards HIV/AIDS and infected persons have changed. Cases of isolating and discriminating against people who are either confirmed or suspected to have HIV/AIDS are increasingly becoming rare in work places. The tendency of dismissing people living with HIV/AIDS (PLWHAs) from work as soon as they are identified is reported to have stopped, and instead PLWHAs are supported to live positively. Increasingly, employers are acknowledging that HIV/AIDS is not a disability and that an HIV positive person can be productive. The practice in some of the organizations visited is to support the PLWHA both morally and sometimes financially to access basic treatment. Some organizations, i.e., 21 out of the 52 visited reported having health schemes for members of staff including a few family members; though majority provide basic treatment that does not address access to ARVs treatment.

All organizations visited during the survey recognize that HIV/AIDS threatens productivity and profitability of the organizations as well as the welfare of employees and their
families. They acknowledge that HIV/AIDS workplace policies and programs can play a vital role in raising awareness around HIV/AIDS, preventing infection and caring for PLWHA, although many have not formulated or implemented HIV/AIDS policies due to numerous challenges. The commonly cited constraints to formulation and consequent implementation of HIV/AIDS policies at the workplace include lack of adequate financial resources, lack of technical expertise to steer the formulation and eventual implementation of the policy, fear for stigma and discrimination on the side of members of staff in the event of disclosing HIV status, time and resources to set aside to develop and popularize the policy. Important to note, the culture of seeking routine HIV testing and eventual disclosure of HIV status has not taken root at the workplace. Only three organizations reported having an HIV positive member of staff.

Consequently, absenteeism due to HIV/AIDS related morbidity and mortality is not considered among the top priority challenges for the majority of organizations visited during the survey. Twenty-nine (29) out of the 52 organizations visited reported having cases of employees who sometimes missed work to either nurse their sick relatives or to attend burial. Further, findings show that, prevalence of HIV/AIDS related morbidity is low; 15 out of the 52 organizations reported having experienced cases of HIV/AIDS related morbidity. However, a few cases of loss of productivity and erosion of skills as a result of HIV/AIDS are apparent in some organizations. Cases of either erosion of skills or loss of productivity were reported in less than half (22) of the organizations visited. In organizations where members of staff have disclosed their HIV status, but allowed to continue holding their offices, the organizations have had to incur extra costs of treatment, though not with ARVs.

Four (7.7%) of the organizations visited have a workplace policy and, findings show that awareness about the existence of the policy is high among employees. Slightly over a tenth (10.9%; n=14) of the 52 organizations indicated that they were in the process of developing a workplace policy for HIV/AIDS. The perception of policy comprehensiveness is, however, varied across organizations. In most of the organizations with the policy, members of staff recognize that all salient issues relating to a favorable working environment for PLWHA are clearly articulated in the document.

Many organizations are envisaging a challenge in providing treatment to affected members of staff including access to
ARVs. But since all sectors recognize that HIV/AIDS is a threat to development and productivity, partner organizations have an opportunity to initiate and sustain programs to manage HIV/AIDS at the workplace including access to ARVs. Most of the organizations (33/52) visited recognized HIV/AIDS as a threat to their own survival.

Recommendations

Drawing from the findings and conclusions from this survey, the following recommendations have been made to enable SAN! Project facilitate partner organizations manage or respond to HIV and AIDS at the workplace. Overall, as per the aims of SAN! Project, the need to expedite the process of formulation and implementation of HIV/AIDS workplace policies and programs cannot be overemphasized. The specific recommendations are the following:

Prevention of HIV

- For prevention of HIV in the workplace, information, education and communication (IEC) has to be at the center of any policy, and or interventions. The need is for SAN! to help partner organizations with expertise to design workplace appropriate IEC messages as part of the policy strategy to preventing HIV infection at the workplace.
- There is need for partner organizations to develop and implement policies with clear mechanisms for disseminating HIV/AIDS information at the workplace.
- Partner organizations need to have HIV/AIDS Focal Persons who are equipped with relevant training to handle issues related to HIV/AIDS and to adequately guide the implementation of HIV/AIDS policies and interventions at the workplace.
- Developed HIV/AIDS policies and interventions need to focus on “ABC” methods in equal measure without emphasizing one over the other. Condom supply and accessibility to employees at workplace should be a critical aspect in the interventions to be initiated in workplace.

Mitigation of the impact created by HIV/AIDS

- Initiation of health schemes for members of staff including family members has to be considered as an important policy issue in the workplace. Basic treatment for members of staff and their immediate family members need to be guaranteed by the employer.
- Partner organizations need to put in place measures of accommodating employees living with HIV/AIDS and helping them to access ARVs. The idea of setting up a fund to benefit members of staff in partner organizations affected by HIV/AIDS could help mitigate the impact of the problem at the workplace.
1.0 INTRODUCTION TO THE STUDY AND METHODOLOGY

1.1 Introduction
The survey, which was done for STOPAIDS NOW! Project Managing HIV/AIDS in the Workplace aimed at providing information on the current status of development and implementation on workplace policies of the participating organizations in the pilot project Uganda. This information would enable the project redirect the planned intervention activities and approaches appropriately. This baseline survey was carried out between January and March 2006. This section of the report provides the background to the study and the project, purpose and objectives of the project, the objectives of the baseline survey and the methodology used to address the objectives.

1.2 Background
Managing HIV/AIDS in the Workplace is a central concern for the SAN! donors. This concern is premised on reasons that fall into two categories. You could see these as those of the heart, which are values-based ('it’s our duty to assist our employees with their needs') and those of the head, which are instrumental ('it makes sense for us to help them because doing so leads to other benefits').

This pilot project in Uganda focuses on Managing HIV/AIDS in the Workplace policy development and implementation among the participating organizations. It will address key issues such as treatment, care, support, confidentiality, reduction of stigma and discrimination of employees and gender equality in handling HIV/AIDS issues.

1.3 Purpose and objectives of SAN! Project
The overall aim of the pilot project in Uganda is to reduce the spread and better management of HIV/AIDS issues in the workplaces among participating organizations. The objectives include:

- To build capacity of participating organizations to increase their understanding, ownership and practices in managing of HIV and AIDS at the workplace
- To support participating organizations to develop and implement comprehensive HIV and AIDS workplace policies including stigma and discrimination strategy.
- To develop local structures to enforce the linking, learning and scale-up of managing HIV in the workplaces
- To establish collaboration on country level for purpose of collective access to care, resource mobilization, lobby, and advocacy on key HIV and AIDS workplace policy issues and information sharing
- To develop a monitoring and evaluation tool for managing HIV and AIDS in workplace to measure project processes and impacts.

1.4 Objectives of the survey
The overall purpose of this baseline was to provide information for a better understanding of and management of HIV/AIDS in the workplace. The specific objectives were:

- To assess the current status on managing HIV/AIDS in the workplace among participating organization
- To document partner organizations' expectations how

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5 Good Donorship in Times of AIDS; Guidelines on Support to Partners to Manage HIV/AIDS in the Workplace, March 2006
to guide and assist in the development of appropriate HIV/AIDS policy and strategic at the workplace

- To identify the opportunities and constraints that may affect the development and implementation of an HIV/AIDS workplace policy.

1.5 The study methodology

1.5.1 Overall design
The study largely utilized a qualitative design with organizations purposively selected. Participating organizations under the SAN project had already been earmarked on the basis of having been funded by the Dutch CFAs. The organizations were purposively selected on the basis of willingness to participate, back donor category representation, size, program main focus and location in terms of being rural or urban base.

1.5.2 Selection of study organizations
The baseline targeted 75 participating organizations for the SAN! project in Uganda, although the survey team reached 52; representing 69.3%. The country was divided into 3 zones where participating organizations are located (South-western; North-eastern and Central) See Table 1 below:

Table 1: Distribution of the study organization by region

<table>
<thead>
<tr>
<th>Region</th>
<th>District</th>
<th>Number of organizations covered</th>
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<tbody>
<tr>
<td>South-Western</td>
<td>Kabale, Kasese, Fort Portal, Bundibuyo, Masindi</td>
<td>N=7 (100%)</td>
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<tr>
<td>North-Eastern</td>
<td>Arua, Lira, Soroti, Moroto, Kotido, Mbale</td>
<td>N=16 (n=12; 75%)</td>
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<tr>
<td>Central</td>
<td>Kampala, Wakiso, Mpigi, Jinja</td>
<td>N=58 (n=33; 56.9%)</td>
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<tr>
<td>Total</td>
<td>15</td>
<td>N=81 (n=52; 64.2%)</td>
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The map of Uganda below shows the various locations of the organizations visited.

Appendix 1: Location of SAN! Project Participating Organisations in Uganda

ACORD, ACFODE, ACODE, Africa2000, Akina mama Wa Afrika, Amakula, AMFIU, BUSO, CDRN, CERUDEB, COMBRA, CEEWA, CONCERN, CPA, DENIVA, DETREC, EASSI, Environmental Alert, FAPAD, FEMRITE, FIDA, FHRI, FOCKAS, FOWODE, HOSPICE, IRDI, LABE, NOGAMU, NUDIPU, Raising Voices, TTP, UCCA, UCMB, UCRNN, UCS, UDNI, UFFCA, UJCC, ULA, UMFT, UMFU, UMWA, UMU, UNEX, UWN, VECO, VEDCO, WOUGNET
1.5.3 Data collection
The study predominantly utilized qualitative methods of data collection, where in-depth interviews with directors/heads of organizations, and group-focused interviews with employees were used. Other methods of data collection included literature search and direct observation.

- **In-depth Interviews (IIs):** Focus was put on the overall assessment of the HIV/AIDS policy environment among participating organizations—current interventions for HIV/AIDS awareness/knowledge, perceived and real HIV/AIDS impact on the organization, interventions for treatment, care and support for employees, gaps and constraints in providing for employees with HIV/AIDS related illnesses, opportunities and constraints to development and implementation of effective guidelines for managing HIV/AIDS in the workplace.

- **Focused Group Interviews (FGIs):** These helped in revealing employees’ awareness of HIV/AIDS, impact of HIV/AIDS on employees both at workplace and away from workplace, access to treatment, care and support at workplace, discrimination/stigma issues as well as gender issues.

- **Secondary data:** This provided a picture of existence and or non-existence of workplace interventions and activities. Secondary data were also obtained from participating organizations to provide information on location, focus, staffing levels, and expectations of participating organizations.

- **Direct observation:** This was used by the team to observe whether organizations had HIV/AIDS IEC materials displayed, resource centers with HIV/AIDS related literature, copies of the HIV/AIDS Workplace Policy, presence of condoms and other HIV/AIDS related preventive mechanisms at the workplace, as well as staff composition in terms of gender, age and portfolio.

1.5.4 Data management
Data processing and analysis were conducted using a thematic and content approach. Themes were developed from the purpose and objectives of the study, which guided data processing. Salient quotations from the study participants’ interviews have been utilized in the presentation of the findings.

1.6 Challenges encountered in this study
The data collection exercise took a longer period than planned because of the unexpected interruptions. However, the mentioned interruptions did not affect the quality of data collected. The problems and interruptions met included the following:

- Methodologically, the study was largely qualitative which posed a limitation to generate adequate quantitative data.

- Several unanticipated public holidays due to the presidential, parliamentary and local council elections often led to postponement of appointments with study participants. This at times resulted into partial coverage of some selected organizations or in extreme cases to be omitted in the process of data collection.

- Participating organizations in the Karamoja region were not physically reached by the survey team in their own setting due to the prevailing insecurity at the time of data.

- Some of the heads of organizations were most of the time reported to be too busy to attend to the researchers or were out of office on official engagements. This required the survey team to make “call-backs” or at times to get data from other staff that could not give comprehensive information about their organizations.
• There were complex institutions with unclear structures and complex modes of operation especially the FBOs that could not provide first hand information about the status of their semi-independent affiliated organizations.

• Some organizations had changed their addresses and some contact persons changed jobs. This sometimes made timely communication difficult
2.0 OVERVIEW OF HIV/AIDS IN UGANDA AND WORKPLACE POLICIES

2.1 Introduction

This Section provides an overview of HIV/AIDS in Uganda, and workplace policies that relate to HIV/AIDS in the Ugandan context. Examined in this Section is the current HIV prevalence in Uganda, impact of HIV and AIDS in the workplace as obtained in the secondary sources and finally the national policy framework that guides actors and players in formulating interventions for HIV/AIDS.

2.2 Prevalence rate of HIV in Uganda

in Uganda, HIV/AIDS still remains a serious public health and socio-economic challenge contributing significantly to morbidity and mortality. Preliminary results from the recent National HIV/AIDS Sero-behavioral Survey 2004/05 by the Ministry of Health (MoH) indicate that prevalence rate of HIV infection stands at 7% among adult women and men in Uganda\(^2\). Currently, close to an estimated two million people are infected with HIV, out of which a significant proportion are considered to be in a status of immediate need of Anti-retroviral therapy (ART), but many cannot access the life-prolonging services. The most recent estimates, however, from UNAIDS put the number of adults and children living with HIV/AIDS as 600,000.

Uganda is credited for her fight against HIV/AIDS especially in terms of prevention. Statistics from specific sites show some very impressive declines, such as a drop from 29.4% HIV prevalence in 1992 to 11.25% in 2000 among antenatal clinic attendees in the capital, Kampala. Surveys have shown an increase in the average age for first sex for girls from 15.9 years in 1989 to 16.5 years in 1995. Furthermore, the proportion of people using a condom in their last sexual encounter with a non-regular sexual partner in the last 12 months more than doubled from 33% in 1995 to 50.7% in 1998.

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\(^2\) Uganda HIV/AIDS Sero-behavioral Survey 2004/05

Two decades after the first reported case
2.3 Impact of HIV/AIDS

Within the world of work, HIV/AIDS has had a negative impact on the work force. According to ILO (2004), 37 million people of working age had HIV/AIDS and by the end of 2005, as many as 37 million workers were infected worldwide. In the absence of intensive access to treatment, the number of workers dying of HIV and AIDS related illnesses is expected to increase to 74 million by 2015, which will make the HIV/AIDS epidemic one of the biggest causes of mortality in the world of work. Given these statistics, there is a growing recognition of the impact of the epidemic on national economies of developing countries such as Uganda where majority of people living with HIV/AIDS (PLWHA) are adults in their productive age. In Uganda, over 80% of the reported AIDS cases are among people aged 15 – 45 and a majority of these are adults and parents (Ministry of Health, 1999 -2003). The high prevalence of HIV/AIDS among this productive category of the population has impacted negatively on all forms of organizations. Such impact manifests in multiple ways; staff absenteeism due to illness, attending funerals and caring for sick family members. The employees’ absence results in loss of personnel working hours and leads to low productivity. Again, the staffs whose colleagues are infected by HIV/AIDS get equally affected. The loss of trained and experienced personnel means that workplaces face loss of tacit knowledge. In the event of one or more staff being chronically ill or dying, there are risks of increased personnel costs: medical bills, costs related to personnel replacement and burial expenses, which all put strain on limited organizational resources.

The following extract summarizes the impact of HIV/AIDS for the public sector a couple of years back.

In Uganda, it is estimated that HIV/AIDS related expenses in the public service sector amounted over 3 billion shillings in 1999, out of which 192 million was estimated to have been spent on burial expenses, subsequently affecting the country’s GDP. The epidemic adversely affected the country’s labor force, which had an impact on the economic revenues and the overall performance of public sectors including health and education (www.avert.org/aids in Uganda).

2.4 HIV/AIDS as a workplace issue

In a situation where majority workers are not aware of their rights, the onset of HIV/AIDS can potentially cause employment insecurity and discrimination in the labour force. Some organisations have been alleged to be subjecting prospective employees to a mandatory, but covert HIV screening
test before recruitment, and the infected ones are denied job opportunities. Those who get infected during employment are often discriminated against and their job security greatly becomes threatened because of their HIV sero-status. All these issues therefore create the need to develop policies and interventions to address HIV/AIDS work place related problems.

Some employers force early retirement and retrenchment to staff living with HIV/AIDS. There is evidence that discrimination and stigmatization of those infected deters their access to care and support (ILO Code of Practice, 2004). It is in recognition of this that UNAIDS advocates for the Greater Involvement of People Living with HIV/AIDS (GIPA). GIPA calls for policies and practices that ensure that PLWHAs can influence decisions that affect their lives including employment.

2.5 National HIV/AIDS policy framework

The overall government policy on HIV/AIDS is characterized by openness and political commitment to combating HIV/AIDS. This policy environment enabled formulation of key national policies. In recognition of the fact that HIV/AIDS has causes and consequences far beyond the health sector, Uganda AIDS Commission (UAC) was constituted in 1992 by Statute of Parliament and placed under the Office of the President. By 1993, UAC had prepared a Strategy document called the Multi-sectoral Approach to the Control of AIDS (MACA), and a National Operational Plan by 1994, which provided guidance to implementers and other stakeholders up to 1998. All this effort has resulted into remarkable progress against HIV/AIDS by enhancing coordination of all sectors and players including the civil society.

Since 2000 when the National Strategic Framework (NSF) for HIV/AIDS activities in Uganda was formulated, the landscape in the national response has greatly changed. Roles of different players including NGOs have been pronounced to the extent that NGOs and other civil society actors are one of the constituencies of UAC. Within this coordinated and concerted effort, several issues have emerged characterised by a paradigm shift from predominantly focusing on prevention to paying equal attention to care and treatment. New interventions including ARVs, home-based care, palliative care and psychosocial support have attracted increased support, and increasingly HIV/AIDS in world of work has started attracting attention as clearly illustrated in the Revised NSF 2003-2006 and in the various UAC policy guidelines.
3.0 HIV/AIDS KNOWLEDGE, ATTITUDE AND PRACTICES IN WORKPLACE

3.1 Introduction
Understanding peoples’ knowledge, attitude and practices is vital for developing HIV and AIDS interventions at workplace. Thus, HIV/AIDS prevention strategies and proper treatment have to be guided by peoples’ knowledge, attitude and practices, which is the focus of this section. The findings of the survey on the levels of knowledge of workers in SANI partner organizations are delineated from discussions with employees and managers of the different organizations visited. The section also highlights the attitudes of employees towards HIV/AIDS infected and affected persons, the level of vulnerability to infection, prevention measures at the workplace and the ways HIV/AIDS related information is disseminated in the workplace.

3.2 Employees’ knowledge of HIV/AIDS

3.2.1 Knowledge of the different modes of transmission

The baseline findings reveal that workers in all SANI partner organizations have high levels of knowledge about the basic facts of HIV/AIDS. When asked to rate their staff, managerial staff in over three quarters (76.9%) of the organizations visited indicated that their staff exhibit high levels of knowledge and awareness about HIV/AIDS issues ranging from modes of transmission, prevention, care and treatment. Without prompting, during the survey employees were quick to enumerate the different modes through which HIV/AIDS is transmitted. The commonly cited mode of transmission of HIV by workers was unprotected sexual intercourse with an infected person. Other modes such as sharing unsterilised sharp skin piercing instruments such as razor blades and needles, as well as blood transfusion are considered to increase the risk of infection. However, knowledge of other modes of HIV transmission such as vertical transmission of HIV from a mother to the unborn baby was found to be very low among employees—mother to child transmission (MTCT). Despite this low knowledge on MTCT, some employees indicated awareness that a child born to an HIV positive mother can contract the virus through breastfeeding:

Awareness about HIV/AIDS is between 85-90%...okay there could be some aspects of the epidemic, which our employees do not know but at least they know how HIV is transmitted and the measures to adopt to avoid infection (Executive Director, CEFORD, Arua).

Workers met in this study demonstrated correct knowledge on the different forms in which AIDS manifests itself. The commonly cited symptoms of AIDS include chronic illness mostly fever, excessive diarrhea, skin infections i.e., herpes zoster, emaciation, hair loss and tuberculosis (TB), among others. They asserted that people suffering from such opportunistic infections are in most cases infected with HIV. Findings further revealed that that in all organizations, almost all employees knew the difference between HIV and AIDS.

HIV is the virus that causes AIDS. When someone has just been infected, he/she has HIV but when he/she starts suffering from opportunistic infections such as losing weight,
meningitis, diarrhea and frequent illness then it means he/she has now acquired AIDS. AIDS is that stage when the body has lost the immunity (Male participant, Church of Uganda (CoU) Soroti Diocese).

What is very clear in this study is that workers/employees working in organizations involved in the implementation of HIV/AIDS programmes tended to be more knowledgeable about HIV/AIDS issues compared to those involved in other service organizations. Similarly, within the same organization, variations in level of knowledge exist. Interacting with senior management in the different organizations visited revealed that officers get more opportunities to learn about HIV/AIDS issues compared to other staff especially the support staff i.e. drivers, security guards and cleaners. Yet, this is a category that is potentially at a high risk of HIV infection. The senior staff and officers are consequently less at risk of infection despite the fact that they travel a lot and therefore sleep away from home more often. Some organizations, for instance, Tripartite Training Program provide every new staff in the organization with a Newsletter on HIV/AIDS to boost their knowledge and awareness about the epidemic. But again it is mostly staff that are able to read English without any difficulty that benefit from such opportunities.

3.2.2 Knowledge of the different preventive measures

The baseline findings reveal that majority of employees in SAN! partner organizations possess correct knowledge about the different preventive measures one can adopt to avoid infection with HIV. Commonly staff met in this study cited abstaining from sex, being faithful to one’s sexual partner and using condoms as the measures, which can be adopted to avoid infection. This is a reflection of the “abstinence, being faithful and using a condom” (ABC) prevention approach in management of HIV, which emphasizes abstaining from sex, undertaking an HIV test with a partner if one is ready to have sex and remain faithful to that partner or use condoms if the first two approaches fail. However, when employees in this study were asked what people were doing to avoid infection, using condoms was often mentioned first on the list. Abstinence and remaining faithful to one’s sexual partner were often branded “difficult” to adopt at all times. Increasingly, employees reported that colleagues (but certainly including themselves) were acknowledging condoms as an effective means of protection against HIV. Indeed, people’s attitudes at the work place towards condoms were reported to have been generally changing. Condoms, which had hitherto been conceived as being for immoral people, are now being acknowledged as an important preventive measure against STIs, and HIV/AIDS.

Recently we brought condoms here at our office, we put them in the rest room but nobody was alarmed on seeing packets of condoms in our rest room. People recognize the importance of condoms in prevention of HIV infection (FGI participant, KALI, Kasese).
3.2.3 Knowledge of incubation period for AIDS

Regarding the period it takes for the virus that causes AIDS to mature from HIV to full blown AIDS, findings reveal that a significant proportion of participants in the survey believe that it takes between two and ten years. However, many were quick to assert that the incubation period varies depending on individuals’ immunity system and feeding habits; a reflection of people’s correct knowledge of HIV/AIDS.

The time it takes for symptoms of AIDS to show varies according to persons. It depends mostly on one’s feeding, ability to access medical care whenever an illness attacks and the immune system…people who have the blood group “O” take a longer time to manifest symptoms of AIDS compared to their colleagues in blood group “B” (Male participant, FGI, Health Need, Soroti).

What was generally clear in all the organizations visited, all participants acknowledged that it was not easy to determine using the naked eye who is HIV+ and who is not. They noted that even healthy looking persons can have HIV, and hence concluded that the only effective way to determine the HIV status of someone was through HIV testing.

Overall, knowledge and awareness about the basic facts of HIV/AIDS is quite high. Employees have benefited from the widespread campaigns in the country against the epidemic. A significant proportion are reportedly aware of the existing HIV/AIDS services namely VCT, and treatment for opportunistic infections and AIDS. However, few know the intricate issues in the management of the epidemic especially with regard to who qualifies for ART and who does not. Further, it was noted that during discussions, staff in almost all SANI partner organizations made limited reference to VCT and PMTCT as essential services in prevention and management of HIV/AIDS. These and many other areas could constitute salient aspects of HIV/AIDS interventions in the workplace.

3.3 Attitude towards HIV/AIDS

3.3.1 How PLWHA are treated at the workplace

Over the years, people’s attitudes towards HIV/AIDS and affected persons have changed. HIV positive persons who were hitherto dismissed from work as soon as they were identified are increasingly being treated with respect and supported to live positively. Increasingly, employers are acknowledging that HIV/AIDS is not a disability and that an HIV positive person can be productive. Interacting with senior management in most of the organizations visited revealed that although many did not have cases of employees who had come out openly to declare their HIV status, they expressed compassion for PLWHAs. This compassion, however, needs to be transformed into regulations (policies) that would make employees feel safe at their workplace.

We do not have a documented policy on how to handle an HIV positive employee, but if the employee comes out openly to declare his/her status, the organization would give him/her special attention…we would even try and counsel him/her (Human Resource Manager, FHRI, Kampala).

We have no policy in place so far but VECO would certainly support such a member of staff who comes out openly that he or she is HIV positive with medical cover to include
care, support and treatment with ARVs (Country Representative, VECO-Uganda, Kampala).

It was worth noting in this baseline that a few organizations have taken the initiative to put in place measures to protect the rights of PLWHAs at the workplace. Findings show that some organizations have either developed draft HIV/AIDS Workplace Policies or are using the existing human resource management guidelines to ensure that the rights of PLWHAs are protected. Others in the absence of policy documents and guidelines have displayed IEC messages discouraging discrimination and stigmatization of PLWHAs as one measure to ensure that members of staff desist from stigmatizing PLWHAs. The graph below shows the number of organizations, which have taken initiative to put in place measures to protect the rights of PLWHAs.

Figure 1: Number of Organizations with Mechanisms to Protect Rights of PLWHAs

![Graph showing the number of organizations with mechanisms to protect rights of PLWHAs.](image)

We have a clear policy on discrimination...our policy says no discrimination among employees either by sex, race or ethnicity. This includes people living with HIV/AIDS. So in our organization there is no discrimination (Co-Director, Raising Voices, Kampala).

We have not got a case of an HIV positive member of staff. But if it happened, he/she would benefit from our insurance cover. Our insurance has a section on HIV/AIDS, which states that everyone is entitled to treatment. So we would support him/her and keep him/her employed until a point when he/she cannot work anymore (Finance and Admin. Manager, EASSI, Kampala).

What did not come clear, however, was what the organizations would do to dependents of employees who could be affected by HIV/AIDS.

3.3.2 Stigmatization and isolation of PLWHA

Due to increased awareness about the epidemic, cases of employees isolating and discriminating PLWHAs in the workplace has reduced. Both employers and employees even in organizations without guidelines on how to handle an HIV positive staff member, acknowledge that HIV/AIDS is a universal problem and can affect anybody. The practice in some of the organizations visited is to support the PLWHA both morally and sometimes financially to access basic treatment.
We have two people who have disclosed their HIV status but we do not have a system in place spelling out how to handle an HIV positive member of staff. What we do for the infected employee is to extend whatever support and care we can afford...we refer them to our partners who provide services to HIV positive people like Mild May for help. We do not discriminate or stigmatize them (Senior HIV/AIDS and Policy Advisor, Hospice Africa-Uganda, Kampala).

Although the practice of disclosing HIV status has not taken strong root in most organizations, a significant proportion of employees who participated in the FGDs indicated that they would have no problem or feel uncomfortable working with a PLWHA. Many were quick to add that should such a case arise, they would be more than willing to support the infected person. Given that majority of Ugandans have either lived with or ever cared for a PLWHA, they recognize that PLWHAs need a lot of support mostly psychosocial. Consequently, majority are prepared to provide support to PLWHAs, work with them without any discrimination or isolation.

I have ever lived with a relative who had AIDS...so, I would not have any problem working with a colleague who is HIV positive. I would feel comfortable because I know I cannot get HIV by interacting with him/her (FGI participant, CEFORD, Arua).

There were, however, isolated cases of discrimination of HIV positive members of staff reported. While interacting with an HIV/AIDS Focal Person, it was noted that among employees cases of stigma are still prevalent. Although it is not the policy of the organization, suspected HIV positive members of staff are isolated and discriminated against.

Members of staff in our organization still have a problem of pointing accusing fingers. Although nobody has declared being HIV positive, there are people being suspected to be HIV positive and they are discriminated on that basis (HIV/AIDS Focal Person).

Overall, negative attitudes towards PLWHA at the workplace have changed. The work environment is more conducive and supportive for PLWHAs. However, fear to disclose HIV status is still abound. Due to absence of prior experience with a known PHA in most of the organizations, many people are not sure if they would not be isolated on disclosure of their HIV status assuming they found themselves HIV positive.

3.4 Perceptions of HIV/AIDS vulnerability and practices at workplace

Findings of the survey show that the perception of risk of infection varies among organizations. In SANI partner organizations that deal directly with HIV positive people like Health Need and Hospice Uganda, the perception of risk of infection is higher compared to those involved in general development issues like agriculture, etc. In the former category, it was recognized that perception of risk is high because members of staff while executing their duties, for instance, staff working in HIV testing laboratories or midwives are exposed to blood and yet in many instances, the HIV status of the women being helped to deliver is unknown.

Sometimes we go to pick our clients in the villages that are bedridden for treatment. Some are too weak to walk on their own...so you have to carry them
into the car but we do this without any protective gear like gloves (Male participant, FGD, Health Need, Soroti).

Further, absence of a deep-rooted culture of seeking for routine HIV testing and disclosure of sero-status means that almost all organizations, which participated in the study, have staff that do not know the HIV status of one another. This increases the chances of HIV infection at the workplace in the event that colleagues share sharp instruments. In as much as people know the different modes through which HIV is transmitted and the possible measures that can be adopted to avoid infection, majority have not translated the acquired knowledge into practice. For instance, although people know that HIV can be transmitted through sharing unsterilised sharp blades, few take precautions against sharing razors which exposes them to risk of infection.

There was a time we were sharpening pencils in a workshop using one razorblade, it cut one of the participants but others also had to use it yet none of us knew the HIV status of the other (FGI participant, CEFORD, Arua).

Further, it was observed that even in organizations not directly dealing with HIV positive people, the risk of infection exists. Organizations do not have policies outlawing relationships within the same organization and hence in the event that a relationship ensues, the risk of infection is increased. This can be more so especially if workers unknowingly share a sexual partner while not using a condom or using it inconsistently. On the other hand, participants in this study acknowledged that many times while away on duty trips like workshops, training and conferences, some members of staff tend to take advantage of being away from home to lure their colleagues into sexual relationships or forming new temporary sexual relationships while others sometimes indulge in casual sexual relationships with commercial sex workers. In this case workshops become a fertile ground for exposing employees to sexual temptation and therefore the risk of HIV infection. It must be recognized that engaging in casual sex while attending a workshop is absolutely an individual decision, but organizations need to develop interventions that empower their employees to manage such risk situations created while in world of work.

3.5 Spread of HIV Infection at workplace

Although no case of HIV infection at the workplace was recorded during the process of data collection, possibilities of spreading HIV at the workplace exist amongst employees. As earlier observed, it is apparent that a significant proportion of people working within SAN! partner organizations do not consider HIV testing to be the vanguard of the campaign against infection with HIV. Besides not disclosing their HIV status, members of staff who participated in the FGDs made limited mention of VCT while enumerating the possible measures that can be adopted to avoid infection with HIV. Further, cases of superiors at workplaces luring especially new female recruits into sexual relations were reported in some organizations. Participants in FGIs acknowledged that women employees especially in supporting roles and low management are more vulnerable to HIV infection due to sexual exploitation by their superiors and supervisors. Apparently at the workplace; men are seductive and can get what they want from unsuspecting
female employees. All this breeds ground for spread of HIV/AIDS.

It is important to note that just like in the general population, the proportion of people who have ever taken an HIV test is small; many exhibit willingness to test when asked but never take the initiative to undertake the test. Considering that it is against the law in Uganda to subject all employees to mandatory testing for HIV and eventual disclosure of status, possibilities for spread of HIV/AIDS thrive among staff.

3.6 HIV/AIDS prevention measures at workplace
The findings of this baseline reveal that individuals in the different organizations visited, have greatly benefited from sensitization initiatives targeting the general population. Due to the liberalization of information, education, communication (IEC), which provides actors in the response with an opportunity to champion their cherished approaches in the prevention of the infection, people have a variety of options to adopt in the prevention of HIV infection.

The study reveals that employees of SANI partner organizations have adopted a variety of preventive measures; all rotating around the ABC approach. Results from the survey show that whereas some people have taken to being faithful to their sexual partners, others are either abstaining or using condoms as a measure to avoid infection with HIV.

My husband is working abroad so I am practicing both abstinence and faithfulness to avoid infection with HIV (Female participant, FGD with TPO, Kampala).

It should be noted however that there are glaring challenges to the adoption and consistent use of any of the ABC approaches. Some participants in the FGDs noted that issues of faithfulness or trust between sexual partners including married people are difficult to ascertain; one partner could be faithful while another is not. Similarly, among those who use condoms, consistent and correct use of condoms throughout the entire sexual process is reportedly difficult. Periodic abstinence is also reportedly difficult especially for men working with young “beautiful unmarried” women. Consequently, the practice among especially male members of staff in the different organizations visited is to use the ABC approaches concurrently, sequentially, or even spontaneously.

I use condoms with my partner but when I am away in the field, I abstain from sex until I come back (Male participant, FGD with Uganda Fisheries and Fish Conservation, Kampala).

Majority of female members of staff in the different organizations visited expressed having no difficulty in either being faithful to their partners or abstaining from sex for the single-unmarried. They argue that there is completely nothing difficult about abstaining from sex.

Abstinence is a commitment...of course you can get tempted, people will always try to entice you into starting a relationship but if you decided to abstain, then you can stick to your decision (FGD participant, LOFP, Lira).

Among workers using condoms, inconsistency in use was reported and attributed to fear to procure condoms from dispensing drug shops and pharmacies where they could be. Participants in the FGDs revealed that
people especially the married fear to purchase condoms from public places as they could easily be identified and hence running the risk of the information leaking to one’s spouse that would lead to marital instability or infidelity on the part of the spouse as a way of coping with the situation. Further, it was revealed that many people abandon condom use after getting used to one another and developing false trust that the partner is not HIV positive. This is perpetuated by the common perception that protected sex yields less sexual pleasure compared to unprotected sex.

It is difficult for people to use condoms every time they want to have sex. Most sexual partners gradually abandon condoms after getting used to one another with a false hope and confidence that they are all negative after all (Female participant, FGD with CDRN, Kampala).

The findings above reveal that there is much to be done especially in terms of promoting condom use at the workplace; to have IEC that target attitude towards condom use, but very significantly condom accessibility at the workplace.

3.7 HIV/AIDS information, education and communication at workplace

A significant number of SAN! partner organizations have made an effort to increase their workers’ awareness about the different aspects of the HIV/AIDS epidemic. Direct observations in all the organizations visited revealed the presence of IEC materials particularly posters on the different components of the ABC approach to management of the epidemic in about 25% of the organizations. The dominant message in the posters is abstaining from sex and safe sex for those who are not married but sexually active. A few others (3) on advocacy for VCT and promotion of positive living were seen, though in fewer organizations. Further, it was observed that an even smaller proportion has well furnished resource centers with HIV/AIDS brochures, magazines/Newsletters and books. Abundant HIV/AIDS materials were seen in the resource centers of ACORD-HASAP, Uganda Catholic Secretariat, Raising Voices, COMBRA, EASSI, TPO and Uganda Fisheries and Fish Conservation Association.

With regard to dissemination of HIV/AIDS specific information to employees in the SAN! partner organizations, findings reveal limited attempts to disseminate HIV/AIDS related information. Discussions with staff at the management level in the different organizations visited indicated that almost 75% of the SAN! partner organizations have not organized any HIV/AIDS specific activities for their employees in the last six months. This implies that at the workplace members of staff have limited opportunities to learn new issues emerging about the epidemic. Employees are left to learn about new developments on the epidemic from the media particularly radio and any other sources available to them outside the workplace.

Most people have learned about HIV/AIDS from other places not here at work. We hear messages on HIV/AIDS from radios and may be in newspapers but not from here (FGD participant, EASSI, Kampala).

A significant proportion of staff met in the FGDs expressed interest in learning more about issues of VCT and ART. They argued that acknowledgement of the relevance of VCT among staff was still inadequate. Positive living is viewed by many as simply another jargon but has limited understanding of what
entails. Similarly, the criteria for accessing free ART, possible access points for service, as well as the referral network for treatment were glaringly unclear to many employees.

_We need more information on treatment, prevention of mother to child transmission of HIV and even on the basic facts about HIV/AIDS. You see at times people tend to think that they know a lot about HIV/AIDS but the information they have is scanty...HIV/AIDS keeps evolving (FGD participant, CEFORD, Arua)._ 

The issue of voluntary counseling and testing is not well addressed...we need more sensitization about it. And also the procedure for accessing ARVs should be elaborately explained to us (FGD participant, CPA, Lira).

In the organizations where HIV/AIDS specific activities for employees have been organized in the last six months, the focus was on modes of transmission of HIV/AIDS, possible preventive measures that can be adopted, available services and in a few instance accessibility issues on the existing HIV/AIDS related services in the country. The biggest constraint in dissemination of HIV/AIDS information at the workplace is the assumption that “many people know a lot about the HIV/AIDS epidemic”. So when given materials like brochures, few take time to read. Secondly, some when given materials on HIV/AIDS, they question the motive and wonder whether they are not simply being suspected.

Further, the findings of this baseline show that less than 10% of the organizations visited during the process of data collection have trained staff charged with dissemination of HIV/AIDS related information. In a few organizations, the position of the HIV/AIDS Focal Person (FP) has been instituted, charged with dissemination of HIV/AIDS information and sometimes providing counseling services to colleagues in need. But none of the FPs was reported to have received specialized training in either counseling or dissemination of HIV/AIDS information to others. Findings reveal that there is a general feeling among people that anybody can disseminate HIV/AIDS information.

Overall, the mechanisms for dissemination of HIV/AIDS specific information to workers are almost non-existent in majority of the SAN partner organizations. Apparently employees in these organizations are expected to benefit from sensitization initiatives targeting the general population to which they are part. The culture of organizing workshops, a meeting at the workplace to discuss matters related to HIV/AIDS has not taken root. Although some organizations reported having HIV/AIDS sessions, no organization was found to have scheduled a discussion on HIV/AIDS among members of staff as an activity on the work plan.
4.0 IMPACT OF HIV/AIDS ON PARTNER ORGANIZATIONS

4.1 Introduction

For organizations to develop HIV/AIDS policies and interventions there must be compelling reasons—actual or perceived that act as motivators. In this particular case, the impact of HIV and AIDS is conceptualized as a motivating factor for organizations to develop HIV and AIDS initiatives. This Section therefore presents the baseline findings on the impact of the HIV/AIDS epidemic on SAN partner organizations as reported by employees and staff at the managerial level of the different organizations visited.

4.2 Absenteeism due to HIV/AIDS related morbidity and mortality in the organization

Absence from work by employees is a common experience in all organizations. However, absenteeism due to HIV/AIDS related morbidity and mortality is not considered among the top priority challenges for the majority of organizations visited during the survey. Findings show that, prevalence of HIV/AIDS related morbidity is low. This does not mean that people do not fall sick but, morbidity, which is clearly related to HIV/AIDS, is perceived to be low. For instance, only three organizations reported having a sick member of staff; one of whom was simply suspected to be HIV positive basing on the frequency of his illness and the signs he had manifested. Findings show that 29 out of the 52 organizations visited reported having cases of employees who sometimes missed work to either nurse their sick relatives or to attend burial.

It is important to note that with the exception of a few organizations like Hospice Africa, and Teso AIDS Program (TAP) where some members of staff have declared their HIV status, in majority organizations, HIV status of the employees remain unknown. Consequently in a number of organizations members of staff once in a while do not turn-up for work, but the loss in person-hours cannot easily be attributed to HIV/AIDS. Discussions with members of staff in FGD corroborates the position of managerial staff.

*I frequently miss work because of being sick but I cannot tell whether it is AIDS since I have never gone for an HIV test to determine my status (Female participant, FGD, Uganda Fisheries and Fish Conservation, Kampala)*.

Similarly, findings revealed that majority of organizations have had limited experience with regard to HIV/AIDS related mortality. Discussions with staff at the managerial
evel in the different SAN partner organizations revealed that only 15 out of the 52 organizations visited have ever recorded death of a member of staff from HIV/AIDS related illnesses.

Our organization has lost two members of staff in the last three years to HIV/AIDS (FGD participant, CoU-Teso Diocese, Soroti).

Majority of the death cases recorded are reportedly from support staff particularly drivers. Only a few cases of senior staff are reported. Mitigation initiatives have been put in place though in a few organizations. To cater for interruptions in execution of activities as result of absenteeism, organizations have increased the provisions for volunteers.

4.3 Other factors leading to absenteeism at the workplace

Absence from work is mostly due to loss of relatives and demands to nurse an ailing family member. In majority of the organizations visited (29 out of 52), cases of employees either missing work or leaving duty earlier than expected to take care of a sick relative were reportedly common. Participants in FGDs noted that in meeting family responsibilities, people are inadvertently forced to miss work or to leave before the stipulated time.

As a person I have been affected by HIV/AIDS…I have a relative who is sick with AIDS. I am the one who looks after her so I have to leave work before the usual time for closure of business, which has affected my productivity (Female participant, FGD with Uganda Catholic Secretariat, Kampala).

Death of colleagues and relatives is another factor commonly cited to be leading to absenteeism from work. It was reported that organizations lose a lot of time when employees go to attend burials for their relatives or dear ones. Although many organizations do not have documented human resource and administrative management guidelines, company employee are entitled to leave on loss of a relative or colleague. All SAN partner organizations give their employees time off to attend burials.

I lost my auntie and I asked for permission to go for burial……it was given to me but by the time I came back to work, I found a lot of work pending on my desk (FGI participant, COMBRA).
4.4 Erosion of skills, capacity-building and organizational costs

Absence from work by an employee either because of sickness or loss of a relative inadvertently causes strain on the organization. Tasks and duties which should have been performed by the officer in question have either to be passed on to other members of staff or to wait until when the person responsible comes back to office. In organizations where cases of HIV positive members of staff have been recorded, loss of productivity and erosion of skills is apparent.

We have a member of staff who is perpetually sick, his performance has deteriorated. He comes late almost everyday and this affects the planned activities...we had to recruit another person to do part of his work (Female member of staff, NORRACOL, Bundibugyo).

A few cases of organizations losing skilled personnel were reported. Cases of either erosion of skills or loss of productivity were reported in less than half (22) of the organizations visited. Findings revealed that some employees in the SAN partner organizations apparently left their designated work due to failing health and limited support from the employing organization. In some of the organizations visited, cases of terminating contracts of workers were also reported. For instance in Akina Mama wa Africa a member of staff had her contract terminated because of her health condition which had rendered her less productive at work.

Resultant from the effects of HIV/AIDS namely chronic illness and death, organizational operational costs have tended to rise in affected organizations. Findings indicate that in such organizations where members of staff have disclosed their HIV status but allowed to continue holding their offices, the organizations have had to incur extra costs of treatment though not with ARVs and recruiting more staff to perform similar activities so as to reduce the workload of the affected persons.

One of our members of staff has been away...sick for about 3½ months. The organization had no option but to recruit more people. We even had to undergo a re-orientation of staff and duties so as to create capacity to handle to tasks and responsibility of the affected member of staff whenever they are not feeling strong enough to work (Senior HIV/AIDS and Policy Advisor, Hospice Africa-Uganda, Kampala).

Recruitment of new people also means organizations have to incur an additional cost of training and orienting the new members of staff to gain an understanding of what their duties entail. Further, it should be noted that in instances where more people are recruited, affected persons do not lose their salaries and allowances. Therefore affected organizations are expected to look for resources from within their resource envelope to meet the remunerations of the new members of staff.

Medical costs were also reported to be on the increase in affected organizations. Some of the above organizations that have operational workplace policies, when members of staff disclose their HIV status, employees are entitled to treatment. For instance, all Hospice Africa-Uganda employees have a health insurance cover and therefore entitled to treatment from whatever form of disease including HIV/AIDS.
5.0 HIV/AIDS INTERVENTIONS AND WORKPLACE POLICY

5.1 Introduction
This Section presents the findings of the baseline survey on the HIV/AIDS interventions put in place in the SAN partner organizations. It focuses mostly on the issues of a workplace policy in relation to HIV/AIDS. The Section also highlights other workplace interventions such as medical insurance/health scheme, and magnitude of cover in terms of cost, among others.

5.2 Current HIV/AIDS workplace interventions

5.2.1 Prevention interventions
At the organizational level, findings show that in almost all organizations visited, limited initiatives have been developed to promote adoption of effective preventive measures against infection with HIV. Few organizations have interventions at the workplace to promote adoption of the ABC. For instance, few organizations, i.e., seven (7) out of 52 visited provide free condoms at the workplace to enable their members of staff who fear to purchase condoms on the open market to access them at the workplace. However, organizations encourage their members of staff to access condoms from the open market. The pie chart below shows the number of organizations which provide employees with an opportunity to access condoms at the workplace.

Figure 2: Proportion of Organizations that provide free condoms to their employees

Further, even within organizations where condoms are provided, the mechanisms for distribution have not been streamlined. Discrepancies in supply and restocking are reportedly common. In one of the organizations condoms were provided once, when stocks got depleted no effort was made to replenish stocks.

Condoms were bought once and people finished them in a very short time...they were all taken but ever since then we have never brought another consignment (Project Coordinator, Uganda Fisheries and Fish Conservation, Kampala).

Members of staff can access condoms at our workplace...we put condoms in the restrooms for people who may want to use them to pick. But supply is not guaranteed; sometimes we do not have condoms to give (Director, LABE, Kampala).

Generally, a significant proportion of organizations visited do not have mechanisms for promoting accessibility to condoms at the workplace either because they have not had the time and resources to promote the idea or do not consider it necessary. Others are limited by the religious affiliations of the founders of the organizations. Findings show that all Faith Based Organizations (FBOs) do not promote condom use at all.
5.2.2 Care and support interventions at the workplace

In-depth interviews with managerial staff in the different SAN partner organizations revealed that a significant proportion of organizations have put in place care and support interventions for their employees faced with various illnesses not necessarily HIV/AIDS related. For instance, less than a half (40%; n=21) of the organizations visited reported having health schemes for members of staff including a few family members; majority cover about three members of the employee’s family.

*We have a medical scheme in our organization…all employees are entitled to treatment. Actually it is IAA, which is providing us with service. The cover allows for treatment of the employee’s spouse and two children* (Program Support Officer, ACORD, Kampala).

Among organizations with a health scheme, findings indicate that majority provide basic treatment to members of staff; the scheme focuses on managing the day-to-day communicable diseases and opportunistic infections in case of staff with HIV/AIDS (see Table 2 below).

**Table 2: Organizations with a health scheme and its coverage**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of organization</th>
<th>Coverage of the health scheme</th>
<th>Provisions</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>ACORD</td>
<td>All members of staff plus spouse and 2 children</td>
<td>Treatment including provision of ARVs</td>
<td>IAA</td>
</tr>
<tr>
<td>2.</td>
<td>FHR</td>
<td>All members of staff and 3 family members</td>
<td>No treatment with ARVs OIs treatment</td>
<td>AAR</td>
</tr>
<tr>
<td>3.</td>
<td>LABE</td>
<td>Covers a few employees (senior staff), no family members</td>
<td>Simple illnesses no provision for debilitating illness</td>
<td>No specific provider</td>
</tr>
<tr>
<td>4.</td>
<td>HOSPICE</td>
<td>All members of staff on a cost sharing basis plus one family member</td>
<td>Treatment without access to ARVs</td>
<td>IAA</td>
</tr>
<tr>
<td>5.</td>
<td>TTP</td>
<td>Only members of staff. Its in form of commitment fee on the organization</td>
<td>Basic treatment</td>
<td>No specific provider</td>
</tr>
<tr>
<td>6.</td>
<td>UCCA</td>
<td>All members of staff but no dependants</td>
<td>Ols treatment and other illnesses</td>
<td>No specific provider</td>
</tr>
<tr>
<td>7.</td>
<td>KADP</td>
<td>All confirmed staff plus one dependant; an allowance of 30,000 – 50,000/= per month</td>
<td>Basic treatment</td>
<td>No specific provider</td>
</tr>
<tr>
<td>8.</td>
<td>TPO</td>
<td>All members of staff and 2 immediate dependants</td>
<td>Basic treatment</td>
<td>IAA</td>
</tr>
<tr>
<td>9.</td>
<td>AKINA mama wa AFRICA</td>
<td>All members of staff only</td>
<td>Basic treatment</td>
<td>AAR</td>
</tr>
<tr>
<td>10.</td>
<td>Raising Voices</td>
<td>All members of staff and immediate dependants</td>
<td>Basic treatment</td>
<td>CASE Clinic</td>
</tr>
<tr>
<td>11.</td>
<td>EASSI</td>
<td>All members of staff and 2 immediate dependants</td>
<td>Treatment including provision of ARVs</td>
<td>Micro care</td>
</tr>
<tr>
<td>12.</td>
<td>Uganda Debt</td>
<td>All members of staff and</td>
<td>Basic treatment</td>
<td>No specific provider</td>
</tr>
</tbody>
</table>
The study reveals that only four (4) organizations provide their employees with a comprehensive health insurance cover including access to ARVs. Again in some organizations, access to health insurance is not universal. Only staff members that have been confirmed in employment are entitled to the medical coverage, while those on probation and volunteers are reportedly not catered for under the health insurance scheme. In most organizations with insurance cover, IAA, AAR and Micro Care mostly provide health insurance. There were situations where each individual member of staff was free to choose where to go for treatment and later inform the organization.

In a few organizations without health insurance scheme, members of staff are entitled to a monthly medical allowance. In most instances, the medical allowance is computed and amalgamated into the monthly salary constituting about 5% of the gross salary. This is, however, not universal to all organizations with a medical allowance, in some, employees can only access the money on producing medical bills from a recognized health facility and again others have limits on how much the organization can spend to treat an employee.

*We do not have a health scheme but we are entitled to a medical allowance. The organization contributes 30,000/= for every member of staff irrespective of portfolio…..it is not a written policy but when a member of staff brings a medical bill, the organization makes its contribution* (Program Manager, Health Need, Soroti).

With regard to the annual cost of the health cover, findings reveal variations in the package. Among some organizations, individual members of staff are entitled to between USD 200 – 300 annually depending on the position in the organization while others simply have a fixed medical allowance amounting to 500,000/= irrespective of disease and portfolio in the organization.
Generally, the contribution of organizations to employees’ medical cover ranges between 300,000/= and 1 million per person per year.

5.2.3 Intervention for mitigation of the impact

As earlier stated disclosure of HIV status at the workplace is not a common practice. Among the 52 organizations visited, only three have confirmed cases of members of staff who have openly declared their HIV status. Limited disclosure is partly due to absence of clear strategies at the workplace for supporting and mitigating the impact of the epidemic on the affected persons. Further, findings show that fewer organizations have taken initiative to encourage their members of staff to seek VCT so as to know their HIV status. In the majority of organizations, there is a feeling and an assumption that employees know the relevance of VCT and know where to access this service if they wanted. Consequently, in the majority of organizations even among those with a health scheme, functional systems for addressing care and support needs of PLWHA such as counseling, financial and material support to the PLWHA’ family members do not exist at the workplace.

Similarly, in almost all SAN partner organizations, there are no mitigation interventions for employees who fall sick and are unable to work for a long time. The practice in many organizations is to grant the affected member of staff leave but if the problem takes a long time, then the contract of such an employee is terminated. Provisions for relocation of affected persons to lighter workload, granting leave with pay and recruiting additional personnel to beef-up the workforce are existent, but currently limited to a few organizations.

In the event that a member of staff dies, findings show that all SAN partner organizations have put in place mechanisms to address misfortune. In all organizations visited, it was indicated that the affected family is supported both financially and physically; the organization meets the burial expenses including feeding the mourners, buying the coffin, and transporting the bereaved family to the burial grounds. In addition, the family is given the deceased’s gratuity, helped to process his/her NSSF package where applicable and an equivalent of three months salary.


We take care of the burial expenses, buying the coffin, feeding the mourners, etc. we also give the family financial support (HRM, Foundation for Human Rights Initiative, Kampala).

However, not all organizations extend that kind of support to the bereaved family. A significant proportion contributes a fixed amount ranging between Ug.Shls.200,000/= and 500,000/= towards burial expenses. In such organizations, provision of salary equivalent packages does not exist. Further, it was revealed that in majority of organizations, condolence privileges only accrue to member of staffs. Death of a family member or next-in-kin is not recognized by the organizations; besides granting the member of staff leave to attend burial and mobilizing colleagues at work to collect a condolence fee, the organization is not liable to meet burial expenses.

5.3 HIV/AIDS workplace policy
5.3.1 Organizations with workplace HIV/AIDS policy

Similar to health schemes, findings show that among SAN partner organizations few have taken initiative to develop HIV/AIDS workplace policies. Out of the 52 organizations visited, only 4 (7.7%); namely ACORD, TPO, Kabale Diocese Hospital and Tripartite Training Programme have developed and operational HIV/AIDS workplace policies. Another 14 (26.9%) organizations among those visited during the survey reported being in the process of drafting the policies. In such organizations, currently, the practice is to operate on fragmented and loosely defined ‘policy guidelines’ which in most cases lead to a case-by-case response in the workplace.

With regard to the methodologies used in developing the policy, study findings reveal that although in some organizations the process of developing the policy was participatory involving all members of staff both administrative and support staff, in others, responsibility to develop the policy was assigned to a particular member of staff. In the former category, all employees are given an opportunity to critique the issues being considered to define the working conditions in relation to HIV/AIDS.

Our HIV/AIDS workplace policy is still in draft…the consultation process is still on going. Last week we had a meeting to review the contents of the policy; we made some changes, which have to be incorporated (Program Director, Uganda Change Agent Assoc., Kampala).

In other organizations, for instance, Tripartite Training Programme the responsibility of developing the policy was assigned to consultants. The organization’s Board of Directors outsourced for skilled personnel to produce the policy which is being used today. The critical aspects in the policies relate to issues of psychosocial support of PHAs at the workplace, rotation of members of staff to reduce workload for the affected person, financial support and treatment including access to ARVs for the affected member of staff and immediate family.

5.3.2 Policy comprehensiveness and awareness

In all organizations with a Workplace HIV/AIDS Policy irrespective of whether developed or in draft form, findings show that awareness about the policy is high. All members of staff have either been introduced to the policy during their orientation or participated in the development of the policy.

All our members of staff know about the HIV/AIDS Workplace Policy…they were consulted in the process of developing it and when it was completed, we organized a workshop to disseminate it and every member was given a copy (HIV/AIDS Focal Person, KADF, Moroto).

Perception of policy comprehensiveness, however, varies across organizations. In most of the organizations with the policy, members of staff recognize that all salient issues relating to a favorable working environment for PLWHA are clearly articulated in the document. However, there a few others with divergent views; they argue that given the dynamic nature of HIV/AIDS, HIV/AIDS Workplace Policies need continuous review and update to take care of emerging issues.
5.3.3 Policy implementation
With the exception of the four organizations mentioned above, the practice in almost all SAN! partner organizations, which are still at the stage of developing their HIV/AIDS Workplace Policies, is to operate on fragmented and loosely defined ‘policy guidelines’. In organizations with operational policies, commitment on part of the organization’s top management is cited among the factors, which have facilitated implementation of the policies. Other factors cited include the participatory nature of developing the policy, which has lead to ownership of the initiative, and availability of funding.

To publicize the policies amongst employees, a number of organizations are reported to have organized workshops to orient all members of staff on the salient issues in the document and to share a copy to enable people gain a more in-depth understanding of the principles underlying the policies. Among those implementing the HIV/AIDS workplace polices, few indicate being constrained or having challenges in implementation mainly because they have not had cases of HIV/AIDS recorded in their organizations. In discussions however, the issue of availability of financial resources to offset the impact likely to be caused by the epidemic in the organization is given due consideration. Many organizations are envisaging a challenge in providing treatment to affected members of staff including access to ARVs.

5.4 Partner organizations without workplace HIV/AIDS policy
Thirty-four (65.4%) of the partner organizations visited indicated not having HIV/AIDS Workplace Policies. Apparently they are using the human resource and personnel management guidelines to address issues relating to the welfare of employees. On a positive note, however, all organizations express the need to develop an HIV/AIDS workplace policy to provide a basis for handling HIV/AIDS related issues at the workplace.

Among organizations without the policies, lack of financial resources to fund the exercise, limited knowledge of the critical ingredients and salient principles underlying a comprehensive HIV/AIDS Workplace Policy are cited among the factors accounting for the absence of policies. Consequently, to develop a comprehensive policy organizations recognize the need for financial support, and orientation on what constitutes a good HIV/AIDS Workplace Policy.

5.5 Critical aspects of an HIV/AIDS workplace policy
Aspects of an HIV/AIDS Workplace Policy for both organizations with the policy and those without should be in line with the national policy guidelines for HIV/AIDS. The Revised NSF 2003-2006 spells out issues of HIV/AIDS and the workplace. The Draft National Policy on HIV/AIDS is also clear on the role of the private sector, NGOs and CBOs. The Draft Policy puts forth that the role of the private sector in national development and services delivery is becoming more prominent. In the implementation of the National HIV/AIDS Policy, the private sector is mandated to:

- Develop and implement interventions for HIV/AIDS prevention at work places
- Ensure that workers/employees living with HIV/AIDS are not discriminated against at work place
- Mobilize resources to support HIV/AIDS programs initiated by government and local communities

Additionally, within the framework of their operations, private sector organizations,
NGOs and CBOs are encouraged to:

- Sensitize and mobilize communities where they operate for HIV/AIDS prevention, care and support, and mitigation of the impact using appropriate and sustainable interventions
- Lobby and advocate for inclusion of HIV/AIDS issues on local and national policy agenda.
- Mobilize resources for implementation of HIV/AIDS activities
- With the help of UAC have an effective networking and co-ordinating mechanism to avoid duplication of activities, and sharing of experiences.

In the development of HIV/AIDS workplace policies and interventions, SAN! partner organizations will draw their mandate from the National Policy Guidelines and aim at contributing towards the realization of national goals and objectives as articulated in the Revised NSF 2003-2006. The key goals, which have been rephrased for the purposes of this study include:

- To Reduce HIV Prevalence by 25% by the Year 2005/6
- To Mitigate the Effects of HIV/AIDS
  
  To Mitigate the Health Effects of HIV/AIDS
  To Mitigate the Psychosocial and Economic Effects of HIV/AIDS
- Strengthen the National Capacity to Respond to the Epidemic
6.0 ORGANIZATIONS’ CHALLENGES, OPPORTUNITIES AND EXPECTATIONS TO MANAGE HIV/AIDS AT WORKPLACE

6.1 Introduction
This Section presents the baseline findings on the challenges and opportunities SAN partner organizations are faced with in an effort to manage HIV/AIDS at the workplace. It focuses mostly on the factors, which have hindered many organizations from putting in place appropriate mechanisms and interventions to manage HIV/AIDS in the workplace. The Section also highlights expectations of the partner organizations from the SAN Project.

6.2 Challenges and constraints in managing HIV/AIDS at workplace

All organizations visited during the survey recognize that HIV/AIDS threatens productivity and profitability of the organizations as well as the welfare of employees and their families. They acknowledge that HIV/AIDS workplace policies and programs can play a vital role in raising awareness around HIV/AIDS, preventing infection and caring for PLWHA, but many have not formulated or implemented such policies because of challenges. The commonly cited constraints to formulation and consequent implementation of HIV/AIDS policies at the workplace include lack of adequate financial resources, lack of technical expertise to steer the formulation and eventual implementation of the policy, fear for stigma and discrimination on the side of members of staff in the event of disclosing HIV status, time and resources to set aside to develop and popularize the policy.

Discussions with managerial staff revealed that given the limited knowledge they have regarding the critical ingredients and salient principles underlying a comprehensive HIV/AIDS workplace policy, formulation of the policy would necessitate contracting an expert who has to be paid fees. This has hindered them from flagging off the exercise. For many organizations (16 out of 34) it would be difficult to meet the consultant’s fees within their resource envelope. They also argue that production and popularizing the policy among members of staff would require additional resources to produce advocacy materials and a member of staff to have an additional role overseeing the process and implementation of the policy. It was argued in some organizations that this would have the potential of creating an overload as such a member of staff would have to strike a balance between his/her designated duties and promotion of the policy.

It was also reported in several organizations that effective management of HIV/AIDS at the workplace requires creation of a supportive environment so that employees living with
under normal conditions in their current employment for as long as they are medically fit to do so. A supportive environment involves promotion of zero tolerance for discrimination of PLWHA while at the same time supporting them to access treatment. This calls for a financial contribution from the organization, but many organizations demonstrate being constrained financially. They argue that the cost of treatment of a PHA is high and cannot be accommodated in their budgets.

"It may be possible to have the policy document developed but implementation requires that the organization has money...if you have said we shall treat PLWHA...you need that money which we cannot guarantee at the moment" (Program Coordinator, Matheniko Dev’t Program, Moroto).

Although managers in the organizations recognize the importance of having programs for addressing HIV/AIDS at the workplace, they are further constrained by lack of personnel within their organizations with adequate skills to develop comprehensive HIV/AIDS programs for employees. They affirm that if they had the technical capacity within their organizations to develop the policies, they would utilize it but they lack that technical expertise.

Fear for stigma and discrimination on the side of members of staff is the other factor which was cited as constraining effective implementation of HIV/AIDS programs at the workplace. Participants observed that at the moment the rate of disclosure of HIV status at the workplace is low. Fear to declare HIV status has also inadvertently played a role in hindering implementation of interventions for mitigation of the impact.

"Many people fear to disclose their HIV status to others at the workplace. So even if the organization set up a unit to provide counseling, infected persons would not utilize it because of fear of being discriminated" (Project Coordinator, NORRACOL, Bundibugyo).
6.3 Opportunities and strengths in managing HIV/AIDS at workplace

Effective management of HIV/AIDS at the workplace entails advocacy and implementation of workplace policies, educational/awareness building programs, and reasonable care and support provisions to help HIV-positive workers to continue working under normal conditions in their current employment. Opportunities exist for the SAN partner organizations in Uganda to steer their campaign of improving the management and response to the HIV/AIDS epidemic at the workplace.

When asked to identify opportunities that could help partner organizations in managing the epidemic at the workplace, participants in the survey recognized the role played by the Government of Uganda. They observed that the Government has created a supportive policy framework in the country, which has encouraged spontaneous and positive response from the people within and outside Uganda. Although no specific laws or regulations as regards HIV/AIDS have been enacted in Uganda, acceptance of the HIV/AIDS problem, support and commitment of the entire country's leadership to control and mitigate the epidemic provides SAN partner organizations with an opportunity to steer their campaign regarding managing the epidemic at the workplace.

Existing literature shows that mainstreaming of HIV/AIDS across all sectors both public and private has received tremendous support; all sectors recognize that HIV/AIDS is a threat to development and productivity. This recognition gives partner organizations an opportunity to initiate programs to manage HIV/AIDS at the workplace. Employers recognize that HIV/AIDS affects the productivity and welfare of employees and consequently profitability of the organizations. Findings of the survey reveal that employers consider as essential interventions to mitigate the impact of HIV/AIDS at the workplace. They demonstrate willingness and commitment to initiation of programs at the workplace to curtail and/or manage the consequences of the epidemic. Already, initiatives are in place to manage the epidemic at the workplace; the Public Service HIV/AIDS Workplace Policy is in its final stages of development, a number of private companies and organizations have also started the process of developing workplace policies.

Further, existing literature reveals that awareness about the basic facts of HIV/AIDS is high. There are intensive media sensitizations campaigns targeting the general population with a variety of approaches to management of the epidemic. As a result, almost all people know the different modes of transmission, prevention and
mitigation of the impact of the epidemic. Resultant from this knowledge, findings of this survey show that both employees and employers acknowledge the importance of prevention interventions in managing HIV/AIDS although few have instituted them at their workplace. This acknowledgement is an opportunity in waiting which can be exploited to further reduce the risk of infection among employees.

Similarly, increased access to HIV/AIDS related services provide organizations with an opportunity to manage HIV/AIDS at the workplace well. It should be noted that access to HIV/AIDS related services especially VCT and management of OIs is on the increase. Consequently, organizations do not have to set up their own VCT centres, employees can be linked to a partner organization which provides that kind of service. Similarly, for treatment, Uganda has registered an increase in the number of organizations providing health insurance cover so the partner organizations have the opportunity to sign agreements with those organizations to provide comprehensive care to their affected members of staff. Some of the companies providing health insurance cover in Uganda today include IAA, AAR and Micro Care. The Government has also made efforts to roll out the provision of ARVs countrywide, which can also be accessed by staff of partner organizations.

Lastly, the large membership in the SAN partnership provides an opportunity for sharing experiences and learning from one another. Participants in the survey observed that if a few organizations developed their HIV/AIDS workplace policies and programs, then others do not have to hire experts to do it all over again. They can adopt those frameworks and use them to develop their own policies and programs but tailored to suit their context.

6.4 Organizations’ expectations from the SAN! Project

When asked how organizations wished to be supported by SAN! Project to manage HIV/AIDS at the workplace, the need for financial support ranked highest. Participants in the survey indicated that they acknowledge the importance of having programs to address HIV/AIDS at the workplace but in many instances they are constrained by resources. They suggested that if the partnership can help them access funding opportunities or steer initiatives to create a general fund for treatment and mitigation of the impact created by the epidemic, it would greatly boost the campaign of managing HIV/AIDS at the workplace.
The other expectation is in respect with the limited technical expertise possessed by employees in the organizations to develop and manage HIV/AIDS programs at the workplace. Participants noted that enhancing capacity of personnel in the different partner organizations through training would help organizations improve the working environment in the context of HIV/AIDS.

*SAN! project could support organizations through training and arranging learning visits to some of the partner organizations that have demonstrated excellence in managing HIV/AIDS at the workplace (Program Coordinator, Matheniko Dev’t Program, Moroto)*.

Organizations also expect the SAN partnership to provide them with technical support while implementing the HIV/AIDS workplace policy and programs in addition to creating a forum for sharing information related to HIV/AIDS. It was noted that HIV/AIDS is dynamic; organizations need to be kept abreast with recent information and new innovations in the management of the epidemic. Further, in some organizations it was suggested that the partnership should support them both technically and financially to conduct impact assessment studies of HIV/AIDS in their organizations and communities they serve so as to develop comprehensive policies and programs to address the impact likely to be caused by HIV/AIDS.
7.0 CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction
This Section presents the conclusions and recommendations, which are drawn from the study findings. The recommendations are aimed at helping SAN! pilot project to facilitate the process of developing and implementing HIV/AIDS in the workplace by partner organizations in Uganda as per the aims of this baseline.

7.2 Conclusions
This baseline survey showed that although all partner organizations recognize the threat that HIV/AIDS poses in their workplaces, very few have developed interventions and policies addressing issues of HIV prevention, stigma and discrimination and mitigation of the impact of HIV/AIDS on their organization and employees. It's important to note, that knowledge and awareness as it is in the rest of the general population in Uganda is universal among employees in all partner organizations. People stated to have benefited from the widespread IEC campaigns in the country to prevent HIV infection. Employees showed correct knowledge on the modes of transmission, prevention of HIV infection, the incubation period and possible mitigation measures such as care for and treatment of PLWHA as well as the orphans. Findings revealed that in over three quarters (76.9%) of the organizations visited, employees demonstrate high levels of knowledge and awareness about HIV/AIDS issues ranging from modes of transmission, prevention, care and treatment. they are also reportedly aware of existing HIV/AIDS services such as VCT, treatment for opportunistic infections and HIV infection. However, few (less a quarter of participants in the FGDs) know the intricate issues in the disease management with regard to who qualifies for ART and who does not qualify. Fewer employees in the SAN! project partner organizations also know issues of adherence to drugs, combination therapy resistance and positive living. Further, in almost all the partner organizations limited reference was made to VCT and PMTCT as essential services in preventing HIV infection and management of the epidemic. This is partly due to limited access to IEC messages at the workplace or lack of prioritization by management.

IEC strategy remains important in preventing HIV infection. However, this study has revealed that systematic mechanisms for dissemination of HIV/AIDS specific information to employees are almost non-existent in majority of the SAN! partner organizations. Apparently employees are expected by most management to benefit from sensitization initiatives targeting the general
population to which they are part. Although 30 organizations, reported having HIV/AIDS Focal Point Persons, no organization interviewed was found to have scheduled discussions on HIV/AIDS among members of staff as an activity in the work plan.

Over the years, people's attitudes towards HIV/AIDS and affected persons have changed. Cases of isolating and discriminating against people who are either confirmed or suspected to have HIV/AIDS are increasingly becoming rare. PLWHA who used to be dismissed from work as soon as they were identified are now increasingly being supported to live positively. Increasingly employers are acknowledging that HIV/AIDS is not a disability and that an HIV positive person can still be productive. The practice in some of the organizations visited is to support the PLHA both morally and sometimes financially to access basic treatment.

All organizations visited during the survey recognize that HIV/AIDS threatens productivity and profitability of the organizations as well as the welfare of employees and their families. They acknowledge that HIV/AIDS workplace policies and programs can play a vital role in raising awareness around HIV/AIDS, preventing infection and caring for PLWHA although many have not formulated, and or implemented such policies due to various challenges e.g., lack of adequate financial resources, lack of technical expertise to steer the formulation and eventual implementation of the policy, fear for stigma and discrimination on the side of members of staff in the event of disclosing HIV status, time and resources to set aside to develop and popularize the policy.

On a positive note however, it is noted that commitment of top management in organizations with operational policies has facilitated the implementation of policies and his should be emphasized with other organizations especially those that are still envisaging a challenge in providing treatment to affected members of staff including access to ARVs. Therefore the project needs to continue by implementing and supporting workplace policies that focus on activities geared towards the prevention of HIV infection and mitigation the impact of HIV/AIDS.
7.3 Recommendations

Drawing from the key issues and conclusions from this baseline, suggestions have been made to strengthen the SAN! pilot project participating organizations in Uganda respond to HIV/AIDS in the workplaces.

The need to develop HIV/AIDS policies and interventions at workplace cannot be over emphasized. There is urgent need and compelling reasons for partner organizations to be helped in addressing the constraints that have militated against development and implementation of HIV/AIDS interventions at the workplace. The development of HIV/AIDS workplace policies and interventions should aim at contributing to the realization of national goals and objectives, which are enshrined in Revised NSF 2003-2006 and the draft National Policy 2003. Accordingly, HIV/AIDS workplace policies and interventions should aim at contributing towards HIV prevention and mitigation of the impact created by HIV/AIDS in the workplace. Given the different dimensions of the epidemic, it is proposed that all partner organizations develop comprehensive HIV/AIDS policies and interventions guided by the ILO Code of Practice on HIV and AIDS and the world of work 2001. SAN! Project need to ensure that policies developed respond to gender concerns within the organizations and involve all levels of staff (especially support staff). For this to be possible, a technical support structure that is participatory in nature has to be in place to assist individual organizations realize this target. The more specific recommendations are the following:

Recommendations on prevention of HIV

- For the prevention of HIV in the workplace, information, education and communication (IEC) should be at the center of any policy and or interventions. It should be an organizational deliberate effort to inform, educate and effectively communicate to its employees rather than leaving the function to external AIDS-specific IEC providers or public sources like the print and electronic media programs. Baseline findings revealed limited access by staff to IEC messages in the workplace despite widespread acknowledgement of HIV/AIDS as a threat to development and productivity of organizations. Consequently, at the workplace limited translation of acquired knowledge about the epidemic is evident. The need therefore is for SAN! Project Coordinator to equip
- Partner organizations with expertise on how to design workplace appropriate IEC messages as part of the policy strategy to preventing HIV infection at the workplace. There is also need for targeted sensitization to equip workers in organizations with information regarding intricate issues and new knowledge in the management of the epidemic especially ART. It is also important to emphasize VCT and PMTCT as essential services in prevention and management of the epidemic.
- Further, mechanisms for dissemination of HIV/AIDS specific information to workers are almost non-existent in majority of the partner organizations. The need therefore is for organizations to develop and implement policies with clear mechanisms for disseminating HIV/AIDS information at the workplace. Organizations should assign staff to act as HIV/AIDS focal persons who need to be equipped with
relevant skills and training to handle issues related to HIV/AIDS and to adequately guide their colleagues. Further, HIV/AIDS activities should be reflected in the organizations’ work plans; this will be the basis for monitoring the implementation process.

- To ensure constant HIV/AIDS sensitization in the workplace, organizations need to emphasize peer education. The peer educators could be selected among the staff and equipped with necessary skills and knowledge to conduct peer education within their organizations. The emphasis for their training should go beyond HIV/AIDS information to include knowledge on how to manage the epidemic especially ART.

- Developed HIV/AIDS policies and interventions need to focus on “ABC” methods in equal measure without emphasizing one over the other. Relatedly, condom supply and accessibility to employees at workplace should be a critical aspect in the interventions to be initiated in workplace. However, SAN! Project need to be careful when emphasizing these intervention strategies so as to avoid conflicts with some organizations (especially FBOs) where condom use may not be acceptable or limited to particular circumstances. Advanced challenges like resource constraints could be addressed by the good donorship guidelines and pledged support by their current funders.

- There is need to develop a specific campaign plan or action on how to promote VCT by collaborating with HIV/AIDS service organizations in Uganda such AIC and TASO. The fact that employees want to know more about developments in VCT, ARVs, which are sometimes provided freely by the service providers, is an opportunity that should be exploited. The free provision of such services could help organizations minimize on the financial burdens in policy implementation. SAN! Project Co-ordination office and the LPG should take a lead in the lobbying and collaboration with the identified service providers.

**Recommendations on mitigation of the impact created by HIV/AIDS**

- Access to health care, including treatment of HIV/AIDS through insurance schemes for members of staff and family members has to be considered as an important issue in the workplace. Basic treatment for members of staff and their immediate family members need to be guaranteed and specified in a workplace policy by the employer.

- Partner organizations need to establish mechanisms that would help to ensure that management adapts a strong position in fighting stigma and discrimination of PLWHA in the workplace. SAN! Project could encourage the top management to lead by example and establish positive support rewards for those who open up to break the silence about HIV/AIDS. There should be greater involvement of people living with HIV/AIDS (even external to organization) to help staff appreciate the need for VCT and practical ways of addressing stigma and discrimination in the workplace. Learning lessons from other organizations like ACORD
that are already implementing workplace policies could be helpful.

- All partner organizations need to review/develop and implement comprehensive HIV/AIDS or chronic illness workplace policies according to the principles and commitments made by their donors in the SAN! Project guidelines. However, there is a need to be aware of the possibility that a general chronic illness policy could relegate HIV/AIDS issues to a secondary position, a situation that should be guarded against by the partner organizations.

- Good Donorship Guidelines in Times of AIDS need to be emphasized and explained to SAN! partner organizations and could act as a stimuli for policy formulation and implementation since they address among others the question of financial security.

**Recommendations on issues of project sustainability after the pilot project**

- This needs to be addressed both at SAN! Project in Uganda and in the Netherlands during project implementation phase. The project coordination office needs to work with the participating organizations on the innovative source of financing when the pilot project comes to an end. The commitments and guidelines made under the Good Donorship in times of AIDS should be internalized by the partner organizations so as to establish a long-term agreement with the donors. Other donors (outside the SAN! Project) could be lobbied to be part of this initiative based on the documented project successes.

- Link SAN! Project partners in Uganda to national resources such as the Global Fund, USAID support and big international HIV/AIDS fund including the European Union. This would ensure financial support in addition to the SAN! Dutch funding. SAN! Project in the Netherlands could play a leading role together with the LPG in this. However, this process needs to start early and the baseline survey findings could partly be used for this purpose.

- Lobby and advocacy towards local actors (media, development partners, CSOs, FBO, private sector) and national government departments (NACP, Tuberculosis, UAC, etc) not only to include HIV/AIDS management in their workplace work plan, but also recognize the important role that the project is playing in making a case for workplace policies. This would enable all organizations to influence health insurance providers with one voice that could be used to lobby for reduced treatment costs.

- Encourage SAN! partner organizations to identify and promote some of the HIV prevention strategies including access to information, internal sensitization campaigns, linking with specialized providers on VCT, which could be implemented without necessarily involving money. This would promote responses to managing HIV/AIDS in the workplace within the financial and human resource means that organizations can implement even with little resources.
References


Good Donorship in a Time of AIDS: Guidelines on Support to Partners to manage HIV/AIDS in the Workplace, 2006

SAN! Project Strategic Framework for Managing HIV/AIDS in the Workplace

SAN! Project Proposal on Managing HIV/AIDS in the workplace

Terms of Reference for SAN! Project baseline Survey, 28th November 2005, Kampala (Office document)

Taking the Initiative: HIV/AIDS Workplace policies for NGOs in Ethiopia, Africa, SAN, December 2005
## Appendix 1: Matrix of SAN! Project partner organizations

<table>
<thead>
<tr>
<th>No.</th>
<th>Donor Agency</th>
<th>Name and Address of the Organisation</th>
<th>Organization Profile and Focus</th>
<th>Staffing levels</th>
<th>Policy Level / Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>CORDAID FUNDED</td>
<td>ACORD HASAP Plot 1272, Block 15 Nsamba; P.O Box 280 – Kampala Tel: 256-41-266596 / 77-2267667, Fax: 256-41-267669 Email: <a href="mailto:hasap@acord.or.ug">hasap@acord.or.ug</a> Website: <a href="http://www.acord.org.uk">www.acord.org.uk</a> <strong>Focal Person:</strong> Dennis Nduhura - Program Manager 0772-482359, <a href="mailto:Dennis.hasap@acord.or.ug">Dennis.hasap@acord.or.ug</a></td>
<td>ACORD Works on HIV/AIDS in over 15 countries in Sub-Saharan Africa. HASAP was launched in July 2001 to coordinate and strengthen HIV/AIDS work. The overarching function is to enhance capacity to engage in and influence wider debates on the basis of solid field experiences and effective interventions. Coordinates research and advocacy Technical support to programs Provides technical support to programmes Facilitates internal and external info sharing</td>
<td>6 staff 1 volunteer</td>
<td>HIV/AIDS Workplace Policy in place</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>Africa 2000 Network P.O Box P.O. Box 21990, Kampala - Uganda Tel: 031 263218/9, Fax: 041 270598 Tel: 078-806750, Email: <a href="mailto:smayanja@a2n.org">smayanja@a2n.org</a> <strong>Focal Person:</strong> Sarah Namayanja - Programme Officer</td>
<td>Worked in Uganda since 1979 carrying out rural development work.</td>
<td>50+ Staff No volunteers</td>
<td>Policy in place</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>ACORD – Northern Uganda Area Program P.O Box 809 – Gulu Tel: 256-471-32242 Fax: Email: <a href="mailto:sabwola@yahoo.co.uk">sabwola@yahoo.co.uk</a> <strong>Focal Person:</strong> Abwola Sunday - HIV/AIDS Technical Advisor</td>
<td>Worked in Uganda since 1979 carrying out rural development work.</td>
<td>42 personnel on pay roll and 6 volunteers</td>
<td>Workplace policy for critical illness in place. All staff on pay roll have Health Insurance</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>Association for Micro Finance Institutions in Uganda (AMFIU) Nkrumah Road – Post Bank Building; P.O Box Tel: 256-41-259176, Fax: 256-41-342270 Email: <a href="mailto:amfiu@amfiu.or.ug">amfiu@amfiu.or.ug</a>, <a href="mailto:amfiu@spacenet.co.ug">amfiu@spacenet.co.ug</a> <strong>Focal Person:</strong> T. Baguma</td>
<td>A national network of micro finance institutions in Uganda founded in 1996 and registered in 1999 Mission is to enhance the sustainable delivery of financial services by all MFIs in Uganda. Brings together the diverse actors from the Ugandan micro finance industry into one network Focus is laid on policy development, lobby &amp; advocacy, capacity building, performance monitoring, information sharing, consumer education &amp; protection and publication of quarterly journal called the Micro Finance Banker.</td>
<td>9 on payroll</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td><strong>Community Based Rehabilitation Alliance (COMBRA)</strong>&lt;br&gt;P.O Box 708, Kampala, Tel: 256 41 290 803&lt;br&gt;Fax: 256 41 290 621&lt;br&gt;E - mail <a href="mailto:combra@ultonline.co.ug">combra@ultonline.co.ug</a>&lt;br&gt;&lt;br&gt;Focal Person: <a href="mailto:babstatesak@yahoo.com">babstatesak@yahoo.com</a>&lt;br&gt;Mobile: 0772-493368</td>
<td>Founded in 1990 and committed to building capacity of personnel working with people with disabilities in the community. Developed a self a 5-year sustainability plan in 2003 and focuses on the following areas:&lt;br&gt;Assisting disabled persons with devices&lt;br&gt;Training in community programs&lt;br&gt;Research and documentation&lt;br&gt;Concentrates on Mukono district but also train students from all over the country and outside</td>
<td>12 employees on payroll&lt;br&gt;1 volunteer</td>
<td>No policy in place</td>
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<td>6.</td>
<td><strong>Community Development Resource Network (CDRN)</strong>&lt;br&gt;Plot 433 Balintuma Road; P.O Box 3791 – Kampala&lt;br&gt;Tel: 256-41-534497 / 39-746117, Fax: 256-41-542995&lt;br&gt;Email: <a href="mailto:cdm@cdrn.or.ug">cdm@cdrn.or.ug</a>;&lt;br&gt;Website: <a href="http://www.cdrn.or.ug">www.cdrn.or.ug</a>&lt;br&gt;Focal Person: Anthony Okori HIV/AIDS&lt;br&gt;Focal Person Tel. 071-813165, E-mail: <a href="mailto:okori@cdrm.or.ug">okori@cdrm.or.ug</a></td>
<td>Founded in 1994 by a small group of Uganda based professionals involved in community development work. Creation reflected a concern about the waste of development resources in Uganda at a time when privatization had become increasingly fashionable in a community where the NGO sector had remained relatively underdeveloped because of earlier political upheavals and restrictions. Mission is to promote civil society efforts to reduce poverty among women, men and children in Uganda through organizational and institutional strengthening.</td>
<td>21 staff on pay roll and 3 on pay roll</td>
<td>Health Policy in place</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Fortportal Diocese Health Department</strong>&lt;br&gt;HIV/AIDS Focal Point Office&lt;br&gt;P.O. Box 914 Fortportal (U)&lt;br&gt;Tel: 256 772 553885/0772 558244&lt;br&gt;Fax: 256 483 22072&lt;br&gt;Focal Person: Fr. Kaawa Leopold&lt;br&gt;E - mail: <a href="mailto:fpdais_focalpointoffice@yahoo.com">fpdais_focalpointoffice@yahoo.com</a></td>
<td>Operates in;&lt;br&gt;Kabale&lt;br&gt;Kyenjojo&lt;br&gt;Kamwenge&lt;br&gt;Bundibjjo&lt;br&gt;HIV/AIDS prevention&lt;br&gt;Community Home based care&lt;br&gt;Voluntary counseling and testing&lt;br&gt;OVC and general community development programs</td>
<td>Number not known&lt;br&gt;Information available with the Diocesan Human Resource Office</td>
<td>No specific HIV/AIDS policy in place</td>
<td></td>
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<tr>
<td>8.</td>
<td><strong>Kabale Diocese Health Office</strong>&lt;br&gt;P.O. Box 56, Kabale&lt;br&gt;Tel: 048 622 556&lt;br&gt;Fax: 048 622 556&lt;br&gt;E - mail: <a href="mailto:dhckabale@ucmb.co.ug">dhckabale@ucmb.co.ug</a>&lt;br&gt;Focal person: Ndabishimye Bernadette (H/C) Tel: 0772-910416</td>
<td>Started in 1930 but the Health services started 1999 and operates in 4 districts of Rukungiri, Kisoro, Kanungu and Kabale. The organization focuses on:&lt;br&gt;Support to orphans,&lt;br&gt;Carry out HIV sensitization sessions,&lt;br&gt;Organize training on HIV issues,&lt;br&gt;HIV testing and counseling</td>
<td>Not sure of the number of staff since there are several health centers in different places</td>
<td>No HIV/AIDS workplace policy so far</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Organisation</strong></td>
<td><strong>Address</strong></td>
<td><strong>Contact</strong></td>
<td><strong>Activities</strong></td>
<td><strong>Staff</strong></td>
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<td>9.</td>
<td>Uganda Association of Women Lawyers (FIDA)</td>
<td>P.O Box 2157 – Kampala; Tel: 256-41-530848 Email: <a href="mailto:fidaug@starcom.co.ug">fidaug@starcom.co.ug</a> Website: <a href="http://www.fida.ug">www.fida.ug</a> Focal Person: Jane Musoke – ED Tel: 0772-415166</td>
<td></td>
<td>An affiliate of the International Federation of women Lawyers; established to meet the professional &amp; intellectual growth needs and development of female lawyers in Uganda and their social interaction. A membership organization of female lawyers and associate members who are students of law at recognized universities in Uganda. Provides legal aid services to poor and vulnerable people whose rights and freedoms have been violated, neglected, denied or disregarded by agents of government or private individuals.</td>
<td>72 staff (70 on payroll, 2 volunteers)</td>
</tr>
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<td>10.</td>
<td>FOCCAS – Uganda</td>
<td>P.O Box 907 – Mbale; Tel : 256-45-34295, Fax :256-035-275120 Email : <a href="mailto:patrick@foccassuganda.org">patrick@foccassuganda.org</a> Website: <a href="http://www.freedomfromhunger.org">www.freedomfromhunger.org</a> Focal Person: Patrick Wasukira Wanambwa General Manager Tel. 077-2409904</td>
<td></td>
<td>A micro finance institution established in 1996 to offer credit with education, a product that integrates financial services with critical health and business education services to the rural poor women in Eastern Uganda. Focuses on provision of credit services and business education.</td>
<td>66 staff on pay roll</td>
</tr>
<tr>
<td>11.</td>
<td>Hospice Africa Uganda</td>
<td>P.O Box 7757 – Kampala, Tel: 256-41-206867/26004 Fax: 256-41-510087 Website: <a href="http://www.hospiceafrica.or.ug">www.hospiceafrica.or.ug</a> Focal Person: Manjit Kaur - Senior HIV/AIDS Policy Advisor - 077-983393 E-mail: <a href="mailto:manjitk@hospiceafrica.org">manjitk@hospiceafrica.org</a></td>
<td></td>
<td>Operates in three districts; Kampala, Mbarara and Hoima Palliative care and support Advocacy Training in short course affiliate to Makerere University Kampala</td>
<td>About 108 on payroll and about 125 volunteers</td>
</tr>
<tr>
<td>12.</td>
<td>Integrated Rural Development Initiatives (IRDI)</td>
<td>P.O Box 10596 – Kampala, Tel: 256-41-533211 /31-261194/5, Fax: 256-41-535211 Email: <a href="mailto:irdi@utlonline.co.ug">irdi@utlonline.co.ug</a> Focal Person: Hellen Gakwaya – Deputy Executive Director - 0772-413071</td>
<td></td>
<td>A national Civil Society Organisation started in 1994 with a mission to enhance the capacity of CBOs, NGOs, organized groups and individuals to accelerate delivery of relevant and appropriate sustainable environment and services to communities in Uganda.</td>
<td>16 on pay roll, 16 part time</td>
</tr>
<tr>
<td>No.</td>
<td>Organisation Name</td>
<td>Address</td>
<td>Contact Person</td>
<td>Activities</td>
<td>Employees</td>
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<td>13.</td>
<td>Karamoja Agro-Pastoral Development Programme (KADP)</td>
<td>P.O Box 21 – Moroto, Tel: 256-77-312851 Email: <a href="mailto:kadp21@yahoo.co.uk">kadp21@yahoo.co.uk</a>, Website: Focal Person: Lyebu Deborah - HIV/AIDS Research Assistant. Tel. 077-2312851</td>
<td></td>
<td>A non-profit oriented organisation that translated from Lutheran World Federation in 2002, with activities aimed at capacity building in the fields of food security, water, and environment and animal health. KADP is at the moment the acting chair of Moroto Network of AIDS Service Organisation, which is a district Network. Focus is on Capacity building, Food security, Water, Environment and Animal health</td>
<td>80 permanent and 05 volunteers</td>
</tr>
<tr>
<td>14.</td>
<td>Organization for Rural Dev’t (ORUDE)</td>
<td>P.O Box Tel: 256-43-12261, Email: <a href="mailto:orude@utlonline.co.ug">orude@utlonline.co.ug</a> Website: Focal Person: Richard Bwire Executive Director – 077-410611</td>
<td></td>
<td>A faith based organisation (FBO) created in 1981, covering Moroto and Nakapiripirit districts Involved in crop diversification, peace campaign, food security, bee keeping and emergency rehabilitation</td>
<td>7 staff on pay roll, 6 volunteers</td>
</tr>
<tr>
<td>15.</td>
<td>Social Services &amp; Dev’t (SSD) Moroto</td>
<td>P.O Box 46 – Moroto Tel: 256-45-70090, Focal Person: Fr. Thomas Achia Development Coordinator - 077-859174, <a href="mailto:achiatom@yahoo.com">achiatom@yahoo.com</a></td>
<td></td>
<td>A faith based organisation (FBO) created in 1981, covering Moroto and Nakapiripirit districts Involved in crop diversification, peace campaign, food security, bee keeping and emergency rehabilitation</td>
<td>15 staff on pay roll</td>
</tr>
<tr>
<td>16.</td>
<td>Soroti Catholic Diocese (CEREDO)</td>
<td>P.O Box 650, Tel. 256-04561683 E-mail: <a href="mailto:jokurut2000@yahoo.com">jokurut2000@yahoo.com</a>, <a href="mailto:ceredo100@yahoo.com">ceredo100@yahoo.com</a> Focal Person: Fr. Joseph Charles Okurut</td>
<td></td>
<td>Faith based organization operating in Soroti, Katakwi, Amuria, and Kaberamaido. It focuses on: Basic education, Health programs, Emergency response Research development, In service training, School construction and Emergency Response</td>
<td>10 employees on pay roll and 8 volunteers</td>
</tr>
<tr>
<td>17.</td>
<td>Trans-cultural Psychosocial Organisation</td>
<td>P.O. Box 21646, Kampala Tel: 256 41 266595 Fax: 256 41 510256 E - mail: <a href="mailto:tpowu@imul.com">tpowu@imul.com</a> Contact: Rehema kajungu-077-2-428545</td>
<td></td>
<td>TPO commenced its operations in Uganda in 1994 as of an international NGO in the Netherlands with affiliates in Africa, Asia and Europe. Focuses on empowering local communities, civil society organizations and governments to meet psychosocial and mental health needs of communities especially in conflict, post conflict and disaster areas.</td>
<td>65 - 72 on payroll 200 volunteers</td>
</tr>
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<td></td>
<td><strong>Tripartite Training Programme (TTP)</strong></td>
<td>A management capacity building organization instituted in 1992 by three indigenous NGOs namely: DENIVA, URDT and ACFODE; to build and strengthen the management capability of Ugandan organizations in the public and private sector through Planning, Management Skills development, Training, guidance and counseling. Monitoring program implementation</td>
<td>8 staff on pay roll, 03 volunteers</td>
<td>HIV/AIDS policy in place, not operational</td>
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<td></td>
<td><strong>Uganda Catholic Medical Bureau</strong></td>
<td>National Coordinating body for catholic medical institutions established in 1955 to oversee the procurement of drugs and medical equipment and channel them to units in aid to the voluntary health sector since colonial administration. It has services, environmental and intra-institutional oriented functions</td>
<td>11 staff on payroll</td>
<td>No HIV/AIDS policy in place</td>
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<td></td>
<td><strong>Uganda Catholic Secretariat (UCS)</strong></td>
<td>An administrative arm of the Uganda Catholic Bishops Conference, mandated to coordinate the Social-pastoral activities of the Catholic Church in Uganda. The HIV/AIDS focal point acts as a point of service for the different 12 departments at the secretariat in 19 catholic dioceses in the country.</td>
<td>100+ staff on pay roll</td>
<td>No policy in place</td>
<td></td>
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<td></td>
<td><strong>Uganda Debt Network (UDN)</strong></td>
<td>An advocacy and lobbying coalition of Uganda Civil Society Organizations, grass roots groups and individuals. Founded in 1996, as a result of CSOs concerns that Uganda’s debt burden has reached unsustainable levels with serious adverse implications for social and economic development. Promotes and advocates for pro-poor policies and full participation of poor people in poverty focused policies, monitoring the utilization of public resources and ensuring that borrowed and national resources are prudently managed in an open accountable and transparent manner so as to benefit the people of Uganda.</td>
<td>13 staff on pay roll, 01 intern</td>
<td>No policy in place</td>
<td></td>
</tr>
</tbody>
</table>
22. **Uganda Joint Christian Council (UJCC)**  
P.O Box 30154, Old Kampala  
Tel: 041-256219  E-mail: ujcc@utlonline.co.ug  
Website:  
**Focal Person:** Christopher Kayongo,  
Tel. 0782-733542  
21 staff on payroll, 3 volunteers  
No HIV/AIDS policy in place

23. **Uganda Martyrs University (UMU) - Nkozi**  
P.O Box 5498 – Kampala, Tel: 256-77-592506, Email: everdmaniple@umu.ac.ug, Website: www.fiu.org/umu/  
**Focal Person:** Dr. Everd Maniple - Dean – Faculty of Health Sciences  
A university founded by the Catholic Church in 1993; situated on Kampala Masaka Road, South-West of Kampala city; Mainly involved in Academic Training.  
150 full time staff and 3 volunteers  
Medical Insurance Scheme for all the Permanent Staff but no specific HIV/AIDS Workplace Policy.

24. **Uganda Society for Disabled Children (USDC)**  
P.O. Box 16345, Kampala  
Tel: 041 530 864,Fax: 041 533 589 E-mail: usdc@ugasoc.org  
**Focal person:** Seteza Kajubi,  
Te. 041-530864  
150 full time staff and 3 volunteers  
44 on payroll  
3 volunteers  
Draft policy in place, not operational

25. **Vredeseilanden Coopibo –Uganda (VECO)**  
P.O Box 7844 - Kampala  
Tel: 256-41-269635, Fax: 256-41-266109 Email: veco-ug@veco-uganda.org  
**Focal Person:** Jean Paul, Program Officer  
12 staff on payroll  
No policy in place

26. **Action for Development (ACFODE)**  
P.O Box 16729 Wandegeya – Kampala  
Tel: 256 41 531812, Fax: 256 41 530 460 Email: acfode@starcom.co.ug  
**Focal Person:** Betty Kisakye,  
Tel. 041-531812  
12= staff on pay roll  
No policy in place

27. **Advocates Coalition for Development and Environment (ACODE)**  
P.O. Box 29836 –Kampala  
Tel: 256 41 530 798, Email: acode@acode-u.org  
**Focal Person:** Mugyenyi O. 0772-423449, E-mail: mugyenyi@acode-u.org  
Founded in 1999, ACODE is a public policy research think-tank that operates within organized five programmatic areas, namely: Peace and conflict, Environmental democracy, Trade policy governance and intellectual property Biodiversity  
7 staff on pay roll, 5 volunteers  
No HIV/AIDS policy in place
<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Address</th>
<th>Description</th>
<th>Staff on Pay Roll</th>
<th>Volunteers</th>
<th>HIV/AIDS Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.</td>
<td>Akina Mama Wa Afrika</td>
<td>Plot 30 Bukoto Street, P.O Box 24130 – Kampala</td>
<td>An International Pan African NGO founded in 1985 by African women based in the UK. Kampala is the regional office for Africa. Akina Mama Wa Africa is a Swahili word, which stands for “Solidarity among African Women” signifying African sisterhood.</td>
<td>4 staff on pay roll, 2 volunteers</td>
<td></td>
<td>No HIV/AIDS policy in place</td>
</tr>
<tr>
<td>29.</td>
<td>AMAKULA Kampala Cultural Foundation</td>
<td>P.O Box 10020 – Kampala</td>
<td>Founded in 2004 by the collaborating partners for the organisation of the first Amakula Kampala International Film Festival. The purpose was to create a film culture and to promote talented Ugandan producers. The organization’s main aims are to provide Ugandans access to films and documentaries with different styles and stories, to stimulate a cinema industry and culture in Uganda.</td>
<td></td>
<td></td>
<td>No policy in place</td>
</tr>
<tr>
<td>30.</td>
<td>Association for Micro Finance Institutions in Uganda (AMFIU)</td>
<td>Nkrumah Road – Post Bank Building; P.O Box 26058; Tel: 256-41-259176, Fax: 256-41-254420</td>
<td>A national network of micro finance institutions in Uganda founded in 1996 and registered in 1999 with a mission to enhance the sustainable delivery of financial services by all MFIs in Uganda. Brings together the diverse actors from the Ugandan micro finance industry into one network. Focuses on policy development, lobby and advocacy, capacity building, performance monitoring, information sharing, consumer education and protection. Publicizes a quarterly journal called the Micro Finance Banker.</td>
<td>9 staff on pay roll</td>
<td></td>
<td>No policy in place</td>
</tr>
<tr>
<td>31.</td>
<td>Council for Economic Empowerment of Women (CEEWA)</td>
<td>P.O. Box 9063, Kasanga-Kampala Tel: 256-41-348896 / 534199/0, Fax: 256-41-255144</td>
<td>A non-governmental, non-profit, non-partisan organization established in 1995 with a mission to promote the economic empowerment of women in the development process through advocacy, training, research and documentation. Works to strengthen the capacity of key decision makers to integrate gender concerns into economic planning and resource allocation at district and national levels. CEEWA integrates women, economic empowerment with ICT.</td>
<td>13 on the pay roll, 12 volunteers</td>
<td></td>
<td>No HIV/AIDS policy in place</td>
</tr>
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<td>32.</td>
<td>Development Training and Research Centre (DETREC)</td>
<td>P.O Box 581 – Lira</td>
<td>Founded in 1992 to enhance socio-economic development through support to local community based organizations, groups &amp; NGOs. Vision is a society on which people are able to take their destiny in their own hands.</td>
<td>13 staff on payroll, 49 volunteers</td>
<td></td>
<td>No specific policy for HIV/AIDS</td>
</tr>
</tbody>
</table>
### 33. Eastern African Sub-region Support Initiative for the Advancement of Women (EASSI)

P.O Box 24966 – Kampala  
Tel: 256-41-285165 / 285194, Fax: 256-41-285306  
Email: eassi@eassi.org, Website: http://eassi.org  
**Focal Person:** Joyce Tamale - Finance and Administration Manager

Formed in 1996 as a need to support the follow up process within the East African Sub-region and covers eight countries namely: Burundi, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Tanzania and Uganda.  
Vision is of a society where all enjoy gender equality, social justice, peace and development.

### 34. FEMRITE- Uganda Women Writer’s Association

Plot 147 Kira Road, P.O Box 705 – Kampala  
Tel: 256-41- 543943  
Email: femrite@infocom.co.ug  
Contact Person: Goreth Kyomuhendo  
Tel: 041-543943

An organisation of female writers founded in 1996 to promote the women writers. One of its objectives is to highlight issues of national interest especially those concerning women. FEMRITE gives women a voice and promotes gender equality and a more positive image of women in society.

### 35. Forum for Women in Democracy (FOWODE)

Plot 15 Vumbya Close Nitnda-Nakawa Rd  
P.O Box 7176 – Kampala  
Tel: 256-41-286063, Fax: 256-41-286029  
Email: fowode@utlonline.co.ug  
Website: http://www.fowode.org  
**Focal Person:**

A women’s organisation that emerged in 1995 from the women’s caucus of the Ugandan constituent Assembly; with an over all objective of promoting accountability and transparency of local governments and public representatives in order to minimize corruption and gender perspective. Advocates for gender equity in laws, policies and programmes.

### 36. Foundation For Human Rights Initiative (FHRI)

Nsambya Estate;  
P.O Box 426 – Kampala  
Tel: 256 41 342412, Fax: 256 41 510021  
Email: fhri@starcom.co.ug  
**Focal Person:** Elizabeth Nantamu - Resource Centre Manager - Tel: 077-464966

Established in 1991 to advocate for Just and Humane laws and educate Ugandans on their fundamental human rights. Addresses both the civil and political rights.
<table>
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<th><strong>37.</strong></th>
<th><strong>Lango Organic Farming Production (LOFP)</strong></th>
<th>Established in 1999 as a separate NGO by a group of organic farmers; after a spin off from an organic cotton project that was started in 1994 by the Lango Cooperative Union and SwedeCorp from Sweden. Maximization of peasant farmers’ income by reducing costs of production and by trying to get a higher price. Increase the sustainable crop production of farmers by promoting environmentally friendly methods of farming such as crop rotation, good livestock management, use of organic fertilizers and pest control through the use of natural predators.</th>
<th>16 staff on pay roll, 6 volunteers</th>
<th>No HIV/AIDS workplace policy in place</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>38.</strong></td>
<td><strong>National Organic Agriculture Movement of Uganda (NOGAMU)</strong></td>
<td>Established in 2001 to unite producers, producers, marketers and trainers who are interested in promoting organic farming. The aim of NOGAMU is to coordinate and promote sustainable organic agricultural development, networking and marketing.</td>
<td>12 staff on pay roll</td>
<td>No HIV/AIDS Workplace Policy</td>
</tr>
<tr>
<td><strong>39.</strong></td>
<td><strong>Raising Voices</strong></td>
<td>A small International NGO established in 1999 and based in Kampala and working throughout the Horn of East and Southern Africa; with an aim to prevent violence against women and children.</td>
<td>12 staff on pay roll &amp; work with a variety of consultants on various projects.</td>
<td>No specific policy for HIV/AIDS, but HIV/AIDS related issues are addressed in the human resource policy.</td>
</tr>
<tr>
<td><strong>40.</strong></td>
<td><strong>Support for Micro Enterprises Development (SOMED)</strong></td>
<td>An indigenous micro-lending institution established in 1998 to empower the marginalized and economically active poor especially women in Masindi district through the provision of small loans. Comprises of 10 branches.</td>
<td>54 staff on pay roll</td>
<td>No policy in place</td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name</td>
<td>Address</td>
<td>Contact Information</td>
<td>Description</td>
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<tr>
<td>41.</td>
<td>Uganda Change Agents Association (UCAA)</td>
<td>Rashid Khamis Road, Old Kampala P.O Box 2922 – Kampala Tel: 256-41-343265, Fax: 256-41-234674 Email: <a href="mailto:ucaa@infocom.co.ug">ucaa@infocom.co.ug</a> Website: <a href="http://www.ucaa.or.ug">www.ucaa.or.ug</a> Focal Person: Betty Makuma, Tel. 0772697868</td>
<td>Founded in 1992 by 75 Ugandans (change agents) who had undergone change agent training conducted by Quaker Service Norway (QSN). Focuses on sustaining the Change agent Training Programme in Uganda. Vision is to improve standards of living in poor rural households through self-reliant participatory efforts. Mission is to ensure that rural men and women are able to initiate and sustain their own self-reliant social, political and economic development processes.</td>
<td>22 staff on pay roll, 2000 volunteers</td>
</tr>
<tr>
<td>42.</td>
<td>Uganda Debt Network (UDN)</td>
<td>Plot 424 Mawanda Road – Kamwokya – K’la P.O Box 21509 – Kampala, Tel: 256-41-533840 /543974, Fax: 256-41-534856, Email: <a href="mailto:info@udn.or.ug">info@udn.or.ug</a> Website: <a href="http://www.udn.or.ug">www.udn.or.ug</a> Focal Person: Tumwebaze Peter, Fin and Admin E-mail: <a href="mailto:ptumwebaze@udn.org.ug">ptumwebaze@udn.org.ug</a></td>
<td>An advocacy and lobbying coalition of Uganda Civil Society Organizations, grass roots groups and individuals. Founded in 1996, as a result of CSOs concerns that Uganda’s debt burden has reached unsustainable levels with serious adverse implications for social and economic development. Promotes and advocates for pro-poor policies and full participation of poor people in poverty focused policies, monitoring the utilization of public resources and ensuring that borrowed and national resources are prudently managed in an open accountable and transparent manner so as to benefit the people of Uganda.</td>
<td>13 staff on pay roll, 01 intern</td>
</tr>
<tr>
<td>43.</td>
<td>Uganda Micro finance Union</td>
<td>P.O Box 10184 – Kampala Tel: 256-72-406318, Fax: 256-31-262436 Email: <a href="mailto:ugandamu@umu.co.ug">ugandamu@umu.co.ug</a> Website: Focal Person: Nathan B Nkoola – HRM Tel: 0772-479 <a href="mailto:jnkoola@umu.co.ug">jnkoola@umu.co.ug</a></td>
<td>Founded in 1997 by two students as a graduate project in which they wanted to offer client friendly financial products. Vision of providing quality financial services to micro entrepreneurs and low-income people living in rural areas in Uganda. Started the concept of strict “Grameen or Village banking” by offering a wider range of financial services in a much more flexible way and at lower rates.</td>
<td>300-350 on payroll</td>
</tr>
<tr>
<td>44.</td>
<td>Uganda Women’s Finance Trust (UWFT)</td>
<td>Plot 59 Buganda Road, P.O Box 6972 – Kampala Tel: 256-41-241275/255146-47/ Fax: 256-41-258571/ 258 671, Email: <a href="mailto:uwft@swiftuganda.ug">uwft@swiftuganda.ug</a> Website: Focal Person: Eva Mukasa</td>
<td>An affiliate of Women’ World Banking (US-based) and founded in 1984. The oldest indigenous micro finance institution in Uganda. In 2004 UWFT established the Uganda Finance Trust (UFT) with a vision that low income people should have access to financial services.</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name</td>
<td>Address</td>
<td>Contact Details</td>
<td>Founded Year</td>
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<tr>
<td>45.</td>
<td>Volunteer Efforts For Development Concerns (VEDCO)</td>
<td>P.O Box 144, Kampala, Busesa Rd, Nankulabye, Tel: 041-270598, Fax: 041-348441, Email: <a href="mailto:vedco@infocom.co.ug">vedco@infocom.co.ug</a>, Focal Person: Jenny Namusoke (Grants Officer), Tel: 0772-461179</td>
<td>1986</td>
<td>Founded in 1986 by Makerere University students to tackle the ravages of the 1981-1986 civil war in Luwero triangle particularly resettlement of war displaced families. Currently responds to challenges of poverty aggravated by the instability caused by the war situation. Focuses on household food security, good marketing potential for income generation, access to micro finance, farm business development and food security management.</td>
</tr>
<tr>
<td>46.</td>
<td>Women of Uganda Network (WOUGNET)</td>
<td>Plot 53, Kira Road, P.O Box 4411 – Kampala, Tel: 256-41-532035, Fax: 256-41-530474, Email: <a href="mailto:info@wougnet.org">info@wougnet.org</a>, Website: <a href="http://www.wougnet.org">www.wougnet.org</a>, Focal Person: Dorothy Okello – Coordinator – 077-957550</td>
<td>2000</td>
<td>Initiated in 2000 by several women’s organizations to promote the use of Information and Communication Technologies (ICT) as a tool to share information and address gender issues collectively. The goal is to strengthen the use of ICTs among women and women organizations, to build capacities in ICT application as well as to expand activities to reach out to rural women.</td>
</tr>
<tr>
<td>47.</td>
<td>Church of Uganda- Soroti Diocese</td>
<td>P.O Box 107 – Soroti, Tel: 256-45-61747, Email: <a href="mailto:coueduc@infocom.co.ug">coueduc@infocom.co.ug</a>, Focal Person: Adweka Joseph – Education Coordinator 077-516280</td>
<td>1990</td>
<td>One of the 31 Anglican dioceses in the province of church of Uganda. Operates within four main departments namely: Mission, Education, Planning and Development, Finance and Administration.</td>
</tr>
<tr>
<td>48.</td>
<td>Church of Uganda - Teso Diocese Planning &amp; Development Office (COU-TEDDO)</td>
<td>P.O Box 107 – Soroti, Tel: 256-45-61325 / 77-473947, Email: <a href="mailto:cou-teddo@infocom.co.ug">cou-teddo@infocom.co.ug</a>, Focal Person: Samuel Okiror Tel: 0772-935955</td>
<td>1990</td>
<td>A development focused organisation with programs in peace and human rights, food security and sustainable livelihoods.</td>
</tr>
<tr>
<td>49.</td>
<td>Community Based Rehabilitation Alliance (COMBRA)</td>
<td>P.O Box 708, Kampala, Tel: 256 41 290 803, Fax: 256 41 290 621, Email: <a href="mailto:combra@ultonline.co.ug">combra@ultonline.co.ug</a>, Focal Person: <a href="mailto:babstatesaki@yahoo.com">babstatesaki@yahoo.com</a>, Mobile: 0772-493368</td>
<td>1990</td>
<td>Founded in 1990 and committed to building capacity of personnel working with people with disabilities in the community. Developed a self a 5-year sustainability plan in 2003 and focuses on the following areas: Assisting disabled persons with devices, Training in community programs, Research and documentation. Concentrates on Mukono district but also train students from all over the country and outside.</td>
</tr>
<tr>
<td>Number</td>
<td>Organization Name</td>
<td>District</td>
<td>Contact Information</td>
<td>Focal Person(s)</td>
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<tr>
<td>50.</td>
<td>Concerned Parents Association (CPA) – Uganda</td>
<td>Lira</td>
<td>P.O Box 815 – Lira Tel: 256-473-20503/ 256-473-20650 Fax: Email: <a href="mailto:cpa-uganda@imul.com">cpa-uganda@imul.com</a> Website: <a href="http://www.cpauganda.org">www.cpauganda.org</a></td>
<td>Okelo Godfrey, Program Manager</td>
</tr>
<tr>
<td>51.</td>
<td>Development Training and Research Centre (DETREC)</td>
<td>Lira</td>
<td>P.O Box 581 – Lira Tel: 256-47-320185, Email: <a href="mailto:detrec@utlonline.co.ug">detrec@utlonline.co.ug</a></td>
<td>James Okucu - Executive Director</td>
</tr>
<tr>
<td>52.</td>
<td>Facilitation for Peace and Development (FAPAD)</td>
<td>Lira</td>
<td>P.O Box 665 – Lira Tel: 256-782-2389278, Email: <a href="mailto:fapad2001@yahoo.com">fapad2001@yahoo.com</a></td>
<td>Joy Oyado, Social Worker</td>
</tr>
<tr>
<td>53.</td>
<td>Health Need Uganda (HNU)</td>
<td>Soroti</td>
<td>P.O Box 180, Soroti Tel: 256-45-61222, Fax: 256-045-61222 Email: <a href="mailto:hnu@infocom.co.ug">hnu@infocom.co.ug</a></td>
<td>Richard Ochen - Programme Manager</td>
</tr>
<tr>
<td>54.</td>
<td>Karamoja Agro-Pastoral Development Programme (KADP)</td>
<td>Moroto</td>
<td>P.O Box 21 – Moroto, Tel: 256-77-312851 Email: <a href="mailto:kadp21@yahoo.co.uk">kadp21@yahoo.co.uk</a>, Website: Focal Person: Lyebu Deborah - HIV/AIDS Research Assistant</td>
<td>Southern Deborah - HIV/AIDS Research Assistant</td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name</td>
<td>Address</td>
<td>Contact Information</td>
<td>Description</td>
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<td>55.</td>
<td>Teso AIDS Project (TAP)</td>
<td>Plot 16-22 Eyoku Road; P.O Box 879 – Soroti Tel: 256-45-61603, Email: <a href="mailto:fayupo@yahoo.com">fayupo@yahoo.com</a></td>
<td><strong>Focal Person:</strong> Florence Ayupo Elimu, Manager, Tel.077-2566112</td>
<td>Indigenous NGO initiated in 1991 by community opinion and religious leaders during the peak of the HIV/AIDS scourge in Teso district in Eastern Uganda. TAP was instituted with an over all objective of mitigating the challenges arising from HIV/AIDS scourge.</td>
</tr>
<tr>
<td>56.</td>
<td>Tripartite Training Programme (TTP)</td>
<td>P.O Box 16740 – Kampala Tel: 256-41-273103 / 41-286963, Fax: 256-41-273092 Email: <a href="mailto:ttp@ttp.or.ug">ttp@ttp.or.ug</a>, Website: Focal Person: Benedict Kiwanuka Executive Director, Tel. 077-412814, E-mail: <a href="mailto:ben@ttp.or.ug">ben@ttp.or.ug</a>/kiwanukabm@yahoo.com</td>
<td></td>
<td>A management capacity building organization instituted in 1992 by three indigenous NGOs namely: DENIVA, URDT and ACFODE; to build and strengthen the management capability of Ugandan organization in the public and private sector through training, guidance and counseling. Monitoring program implementation</td>
</tr>
<tr>
<td>57.</td>
<td>Uganda Change Agents Association (UCAA)</td>
<td>Rashid Khamis Road; P.O Box 2922 – Kampala Tel: 256-41-343265, Fax: 256-41-234674 Email: <a href="mailto:ucaa@infocom.co.ug">ucaa@infocom.co.ug</a>, Website: <a href="http://www.ucaa.or.ug">www.ucaa.or.ug</a> Focal Person: Betty Makuma, Tel. 0772697868</td>
<td></td>
<td>Founded in 1992 by 75 Ugandans (change agents) who had undergone change agent training conducted by Quaker Service Norway (QSN). Focuses on sustaining the Change agent Training Programme in Uganda. Vision is to improve standards of living in poor rural households through self-reliant participatory efforts. Mission is to ensure that rural men and women are able to initiate and sustain their own self-reliant social, political and economic development processes.</td>
</tr>
<tr>
<td>58.</td>
<td>Uganda Child Rights NGO Network (UCRNN)</td>
<td>P.O Box 10293 – Kampala Tel: 256-41-543548 / 41-532131, Fax:: 256-41-543548 Email: <a href="mailto:ucrnn@utlonline.co.ug">ucrnn@utlonline.co.ug</a>, Website: Focal Person: Helen Grace Namulwana, Advocacy and Information Officer - 077-2474913</td>
<td></td>
<td>A coalition of child focused civil society organizations operating in Uganda. Established in 1997 to generate the first alternative report to the government of Uganda report on the implementation of the UN convention on the rights of the child. The coalition brings together child focused, national and international, which are directly or indirectly involved in social protection work including awareness raising, advocacy, and provision of psychosocial support, among others.</td>
</tr>
<tr>
<td>59.</td>
<td>Uganda Joint Christian Council (UJCC)</td>
<td>P.O Box 30154, Old Kampala Tel: 041-256219 E-mail: <a href="mailto:ujcc@utlonline.co.ug">ujcc@utlonline.co.ug</a> Focal Person: Christopher Kayongo, Tel. 0782-733542</td>
<td></td>
<td>Good Governance and Peace Building Democratization - Election monitoring Ecumenism and Consensus building Human Rights and HIV/AIDS Information Sharing and publications</td>
</tr>
<tr>
<td>No.</td>
<td>Organization</td>
<td>Address</td>
<td>Contact Information</td>
<td>Program Description</td>
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<tr>
<td>60.</td>
<td>Uganda Society for Disabled Children (USDC)</td>
<td>P.O. Box 16345, Kampala</td>
<td>Tel: 041 530 864, Fax: 041 533 589, E-mail: <a href="mailto:usdc@ugasoc.org">usdc@ugasoc.org</a></td>
<td>NGO committed to recognizing and equalizing the rights of children with disabilities in Uganda. It enables IEC on disability, policy advocates and capacity building</td>
</tr>
<tr>
<td>61.</td>
<td>VECO (Vredeseilanden Coöpiboh Uganda)</td>
<td>P.O Box 7844, Kibuli - Kabalagala Road, Kampala</td>
<td>Tel: 256-41-269635, Fax: 256-41-266109, Email: <a href="mailto:veco-ug@vecouganda.org">veco-ug@vecouganda.org</a></td>
<td>Working through partnerships to improve food and income security for small scale households through sustainable agriculture, organizational strengthening through advice</td>
</tr>
<tr>
<td>62.</td>
<td>Vision Teso Rural Development Organisation (Vision TERUDO)</td>
<td>P.O Box 116- Ngora – Kumi</td>
<td>Tel: 256-77-788356 / 77-785449, Email: <a href="mailto:etesot@yahoo.com">etesot@yahoo.com</a> / <a href="mailto:visionterudo@yahoo.com">visionterudo@yahoo.com</a></td>
<td>A Christian NGO founded in 1982 with an objective of improving the livelihoods of Teso's rural poor and has since adopted an integrated multi-sector approach involving agriculture, health and education. Operates in the Ugandan Eastern districts of Kumi, Katakwi, Kaberamaido and Soroto.</td>
</tr>
<tr>
<td>63.</td>
<td>ACORD (HASAP)</td>
<td>Plot 1272, Block 15 Nsambya</td>
<td>Tel: 256-41-266596 / 77-267667, Fax: 256-41-267669, Email: <a href="mailto:saf1@afs.f.com">saf1@afs.f.com</a>, <a href="mailto:acordug@uol.co.ug">acordug@uol.co.ug</a></td>
<td>ACCORD is working on HIV/AIDS in over 15 countries in Sub-Saharan Africa. HASAP was launched in July 2001 to coordinate and strengthen HIV/AIDS work. Overarching function is to enhance capacity to engage in and influence wider debates on the basis of solid field experiences and effective interventions.</td>
</tr>
<tr>
<td>64.</td>
<td>ACORD – Northern Uganda Area Program</td>
<td>P.O Box 809 – Gulu</td>
<td>Tel: 256-471-32242, Fax: <a href="mailto:sahwola@yahoo.co.uk">sahwola@yahoo.co.uk</a></td>
<td>Worked in Uganda since 1979 carrying out rural development work.</td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name</td>
<td>Address</td>
<td>Contact Information</td>
<td>Description</td>
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<tr>
<td>65.</td>
<td>Akiika Embuga Women’s Self-Help Association</td>
<td>P.O Box 5650 – Mpigi</td>
<td>Tel: 256-77-436131, Email: <a href="mailto:jnkagimu@yahoo.co.uk">jnkagimu@yahoo.co.uk</a></td>
<td>Local NGO engaged in development and economic emancipation of rural women in Mpigi district.</td>
</tr>
<tr>
<td>66.</td>
<td>BUSO Foundation</td>
<td>P.O Box 23706 Kampala Bombo Rd Matugga TC</td>
<td>Tel: 0772-882757, Email: <a href="mailto:busojoel@yahoo.com">busojoel@yahoo.com</a></td>
<td>Primary health care programs including water and sanitation, immunization, nutrition, food security and HIV/AIDS</td>
</tr>
<tr>
<td>67.</td>
<td>Council for Economic Empowerment of Women (CEEWA)</td>
<td>P.O. Box 9063, Kasanga-Kampala</td>
<td>Tel: 256-41-348896 / 534199/0, Fax: 256-41-255144</td>
<td>A non-governmental, non-profit, non-partisan organization established in 1995 with a mission to promote the economic empowerment of women in the development process through advocacy, training, research and documentation. Works to strengthen the capacity of key decision makers to integrate gender concerns into economic planning and resource allocation at district and national levels. CEEWA integrates women, economic empowerment with ICT.</td>
</tr>
<tr>
<td>68.</td>
<td>Community Empowerment for Rural Development (CEFORD)</td>
<td>Plot 40, Mt. Wati Avenue; P.O Box 303 – Arua.</td>
<td>Tel: 256-476-20002, Email: <a href="mailto:ceford_ug@yahoo.com">ceford_ug@yahoo.com</a></td>
<td>Focuses on -capacity building of other organizations -Education – formal &amp; FAL Agriculture Training Production of instructional materials</td>
</tr>
<tr>
<td>69.</td>
<td>Environmental Alert</td>
<td>P.O Box 11259 – Kampala, Kabalagala off Gaba Road</td>
<td>Tel: 256-41-510547 / 510215, Fax: 256-41-220 780</td>
<td>A developmental NGO whose mission is to see communities are free from poverty and hunger and sustainably managing their natural bases for improved livelihoods. Focuses on policy influencing, Policy monitoring, capacity building.</td>
</tr>
</tbody>
</table>
| 70. | **Uganda Association of Women Lawyers (FIDA Uganda)**  
P.O Box 2157 – Kampala  
Tel: 256-41-530848; Email: fida@fida.bushnet.net  
Website: www.fidauganda.or.ug  
**Focal Person:** Jane Musoke - Executive Director, Tel.077-2415166 | An affiliate of the International Federation of women Lawyers; established to meet the professional and intellectual growth needs and development of female lawyers in Uganda and their social interaction.  
A membership organisation of female lawyers and associate members who are students of law at recognized universities in Uganda.  
Provides legal aid services to poor and vulnerable people whose rights and freedoms have been violated, neglected, denied or disregarded by agents of government or private individuals. | 61 staff on pay roll & 9 volunteers | No HIV/AIDS policy in place. |
| --- | --- | --- | --- | --- |
| 71. | **Literacy and Adult Basic Education (LABE)**  
Plot 18 Tagore Crescent, Kamwokya  
P.O Box 16176 – Kampala  
Tel:0772-644197, Fax: 256-41-534864  
Email: labe@africaonline.co.ug/info@labeuganda.org  
**Focal person:** Patrick Kirya, Executive Secretary Kampala office | Indigenous NGO working in literacy and adult basic education, mainly in the eastern and northern regions  
Promotes literacy practices, especially amongst women and children in local communities. Training  
Production of instructional materials  
Policy advocacy | 11 staff on payroll, 96 volunteers | Draft HIV/AIDS Workplace Policy written  
No Health Insurance in place |
| 72. | **Uganda Fisheries and Fish Conservation Association (UFFCA)**  
P.O Box 25494 – Kampala  
Tel: 256-41-530912/0772603947, Fax: 256-41-344636  
Email: fisheries@uffca.co.ug, Website:  
**Focal person:** Naphtali Bigirwenkya  
Tel. 077-2868975 | An organisation founded in 1993 whose membership is comprised of fisher based organisations in the fisheries sub-sector,  
Lobby Group fight for the human rights of fishermen  
Work with Ministry Officials, Fish District Officers and Community based Organisations | 11 on payroll 5 volunteers | Draft HIV/AIDS policy available, not operational. |
| 73. | **Uganda Women’s Network (UWONET)**  
P.O. Box 27991, Kampala  
Tel: 256-41-53968, Fax: 256-41-255144  
Email: uwonet@starcom.co.ug, Website:  
**Focal Person:** Carlo Bunga Idembe, advocacy officer, Tel. 0712814273, E-mail: cidembe@uwonet.org | Founded in 1991 for empowerment of Women in Uganda in areas of advocacy and lobbying  
Ensures women’s access to power and decision making  
Advocates for equal opportunities and rights of women | 9 staff on the pay roll, 02 volunteers | No policy in place |
<table>
<thead>
<tr>
<th>No.</th>
<th>Organization</th>
<th>Address</th>
<th>Contact Person</th>
<th>Role</th>
<th>Staff/Volunteers</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.</td>
<td>Uganda Land Alliance</td>
<td>P.O. Box 26990, Plot 532, Bukoto, Kampala</td>
<td>Okech Oscar</td>
<td>Coordinator</td>
<td>7 on payroll no volunteers</td>
<td>No policy in place</td>
</tr>
<tr>
<td>75.</td>
<td>Uganda Martyrs University - Nkozi</td>
<td>P.O Box 5498 – Kampala</td>
<td>Dr. Everd Maniple</td>
<td>Dean of Faculty of Health Sciences</td>
<td>150 full time staff and 3 volunteers</td>
<td>Medical Insurance Scheme for all the Permanent Staff but no specific HIV/AIDS Workplace Policy.</td>
</tr>
<tr>
<td>76.</td>
<td>Uganda Women’s Finance Trust (UWFT)</td>
<td>Plot 59 Buganda Road</td>
<td>Eva Mukasa</td>
<td>Focal Person</td>
<td>8 people &amp; 4 volunteers</td>
<td>Draft policy available, not operational</td>
</tr>
<tr>
<td>77.</td>
<td>Volunteer Efforts For Development Concerns (VEDCO)</td>
<td>P.O Box 1244, Mengo –Bukesa Rd K’la.</td>
<td>Rueben Mbauta</td>
<td>Chief Executive Officer</td>
<td>8 people &amp; 4 volunteers</td>
<td>Draft policy available, not operational</td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name</td>
<td>Address</td>
<td>Contact Details</td>
<td>Established</td>
<td>Type</td>
<td>Program Focus</td>
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<td>79.</td>
<td>Kagando Rural Development Centre (KARUDEC)</td>
<td>Private bag – Kasese Tel: 256-77-425150 / 77-800660</td>
<td>Focal person: Rev. Benson Baguma – Project Director 077-529695</td>
<td>Started in 1995 as a result of cholera outbreak in Kagando hospital. Focuses on Community Based Health Care, Agriculture, Micro finance and Functional Adult Literacy.</td>
<td>200+ staff on pay roll</td>
<td>There is an HIV/AIDS policy covering all staff but could not establish whether it is functional. Director was not around</td>
</tr>
<tr>
<td>80.</td>
<td>Karambi Action For Life Improvement (KALI)</td>
<td>Plot 4 Bwera Hospital Road P.O Box 539 – Bwera – Kasese Tel: 256-75-2232333, Email: <a href="mailto:kalikasese@yahoo.co.uk">kalikasese@yahoo.co.uk</a></td>
<td>Focal Person: James Mwirima</td>
<td>Started in 1995, registered as a CBO in 2000 and as a company limited by guarantee in 2004 and as an NGO in 2005. KALI puts emphasis in areas of anti-corruption campaign, gender budgeting, human rights and sustainable livelihoods</td>
<td>5 staff on pay roll &amp; 03 volunteers</td>
<td>No HIV/AIDS policy. There is general personnel policy</td>
</tr>
<tr>
<td>81.</td>
<td>National Union of Women with disabilities in Uganda</td>
<td>P.O Box 8567 – Ntinda, Kampala Tel: 256-41-540179, Fax: 256-41-221240 Email: <a href="mailto:nudipu@utlonline.co.ug">nudipu@utlonline.co.ug</a> , Website:</td>
<td>Focal Person: Katumba George, Executive Director. Tel. 0772-889150</td>
<td>A grassroots organization founded in 1987; involved in advocacy and lobbying for the rights of PWDs, influencing policies at national, regional and community levels and promotion of PWDs’ participation at all forums in socio-economic issues. NUDIPU is a voice for the disabled in Uganda.</td>
<td>No policy in place</td>
<td></td>
</tr>
<tr>
<td>82.</td>
<td>North Rwenzori Rural Community, Agriculture and Conservation Link (NORRACOL)</td>
<td>P.O Box 1186 – Bundibugyo Tel: 256-78-578257, Email: <a href="mailto:norracol@yahoo.com">norracol@yahoo.com</a></td>
<td>Focal Person: Nancy Musoki, Coordinator</td>
<td>An indigenous NGO founded in 1997 by local community members. Focuses on promotion of improved agricultural practices, sustainable use of natural resources and strengthening self help initiatives</td>
<td>05 Staff on pay roll, 3 volunteers</td>
<td>No HIV/AIDS policy in place</td>
</tr>
<tr>
<td>83.</td>
<td>Tororo Civil Society Network (TOCINET)</td>
<td>Plot 4 Masaba Road, P.O Box 422 Tororo Tel: 256-45-450006, Fax: 256-45-45052 Email: <a href="mailto:Tocinet02@yahoo.com">Tocinet02@yahoo.com</a>, Focal person: Stella Obel, Coordinator – 077-468972 / 077-468972</td>
<td></td>
<td>A consortium of NGOs, CBOs, FBOs, Associations, Women groups, Cultural Institutions, Cooperatives, Print and Electronic Media Associations, Trade Unions etc; that advocate and lobby for pro-poor policies, champion anti-corruption campaign, monitor the use of public resources, protect and promote observance of human rights and good governance.</td>
<td>15 staff on pay roll</td>
<td>No policy in place</td>
</tr>
<tr>
<td>No.</td>
<td>Organisation</td>
<td>Details</td>
<td>Contact Information</td>
<td>Year of成立</td>
<td>Staffing</td>
<td>HIV/AIDS Policy at Workplace</td>
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</tbody>
</table>
| 84  | Uganda Land Alliance                 | 7 on payroll  
No volunteers  
No policy in place | P.O. Box 26990, Plot 532, Bukoto, Kampala.  
Tel: 041-540038  
Fax: 256-41-540038  
E-mail: ula@africanonline.co.ug  
Contact person: Okech Oscar, Coordinator, Tel. 077-263977 | 2010 | 7 on payroll  
No volunteers  
No policy in place | Not mentioned | Not mentioned |
| 85  | Uganda Media Women's Association (UMWA) | Uses volunteers  
and a few staff  
No HIV/AIDS Policy | P.O Box 7263, Kampala  
Focal Person: Margaret Sentamu - Executive Director or Cothilda Babirekere – Project Officer 077-451443, babirekere@yahoo.co.uk | 2010 | Uses volunteers  
and a few staff  
No HIV/AIDS Policy | Not mentioned | Not mentioned |
Appendix 2: In-Depth Interview Guide for Directors

In-depth Interview Guide for Heads of Organizations (Directors/Managers/Program or Project Coordinators, Human Resource Managers)

Introductory Remarks
I am called -------------------------------------------------. I am working as a Research Assistant on a Baseline Survey for Stop AIDS Now (SAN)/Oxfam International Project on Managing HIV/AIDS in the Workplace”. The survey is intended to provide baseline or benchmark information to SAN Project on managing HIV/AIDS in the workplace by developing and implementing appropriate workplace policies and guidelines. You have been selected to represent your organization given your position, knowledge and experience with regard to policies of your organization. The information you provide will be extremely helpful in enabling the project to respond to the needs and challenges of managing HIV/AIDS in the workplace. Please feel free to decide on whether or not to participate in this discussion, although I would very much appreciate if you participated. I am also requesting that you allow me to write down your responses. Whatever information you provide will be treated with utmost confidentiality.

Name of the organization and full contact address:……………………………………………………………………

SECTION A: RESPONDENT’S IDENTIFICATION & BASIC PERSONAL DATA
Position or designation of the respondent (Probe whether this is a top, middle, lower managerial position etc)

Sex ______________________________________
Age  ______________________________________
Marital status  ______________________________

Educational qualifications and background
How long has this organization existed? (Probe when the year the person started working with the here in Uganda)

SECTION B: GENERAL HIV/AIDS ISSUES—KAP & IEC AT WORK PLACE

Does your organization recognize HIV/AIDS as threat?
What do you consider to be the major factors that could be facilitating the spread of HIV/AIDS among your staff?
How would you rate the level of HIV/AIDS knowledge and awareness among your staff? (Probe for gap indicators in the levels of knowledge and awareness with regard to issues on infection, transmission, prevention, etc).
How does your organization handle employees living with HIV/AIDS? (Probe on issues of stigma, discrimination, retrenchment, etc at work)

How does your organization disseminate HIV/AIDS related information to its employees? (If it does, probe on HIV/AIDS information dissemination mechanisms like workshops, leaflets, news letters/bulletins, posters, etc and their the strengths and weaknesses)

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<th>Mechanism</th>
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Looking back in the last 3-6 months, has your organization carried out any HIV/AIDS specific related activities for its employees? What are these?
Do you have trained staff in this organization charged with dissemination of HIV/AIDS related information? (Probe for adequacy, gender balance, etc)
SECTION C: IMPACT OF HIV/AIDS AT THE WORKPLACE
Do you think HIV/AIDS has impacted on your organization? _____________ (If yes, probe on mortality levels, increased absenteeism due to HIV/AIDS related morbidity and mortality, increased staff-turnover, increased demands for training and recruitment, loss of skills, increase in production and medical costs)

301. What measures have you put in place to mitigate the effects mentioned above on the organization?

SECTION D: HIV/AIDS INTERVENTIONS AT WORKPLACE
Does your organization have a health scheme? (If yes, probe whether ALL employees are covered, the provider, adequacy and coverage including one’s dependants, provision for HIV/AIDS treatment and access to ARVs)

How much is the total health cover cost annually per individual? (Probe on who contributes and in what proportions)

Does your Organization require employees to reveal their HIV/AIDS status? (Probe whether employees are encouraged to take HIV test and where)

What does the organization do to an employee who falls sick of HIV/AIDS related illness?

Do you have provisions for caring and supporting dependants of an employee with HIV/AIDS?

Does your organization enable employees to access condoms at the workplace? (Probe whether these are freely provided and the mechanisms for distribution)

Does your organization have a unit or department charged with HIV/AIDS counseling? (Probe on whether they are provided information on where to test from)

Does your organization have mechanisms in place to address issues of stigmatization and discrimination of employees LWHA? (Probe for specific mechanisms like policy, regulation/rule in place and associated constraints)

Are there benefits that accrue to staff that fall sick and are unable to work for a long period? (Probe on the nature of benefits like job rotation, relocation etc and the categories of employees benefiting)

In the last one-year, are there employees who have retired due to failing health? (Probe on what the organization does to members who prematurely retire due to failing health)

In the event that an employee dies, what does the organization provide? (Probe on burial/funeral expenses, benefits to dependants etc)

SECTION E: HIV/AIDS POLICY ISSUES AT THE WORKPLACE
Does your organization have an HIV/AIDS workplace policy? (If yes, probe on, how it was developed, its critical ingredients and salient principles; also request to be availed a copy—IF NO HIV/AIDS WORKPLACE POLICY GO TO 505)

What is your view about the comprehensiveness of your organization’s HIV/AIDS workplace policy? (Probe for any other aspects the could address)

Do all the employees know about this policy? (If Yes, probe how it was disseminated to employees e.g. do Letters of appointment touch on HIV/AIDS issues, through staff meetings, notice boards or whether a copy of policy document was given to employees)

What factors favor you in the implementation of the policy in your organization? (Probe on possible opportunities yet to be exploited)

What constraints and challenges do you encounter in implementing the HIV/AIDS work place policy for your organization?

What are the reasons that you do not have an HIV/AIDS workplace policy in your organization?

Would you want to develop an HIV/AIDS workplace policy for your organization? (Probe whether it has ever been a discussed with management on the rationale of having an HIV/AIDS workplace policy)

What in your opinion, should an HIV/AIDS workplace policy for your organization constitute?

SECTION F: CHALLENGES, OPPORTUNITIES AND EXPECTATIONS OF MANAGING HIV/AIDS AT WORKPLACE
What do you see as challenges of formulating and implementing effective HIV/AIDS workplace policy? (Program for prevention, treatment, impact mitigation, care and support)

What opportunities, both in the internal and external environment do you see that could help in managing HIV/AIDS in the workplace campaign?
How would you wish your organization to be supported by SAN to manage HIV/AIDS in your organization?

603. Is there anything you would want to say regarding HIV/AIDS policy development and implementation in the workplace?

SECTION G: ORGANIZATION PROFILE
Contact HIV/AIDS Focal Person in the organization
Main activities implemented by the organization
Mode of operation for the organization (i.e., working with local partners/CBOs/NGOs etc)
Total workforce of the organization (Probe for those on payroll Vs the volunteers)
Source of funding for the organization (Probe for any SAN donor)
Annual budget of the organization
Geographical coverage of the organization’s operations in terms of office locations (capture actual locations)

I THANK YOU VERY MUCH FOR YOUR COOPERATION
Appendix 3: Focused Group Interview Guide for Employees

Introductory Remarks
We are a team of researchers from Stop AIDS Now (SAN)/Oxfam International Project on Managing HIV/AIDS in the Workplace carrying out a Baseline Survey intended to provide benchmark information to the Project on how to enable organizations develop and implement appropriate workplace policies. This discussion is intended to provide information that will guide the project the planned activities.

This discussion does not constitute a question and answer session, but a discussion with partners on how to address issues on managing HIV/AIDS in the workplace. In order to ensure that the HIV/AIDS workplace policy development and implementation reflect the needs and priorities of participating organizations’ staff, we request that you participate in this exercise and contribute your views as open as possible. Feel free to share your knowledge, information and experience with us. The information you provide will be extremely helpful in enabling the project to respond to the needs and challenges of managing HIV/AIDS in the workplace. You are free to decide on whether or not to participate in this discussion, although we would very much appreciate if you participated. We also request that you allow us to write down and tape-record the issues we discuss. Whatever issues discussed will be treated with utmost confidentiality.

SECTION A: THE GROUP’S IDENTIFICATION AND BASIC DATA
Through self-introductions, establish:
100. Name of the organization
101. Number of Participants and their Sex categories
102 Positions (designations) of participants

SECTION B: GENERAL HIV/AIDS ISSUES—KAP AND IEC AT WORK PLACE
200. What do you know about HIV/AIDS? (Probe on meaning of HIV and AIDS and difference, common symptoms of HIV/AIDS)
201. What are the various modes of HIV transmission that you know? (Probe on major factors facilitating the spread of HIV/AIDS especially at the workplace, and the ways HIV cannot be transmitted—level of misconception)
203. Do you know of colleagues in this organization who had lived or are living with HIV/AIDS?
204. Do you often experience fear of contracting HIV during the course of your work? (Probe for possible work situations that could make individual employees get exposed to HIV infection).
205. How do you view a colleague/fellow employee who is living with HIV/AIDS? (Probe on levels of comfort when working next to a person with HIV/AIDS)
206. What measures (ABC) are you taking to avoid getting HIV/AIDS? (Probe for proper condom use, constraints/challenges in adopting the mentioned measures, difficult to know that one is infected with HIV, length when a person is seen to have the visible signs HIV/AIDS)

Looking back in the last 3-6 months, have you benefited from HIV/AIDS related activities organized by your organization? (Probe on what these were and what was covered, how useful was the information so acquired)

How does your organization disseminate HIV/AIDS related information to its employees? (If yes, probe for the strengths and weaknesses of the information dissemination mechanisms, trained staff etc) IF NO, probe what kind of information would you want to be availed (e.g. rights, national policies, VCT, treatment, preventive, care & support)

How would you rate the level of HIV/AIDS knowledge and awareness among your fellow employees? (Probe for gap indicators in the levels of knowledge and awareness on issues of exposure, transmission, prevention and impact mitigation at their place of work)

How are women and men vulnerable to HIV infection in your organization? (Probe for factors that make either sex more vulnerable than the other)
SECTION C: PERCEIVED EFFECTS OF HIV/AIDS IN THE WORKPLACE
Do you think HIV/AIDS has affected you as individuals in your organization? (Probe on mortality, absenteeism due to HIV/AIDS related morbidity and mortality, Loss of relatives or Colleagues at work, lowered productivity, etc)
Do you regard it necessary for you to talk about HIV/AIDS in the workplace? (Probe for reasons and possible constraints).

SECTION D: HIV/AIDS INTERVENTIONS AT WORKPLACE
400. Does your organization enable you access condoms at workplace (Probe whether these are freely provided/distributed, and the mechanisms for distribution)
401 Does your organization have a unit or department that offers HIV/AIDS counseling to its staff? (Probe on whether employee are encouraged or provided information on where to go for test)
402 Does your organization take care of employees who fall sick of HIV/AIDS related illnesses (Probe on whether ALL employees are covered under any Insurance Scheme or Organization’s Health Scheme)
403 Who in your opinion do you think should be covered by the organizational health/medical scheme or insurance?
404. Are employees in your organization provided with HIV/AIDS treatment and access to ARVs? (Probe on adequacy and coverage of treatment including one’s dependants, health care providers, costs and nature of contributions)
405 In the last one-year, are there some employees who were terminated due to failing health?
406. Does the organization provide benefits to its staff that fall sick and are unable to work for a long period? (Probe on the nature of benefits, and the categories of employees benefiting)
407. What does your organization provide in the event that an employee or his/her next-of-kin dies? (Probe on burial/funeral expenses, benefits to dependants etc)
408. Is there anything you would want to say regarding HIV/AIDS workplace policy development and implementation for your organization?
Appendix 4: Observation Checklist for the SAN project Baseline Survey

Name of the organization ________________________________ Date ________________

The researcher to observe aspects in the inner and outer environs of the organization visited:

- HIV/AIDS IEC materials displays --e.g. Posters/Leaflets pinned at strategic places, content of the message, their appearance (old stuff with dust collected etc)

- Visit places of public convenience and check for possible presence of the condoms and HIV/AIDS prevention related mechanisms/approaches.

- Look out for presence of sources of HIV/AIDS information e.g. resource centers, HIV/AIDS literature targeting workers, etc

- General observations on staff e.g. the dominant category of staff present--young, old, loitering support staff especially drivers--idle and redundant, etc. Does one get a feel of sexually tempting interactions?

- HIV/AIDS workplace policy dissemination mechanisms- e.g. Display on conspicuous places including notice boards, etc
Appendix 5: TERMS OF REFERENCE FOR SAN PROJECT BASELINE SURVEY

Background
- In Uganda, most organizations are now feeling the impact of HIV/AIDS on their workforce. Managing HIV/AIDS at workplace is a major issue that NGOs can no longer ignore. It directly affects their employees and their families. There has been silence among participating organizations of SAN on how to deal with HIV/AIDS in the workplace. The SAN project has been initiated to coordinate the efforts to fight HIV/AIDS at the workplace. It focuses on Managing HIV/AIDS in the Workplace through policy formulation on key issues of treatment, care, support, confidentiality, reduction of stigma and discrimination of employees and gender equality. The policy provides guidance to managers who deal with the day-to-day issues and problems that arise in the workplace. It informs staff about their responsibilities, rights, benefits and expected behavior while at work. While the SAN supported NGOs in Uganda have come together to develop and implement policies on HIV/AIDS in the workplace, there is a need to assess the current status, needs, opportunities and challenges of each organization to allow an informed intervention of workplace policy development.

2.0 Study Purpose
- In order to design interventions for donor guidelines, workplace policy development, communication and learning, the SAN plans to conduct a baseline survey so as to provide information for better understanding on management of HIV/AIDS in the workplace. The findings will provide an insight on expectations, possible constraints and opportunities among participating organizations so as to come up with appropriate policy and strategic guidelines.

2.1 Survey Objectives
- To assess the current status on managing HIV/AIDS in the workplace among participating organization
- To identify the opportunities and constraints that may affect the development and implementation of policy guidelines

2.2 Scope of the Study
- The baseline will cover the 58 participating organizations for the SAN project in Uganda. The country will be divided into 4 zones (North, East, West, Central) to allow better follow up of events. It will be limited to collecting information focused on HIV/AIDS workplace management. It will target the Directors/Heads of organization and staff.
- It will be conducted within one month.

3.0 Methodology
The study will be designed mainly as a qualitative survey using Key Informant Interviews, Questionnaire Interviews, Desk Research and Observations. The main activities will entail:
- Desk Review: This will involve review of the Project initiation documents, activity/conference/meeting reports, budgets etc. This phase will be augmented by the database of the participating organizations being developed. It provides information on location, focus, staffing levels, and expectations of participating organizations.
- Key Informants and Questionnaire Interview: This will focus on the overall assessment of the participating organizations levels of intervention on HIV/AIDS in the workplace through use of Key Informant Interviews, Self-administered Questionnaires and Observation Guide. It will involve development study and formulation of relevant questions necessary to obtain information on managing HIV/AIDS in the workplace. It will target the Directors/Heads of Organizations and employees on the payroll. The Observation Guide will be used to observe the general environment at the work place.
- Upon completion of the survey, the findings will be discussed with the LPG, SAN! so as to initiate the agreed guidelines for dissemination.

4.0 Expected Outputs
- Detailed report containing findings and recommendations to provide a baseline database for the preparation, development implementation of HIV/AIDS Workplace Policies, Donor Guidelines, Communication and Learning.
- Key insights about the current status/aspects of HIV/AIDS workplace policies, opportunities and challenges among the participating organizations.
- Well-documented expectations of participating Organizations to help in designing the MOUs and intervention strategies for capacity building.
• Updated database of the participating Organizations detailing the back donor, location and contact persons, organizational focus, and other relevant characteristics

5.0 The Survey Team
• The Project Coordinator will take lead of the survey process development and organize all relevant logistical inputs required to accomplish the assignment. He will also participate in the development of study tools, data collection, analysis, report writing and dissemination. His involvement will give him a clear understanding of the participating organizations, their structure and size and expectations on the ground.
• The project coordinator will carry out the study with an independent researcher (student/consultant). The independent researcher should be conversant with conducting and management of baseline survey. The involvement of independent external researcher will help to speed up the exercise and minimize the possible bias from SAN. The researcher will plan with and work under the overall direction of the Project Coordinator.
• Participating Organizations’ Input: To ease and quicken the data collection process, the contact person in the organizations under study, will ensure that the self administered questionnaires are distributed to the relevant staff and thereafter have them available and ready for collection by the research team.

Timing and Reporting
• The survey field exercise will take 28 working days with each zone (East, West, North, Central) allocated 7 days. The SAN Project will be the implementer and will be represented by the Project Coordinator. An Inception report will be submitted to the LPG for their review and comments before being submitted to SAN.

The Work plan and Budget Requirements
• The Project Coordinator and the Researcher will develop the work plan that is convenient to the participating organizations. The budget for the survey is provided for in the Project Budget. The Coordinator and the Researcher will develop a technical budget detailing key aspects for this activity within the budget line.