HIV in the workplace: 20 ways for INGOs to help partners

STOP AIDS NOW!
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**Could we do more?**

HIV is not just ‘out there’ in communities, it also affects the staff of the partner organisations we work with. Many international NGOs are waking up to this reality. Some have developed innovative and effective ways to encourage partners to respond to HIV and AIDS in the workplace. These are assisting partners to develop organisational resilience to HIV and AIDS. Others on the other hand are aware of the need to take action, but are just not sure how. If you feel your agency could be doing more, then read on...

This booklet shows some good examples of responses to HIV and AIDS in the workplace. It presents ways in which other international agencies have encouraged local partners to manage HIV and AIDS in their workplace. It is not a thorough cost-benefit evaluation of every action. But instead, provides illustrative examples of what can be done, with links for anyone who would like to find out more.

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**Compelling case**

The stories and statistics are brutally clear. Mabvuto, a CSO’s manager from Malawi has seen six of his 14 staff die from AIDS. When two senior engineering staff died within a month of each other, he lost more than 30 years’ priceless experience. Their work in their last six months was so poor that it had to be re-done, costing an extra $9,000. Untrained new staff caused considerable damage to drilling equipment. Repair bills amounted to over $14,000. Performance has plummeted, donors are exasperated and staff depressed. Mabvuto related:

“My morale went to zero. When everyone was sick I said, ‘Let’s do this, let’s do that’ and... nothing happened. I felt very low.’ Yet despite suffering for many years, this local CSO is only just beginning to think through how it might respond to HIV and AIDS internally. They have no HIV workplace policy and AIDS is rarely discussed openly in the office.”

Research undertaken by INTRAC in Malawi, Uganda and Tanzania in 2005 revealed that at least one staff member had died of AIDS in more than 60% of responding CSOs. More than 70% of respondents believed some of their staff were HIV positive. HIV and AIDS leads to rising medical, funeral and pension costs for CSOs. Having staff infected by HIV and affected by AIDS in the extended family also leads to a loss in productivity. There is increasing absenteeism due to sickness, care of the ill and funerals. For example, in Malawi, staff estimate they spend more than 14 working days per year attending funerals. Scarce management time is being diverted to dealing with HIV and AIDS issues. CSOs are silently struggling with concurrent problems of increasing overheads and declining performance. The research estimated that in Malawi, Uganda and Tanzania HIV was currently increasing staff bills by 7% per year and reducing staff time at work by 10% per year. And these countries have much lower HIV prevalence rates than Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. ILO predictions are that the impact of HIV and AIDS will get worse in most sub-Saharan African countries.

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1 Civil Society Organisations (CSO) refers to organisations such as registered charities, development non-governmental organisations, community groups, women’s organisations, faith-based organisations, professional associations, trade unions, self-help groups, social movements, business associations, coalitions and advocacy groups.

Partner silence

Despite the high workplace costs of HIV and AIDS, many local CSOs remain silent. This may well be because they are simply not aware of the real costs, as expenses tend to be hidden in other budget lines and loss of staff time. But even when they are aware, many are unsure about what they can do about it and how this might be funded (when they are already struggling to pay salaries). Most fear to be open about these challenges with their donors. They fear that honesty about the impact of HIV and AIDS in the workplace will undermine their future funding as donors focus funding on the “fittest.”

Many donors remain silent, compounding the denial among CSOs of any need to manage HIV and AIDS in the workplace. Many have our heads so buried in the morass of urgent paperwork that they fail to think through the implications of HIV for their CSO partners. They hope that simply by not discussing this issue, they will be able to ignore the problem and move on. This is a serious mistake.

Some international agencies, like many international businesses before them, have woken up to the need to manage HIV and AIDS in the workplace. As one Sida staff member honestly admitted in 2004:

“We have been so stupid. We have prioritised HIV and AIDS, but never thought about the impact on the organisations we work with. If we think through the implications it will change the whole way we work.”

Some international NGOs, particularly in the Netherlands, are wrestling with this strategic challenge. They are actively helping partners in sub-Saharan Africa respond to HIV in their workplaces. They know their partners are suffering from greater absenteeism for family sickness and funerals. They know that medical costs must be rising. In an era of greater pressure on overhead costs and increased donor attention to visible results, they are choosing to act strategically. They refuse to abdicate all responsibility to partners. Instead, they are taking a variety of initiatives to assist partners to develop “organisational resilience” and to develop workplace policies. For example, since 2005 STOP AIDS NOW!1 has supported 72 organisations in Uganda to respond to HIV in the workplace. Many have developed HIV workplace policies and initiated related activities including sensitisation and awareness raising, facilitating access to treatment and taking anti-discrimination measures.

Effects are already noticeable. These actions have created HIV and AIDS awareness and given staff confidence and support. Voluntary counseling and testing (VCT) uptake has increased and stigma and discrimination have decreased noticeably. Workplace policies help to reduce the impact of HIV and AIDS, ultimately maintaining the performance and effectiveness of the organisation. The positive effects are worth much more than the extra costs involved.

Yet, the majority of CSO partners at risk across much of sub-Saharan Africa are still not actively responding to the real threat that HIV poses to their survival. International NGOs need to do more to assist. But what?

Waking up

This booklet describes 20 ways of supporting partners respond to HIV and AIDS in the workplace. It is drawn largely from the practical experience of Dutch NGOs as well as Oxfam Great Britain and Ireland. The booklet does not try to provide evaluated evidence for each action, merely to outline what has been done by others and what might work for you. Obviously not all will be applicable to your situation. They will need some adaptation. Each action needs to fit the particular geographic and partnership context. But they might give ideas and inspiration. Even better they might generate new ideas.

What can we do?

What is clear is that helping partners respond to HIV and AIDS does not occur by accident. To assist effectively requires international NGOs to invest in implementing a systematic and coherent response. Such a response must resonate with the core beliefs and values of the organisation. But it also must be appropriate to partners and financially feasible. The Dutch NGOs which have been very active when it comes to helping partners respond to HIV emphasise that the first step is to develop clear guidelines for action. This means explaining why you are going to support partners, what you can offer, how it will be given and up to what extent. It is essential to write guidelines that state your motives for engagement, whether you will provide financial assistance or technical support and how exactly you will do these. As one respondent said:

“It is not good enough to encourage your partners to mainstream HIV internally unless you can clearly state the kind of support you can offer to help them.”

Clear guidelines therefore provide direction and set parameters for engaging with partners. Yet, for guidelines to result in action they should be integrated into strategic plans. All STOP AIDS NOW! partners have formulated objectives related to internal mainstreaming and incorporated these into their business plans and/or proposals for 2007-2010. This ensures that support for partners is systematic and that their staff have a good understanding of the objectives they are working towards.

What do we start?

Notes:
2 STOP AIDS NOW! is a partnership between four Dutch development organisations; Hivos, ICCO, Cordaid, Oxfam Novib and the Aids Fonds.
A menu of options

There are five main categories of action

Opening up the dialogue
Discussing the importance of managing HIV and AIDS in the workplace. This can be done through partner consultations, staff visits. Research can be used to analyse the situation. Often the outcomes will trigger partners and donors to action.

Support the local partners to develop and implement a workplace policy
This can be done through capacity building (trainings, assessments, etc), exchanging knowledge with others (exposure visits, communities of practice, international conferences), providing information materials and signposting service providers.

Adapting the grant management processes to better suit the needs of the local partners
This can be done through providing seed grants, incorporating HIV workplace policies into grant application processes, funding HIV policy implementation costs, monitoring and evaluation of HIV response.

Support sector-wide strategic responses
This can be done through developing local capacity building providers, funding research and carrying out service provider analysis, collaborating with other donors and advocating with them.

Develop International NGO’s own workplace responses
This can be done through building staff competencies, adjusting strategic plans and developing an HIV policy for your own organisation.

Menu of options and some illustrative examples

Opening up dialogue
1 Triggering discussion and interest
   • Partner consultations
   • Research
   • Dialogue through staff visits

Support capacity building of partners
2 Training processes:
   • 12-box self assessment
   • Accompanied modules
   • STOP AIDS NOW! approach
3 Exposure visits to other partners
4 Establishing communities of practice
5 International conferences
6 Developing materials
7 Distributing materials
8 Signposting to service providers

Integrate HIV into grant management processes
9 Providing seed grants for HIV workplace response
10 Incorporating HIV workplace into grant application processes
11 Funding implementation costs workplace policy
12 Monitoring and evaluating HIV response

Support sector-wide strategic responses
13 Developing local capacity building providers
14 Funding research
15 Service provider analysis and negotiations
16 Sector-wide initiatives including collaboration with other donors
17 Advocating with other donors

Develop International NGO’s own workplace response
18 Own HIV policy development and implementation
19 Developing staff competencies
20 Adjusting strategic plans and operational targets

HIV in the workplace: 20 ways for INGOs to help partners
Triggering discussion and interest

HIV is a sensitive topic. Even though organisations are affected by it, many do not feel comfortable discussing it with their donors. Creative ways are needed to find out your partners’ thoughts and needs in relation to HIV in the workplace and to open discussion on the importance of managing HIV and AIDS in the workplace. Some of the ways in which international NGOs have tried to open dialogue include:

- Consultations
- Research
- Dialogue through staff visits.

Consultations
When ICCO started a project in India three years ago, HIV was not priority for their partners. The challenge was: how to trigger the first interest in a low-prevalence country such as India? ICCO used existing consultations to test the waters. They included a short session on HIV when consulting partners on other issues. Before the session participants received and filled in a simple survey on sexual and reproductive health issues including HIV. The survey was then discussed in the consultation. A consultant who was involved commented:

"During the session the facilitator showed the participants their level of awareness on HIV based on their responses. Reactions were often personal and emotional. This short exercise paved way for further discussions and eventually it was not as difficult to get partners involved in the project as I originally thought."

The perception of ‘low risk’ is particularly a problem in Asia. When ICCO and Cordaid started an HIV mainstreaming process in India, Vietnam and Indonesia emphasis was given to the dual purpose of reducing organisational vulnerability to HIV, and strengthening dialogue within organisations and strengthening internal organisational mechanisms. The HIV survey was an entry point to do this.

Research
Research can also be used to consult partners, initiate discussion and to find out real needs. In 2004 Oxfam Novib commissioned a research to examine the impacts of HIV on partner organisations in Southern Africa. 25 questionnaires were sent to a range of Oxfam CSO partners in three different countries to collect basic information on how they have addressed HIV and AIDS in their workplaces. From these, nine partners were selected for further study. Each CSO took part in a follow-up needs assessment consisting of confidential interviews with management, human resources personnel, and other staff members. The results showed that local organisations were severely impacted and needed support to respond. It was this research that triggered Oxfam Novib and their partners to action. It also led to providing seed money (€5000) to all counterparts in Southern Africa in 2004 to develop or implement an HIV workplace policy.

Dialogue through staff visits
It is often the programme officers who face the challenging task of opening dialogue on HIV during one of their field visits. Training, building competences and providing them support is therefore essential.

In 2005 PSO, in collaboration with STOP AIDS NOW! developed a DVD to help programme officers talk about HIV in the workplace in a sensitive but constructive manner. The video shows six short role plays that exemplify how obstacles to talk about HIV can be overcome.

Cordaid has also come up with a simple way to help programme officers bring HIV workplace issues into conversations. They are currently developing a two page flyer that clearly explains why workplace responses to HIV are important, why Cordaid want partners to engage in this, and what kind of support can be expected. This flyer will be given to all programme officers visiting partners to facilitate clear and open communication.


Capacity building of partners

2 Partner training

Providing training is an important way to support partners to understand why and how they should respond to HIV in their organisations. Some international NGOs provide ad hoc training based on specific needs, but most arrange trainings as part of a longer learning process – a learning programme (or trajectory) which may take two to three years to complete. Three common training models are described below:

- 12 box self-assessment
- Accompanied trainings
- Multiple modules.

12 box self-assessment

The ‘12 boxes model’ is a tool developed by Oxfam Novib to help CSO partners assess their resilience to the impacts of HIV. It can be used as a one-off workshop or as part of a longer learning process. The 12 boxes tool aims to help CSOs to reflect on their HIV and AIDS competence and to assess where they can make improvements. A group of local and international consultants are trained to facilitate the 12 box self-assessment. The assessment happens as part of a three-day workshop with all levels of staff participating. Self-reflection is an essential part of this process which results in a set of priorities. From these priorities the CSOs can develop action plans to respond better to HIV and AIDS (12 boxes manually).

In 2006 Oxfam Novib provided 11 CSOs in Nigeria seed grants to develop HIV workplace policies. As a follow through to the seed grant the 11 partner CSOs were invited to a workshop to share their experiences in developing an HIV workplace policy. They were also trained to assess their organisational resilience to HIV using the 12 box model. This enabled participating CSOs to analyse their strengths and weaknesses and also identify the type of support they needed to put effective workplace policies in place.

As a follow through to the training Oxfam Novib developed a programme to provide technical assistance, to document good practice, map service providers and to organise a final workshop. In the final workshop participants assessed progress that had been made, discussed challenges and exchanged experiences. The total cost for the two-year process was €60,000.

Accompanied trainings

ICCO and Cordaid use similar types of learning programmes that include a minimum of two workshops, spanning over two years. In 2006 ICCO started a trajectory in Mali. The initial workshop involved ten to thirteen non-AIDS specific organisations, each represented by two participants including the manager. On the last day all the participants formed an action plan for their own organisations. The plans included specific steps for how their organisations respond to HIV in the next few weeks and the following year. All were offered seed money to kick start implementing the plans. Throughout the year a local consultant monitored responses and provided support.

A second workshop was organised a year later to see how far the organisations had progressed. At this point some had formed policies and were implementing them; others were still in the process of drafting them. The second workshop also included training about how to budget for a workplace policy and how to include the cost into overheads. The learning trajectory with two trainings cost approximately €50,000. Sometimes a third, closing workshop is organised to track progress and to identify ways forward.

Oxfam Novib has also initiated a capacity building programme for affiliates and partner organisations in east, central and Horn of Africa to mainstream HIV. The programme entitled JOHMET started in 2002 and includes HIV workplace responses as one aspect of the programme. They are undertaking baseline studies, providing capacity building and funds to support workplace policies. As part of its knowledge management programme JOHMET publishes the Maisha+ newsletter three times a year. The digital version of this newsletter is available at: www.oxfamkic.org


STOP AIDS NOW! training

The STOP AIDS NOW! Uganda approach starts with a two or three day introductory workshop on HIV covering basic information on HIV and how it affects communities, families, individuals and organisations. All facilitators are local experts such as government and ILO officials, or CSO staff members with extensive knowledge on the issue. At the end of the workshop participants identify how they want to address the issue in their own organisations.

The workshop is followed up with tailor-made training depending on the needs of the CSOs for key staff members over a period of three years. For example:

- One day session for directors
- Policy development training for HR staff members (two to three days)
- Training for peer educators and focal point persons (two to three days).

The second year the learning trajectory concentrates on implementation and lobbying and advocacy, and the third year on implementation and resource mobilisation. STOP AIDS NOW! Uganda is just finishing the three year trajectory. All the trainings are low cost as STOP AIDS NOW! maximises the human resources of the participating organisations and uses them for peer education.

“The experience re-energised us and challenged us to be more creative with the way we implement our workplace programme.”

Also Oxfam Novib has experimented with exposure visits. In 2006 Oxfam Novib organised an exchange visit for partner organisations from Eastern Europe and Asia to Southern Africa. The group visited a mining company to learn about the practices used to manage HIV in the workplace. Although profit and not-for-profit organisations have different ways to fund workplace policies, the exchange was a good opportunity to learn about innovative ways to support voluntary counselling and testing and raise awareness for staff.

Facilitators are paid, but participants are not paid to attend trainings. Budget for a three year learning trajectory in Uganda is €200,000 with 76 organisations involved. At the end of the process 70% have an operational workplace policy on HIV. The initiative has been able to secure funding for another two years of continuation through the Civil Society Basket Fund which is operated by the National AIDS Commission.


3 Exposure visits

Exchange visits can be effective ways to enhance learning and sharing. Cordaid arranged for ten disability organisations to take part in a one-day sensitization visit to an HIV and AIDS specific organisation. The visit enhanced the disability organisations’ knowledge on HIV and also provided them with an opportunity to talk to an HIV positive staff member.

As part of the Uganda project, STOP AIDS NOW! arranged in-country exchanges to connect focal point persons in the North of Uganda with focal point persons in the Southern part of the country. They shared their skills by visiting each other’s organisations to deliver training and lead discussions as well as share what they were doing in their own organisations. This ‘focal point swap’ has been very useful as staff members can be more open to new ideas coming from an ‘outsider’ rather than from their own focal point person. Staff of one particular organisation acknowledged the benefits:

“Organisations who specialise in legal issues can educate others on HIV and employment rights, for example. Everyone can bring in their skills.”

In 2006 ICCO started a trajectory in Mali. The initial workshop involved ten to thirteen non-AIDS specific organisations, each represented by two participants including the manager. On the last day all the participants formed an action plan for their own organisations. The plans included specific steps for how their organisations respond to HIV in the next few weeks and the following year. All were offered seed money to kick start implementing the plans. Throughout the year a local consultant monitored responses and provided support.
Establish a partner-to-partner community of practice

Communities of practice can include both formal and informal ways to enhance learning. They can happen online or face to face – whichever best suits the participants. Oxfam Novib experimented with an online community of practice both in Southern Sudan and in Nigeria. The purpose was to facilitate reflection, learning and sharing and to encourage partners to mentor each other based on their experiences. Even though the partners in Nigeria have better access to the required technologies, the community of practice worked better in Southern Sudan where participants were more active and initiated a learning network on HIV and gender.

STOP AIDS NOW! encourages project participants to create informal learning groups that meet independently of the project to share experiences. The project in Uganda also encourages the creation of learning opportunities by inviting organisations they network with to participate in their internal learning sessions. These organisations include some that are not even part of the project. One such learning session focused on discrimination and was facilitated by an HIV positive person. Afterwards a focal person from another organisation confessed that they had never understood the importance to involve people living with HIV and AIDS in such events. Attending the learning session made them realise that hearing about discrimination from an HIV positive person turns theory into reality. After the session they have put more effort into including people living with HIV and AIDS in their workplace interventions.

International conferences

Conferences can be a useful opportunity for large numbers of participants to gather together and learn from each other’s experiences. For example in 2004 ICCO organised a regional conference in Senegal for African francophone countries, plus Haiti. This conference brought together 11 partner organisations to share and learn about HIV workplace responses costing around €30,000.

STOP AIDS NOW! organised an international conference in Amsterdam in January 2008. This brought together over 100 participants from local and international NGOs and donor organisations to cooperate on managing HIV and AIDS in the workplace.

STOP AIDS NOW! has also been proactive in ensuring that addressing HIV in the workplace of CSOs is on the agenda of important conferences such as the International AIDS Conference. In Toronto 2006 and in Mexico 2008, STOP AIDS NOW! organised satellite meetings and held poster presentations on workplace responses.

Other organisations have used international conferences strategically by organising training workshops beforehand. In 2008 HIVOS arranged a special training for all of their partner organisations attending the International AIDS Conference in Mexico. ICCO and Cordaid did the same in 2008, when they organised a two and half-day workshop for 45 partners attending the Toronto International AIDS Conference.

ICCO has recently produced a DVD “Facing the challenge” in which 15 ICCO partners share what they gained from the HIV mainstreaming process. Most became very aware of their unique potential to play a major role in HIV prevention. The DVD is 30-40 minutes, and will be available through ICCO from February 2009 onwards.

Also STOP AIDS NOW! has put a lot of emphasis in developing materials. This is crucial when it comes to sharing valuable information and presenting best practices, guidelines and tools. STOP AIDS NOW! has developed a guideline “Good Donorship in a Time of AIDS: Guidelines on Support to Partners to manage HIV and AIDS in the workplace”.

Develop materials

Donors and local organisations all need publications, tools and materials to guide and inspire.

“There is still too much theory and not enough practical examples to learn from. We need more case studies on how organisations are responding to HIV in the workplace.”

CSO workplace responses to HIV are still fairly recent. Therefore, case studies on lessons learned are scarce. Writing case studies helps organisations reflect on their experiences, share them with others, and capture best practices. INTRAC has encouraged capacity building practitioners to document their experiences in assisting local CSOs respond to HIV in the workplace. These are written up as short case studies known as Praxis Notes. Some of these papers are used as background reading for HIV workplace trainings.

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The guidelines are short, written in plain language and include sections on:

- How a workplace policy can benefit local CSOs
- The key principles for a workplace policy
- The components of an ideal workplace policy
- How to adapt the ideal workplace policy to the partner’s context
- The process of developing and implementing a policy
- How to cover the costs of the policy.

The process of developing and implementing a policy

One of the challenges faced when developing a workplace policy is budgeting.

Arranging pre-conference workshops can be a cost effective way to introduce more organisations to workplace HIV responses.

Hand in Hand: Donors and NGOs working together to Address HIV and AIDS in the workplace – Conference Report (2008)
Distribute materials

The most common channels for distributing materials are websites, partner networks, training workshops and meetings. Cordaid has developed an online intranet to disseminate all relevant materials and case studies. This was developed so that Cordaid partners can have easy access to the materials, download them and use them to initiate their own learning programmes.

Oxfam Novib has since 2005 an interactive website called the Knowledge Information Centre portal that encourages learning and sharing of knowledge and experiences between Oxfam counterparts and affiliates. It has a specific thematic HIV site, where regular news items, practices, policies, evaluations on managing HIV in the workplace are shared with Oxfam partners and affiliates. The portal was used by partners in South Sudan and Nigeria to establish their learning communities on HIV. Also the JOHMET programme has its own community on this website. hivaids.oxfamkic.org

ICCO has produced a CD which includes lots of materials on HIV in the workplace (a toolkit from CDRN, material from Sue Holden, Intrac Praxis Notes, KIT). This CD is given to all the participants attending trainings. The CD also includes a questionnaire that the participants can use to measure the level of awareness in their own organisations and to start the mainstreaming process.

Useful websites

PSO
www.pso.nl/en
Oxfam Novib
hivaids.oxfamkic.org
INTRAC
www.intrac.org/pages/HIV_AIDS_workplace.html
STOP AIDS NOW!
www.stopaidsnow.org/our_work_article/workplace
Cordaid partners website
www.cordaidpartners.com/programs/8-hiv-aids

Signposting to service providers

One way to support local organisations to mainstream HIV internally is to link them with HIV and AIDS specific organisations and health service deliverers in their locality. Within the STOP AIDS NOW! project in Uganda, India and Ethiopia, partner organisations are encouraged to link up with AIDS specific organisations and government health services which provide condoms, voluntary counselling and testing, care and support and treatment. Partner organisations are able to be comprehensive in their workplace policies by describing the referral systems that are in place in their geographic area of operations.

INTRAC has a list of over 50 African capacity building providers from 15 African countries who provide services to CSOs regarding their workplace HIV response. They have good knowledge of the local context as well as technical skills to help CSOs start an internal mainstreaming process. If you would like to get in touch with any of these capacity building providers, contact Rick James at INTRAC rjames@intrac.org or Joyce Mataya from CABUNGO jmataya@sdnp.org.mw
Integrate HIV into grant management processes

9 Seed grants

Seed grants are small amounts of money that help partners initiate workplace responses. They are normally small, easy to administer and simply to apply for. In most cases providing seed grants happen as part of a learning trajectory.

Oxfam Novib offers counterparts €5000 either before the first training or immediately after the training. Either way, organisations first develop action plans to implement an existing workplace policy or to develop one. The seed grant can then be used to implement these plans. In Nigeria all partners involved took the opportunity to use the €5000 to establish a HIV/AIDS medical scheme, train counsellors, establish a patient referral system, review and renew the policy, etc. Those that did not have a policy used the grant to develop one and to assess staff needs, train staff, organise access to voluntary counselling and testing, and to distribute condoms. Cordaid partners can apply seed funding up to €2000. While Hivos does not provide seed funding, it offers small grants to partners in special cases when the money is used carefully. One example of this would be to provide a grant to partners wishing to organise a joint one-off workshop.

10 Incorporate HIV workplace responses into grant application process

Whether or not having an HIV workplace policy should become a ‘condition of grant’ is contentious. But whatever measure of response is chosen, it certainly makes sense to include the organisation’s HIV workplace response in the application process. This can be done, for example, by adapting the application form to include questions about organisation’s workplace response to HIV.

The information gathered can then inform the appraisal process as Oxfam Novib has done, for example, in Southern Africa. Using HIV workplace responses as one of the grant criteria fits well with the existing practice of assessing new counterparts for risks and opportunities. In Southern Africa where the HIV prevalence rate is high, it is considered to be a risk factor if a CSO is completely ignorant of HIV in the workplace and does not respond in any way. It gives the impression they are not aware of their external environment or thinking strategically about their own organisation’s future capacity. Going into partnership with such CSOs is assessed carefully.

Other organisations have not yet adopted this practice as they feel their partners have different capacities to respond. Also, they do not have separate grant applications for each country, but use a standard application for all.

11 Fund policy implementation

Many Dutch NGOs engage positively with partners to support the implementation of workplace responses. There are different ways of doing this, such as:

- Separate HIV grants (like the seed money)
- A separate budget line for HIV workplace costs
- A percentage of the salary budget

Members of STOP AIDS NOW! have made a decision to fund workplace policies within overall budgets. This is generally up to 4% of the total payroll (salaries plus benefits). Organisations apply this budget support in slightly different ways. Hivos for example, does not have a set percentage for the overhead costs. Rather, it depends on the needs of the organisations.

“For many it is less than 4%, for some it might be just over. The important thing is that partners get what they need in order to have an effective policy in place.”

Also, this support is mostly given to new partners, with old partners having to make room for it in their existing budgets. Oxfam Novib emphasises that cost is not the real issue as many organisations require less than 4%. Some do not require any overhead support at all. Rather, time and commitment are the more important factors in successful workplace policy implementation. Furthermore, the amount required for overhead support should decline over time. However, all applications with up to 4% added for workplace policies are considered positively.

STOP AIDS NOW! has developed a tool to help organisations calculate and budget for a workplace policy. It gives tips for what to include, what not to include, and how to estimate the costs for these.


12 Monitor and evaluate HIV response

Regular monitoring is an important part of HIV workplace projects. The experience from the Dutch international NGOs shows that their partners’ response to HIV benefits from regular monitoring and frequent contact. This can be done either by a local project person (as for STOP AIDS NOW! or JOHNET programme) or by a local consultant (as for ICCO and CORDAID). They visit the organisations to discuss progress, to encourage and to provide support that is needed.

All STOP AIDS NOW! partners have set long term targets for themselves in relation to internal mainstreaming. They have formulated objectives and integrated these into their action plans. Most aim to have 80% of their partners in high HIV prevalence countries with an operating HIV policy by 2010. For low prevalence countries this target varies between 40% and 60%. Yet, it is also recognised that other types of indicators are also needed as partners can respond without writing a formal policy.

STOP AIDS NOW! has recently developed a comprehensive monitoring tool, a database, that takes into account many different aspects of a workplace response. The database is a web based tool consisting of a set of indicators. These include responses ranging from condom provision, training sessions, stigma, risk perceptions, VCT, health care and policies, to mention a few. All partner organisations were involved in developing the tool and have received training for how to use it. They are expected to fill it in quarterly. Despite high levels of involvement in developing the tool, organisations have not been as active in using it as anticipated.

“We need to make sure that it is worthwhile for organisations to fill in the database and use it for their own learning.”

Oxfam Novib as part of the JOHMET programme developed an M&E framework to monitor and evaluate the progress made on mainstreaming HIV in the workplace and in programmes in East and central Africa. The M&E framework is available at hivaids.oxfamkic.org

Project evaluation can either happen at the end of a project or as a part of a learning trajectory. Cordaid, for example, arranged an evaluation soon after a first training workshop in Malawi. The evaluation assessed what had worked, what had not, and collected case studies. Consequently, three workshops were organised to discuss the results. Further workshops were then developed based on the needs that were identified from these discussions.

In 2007 HIVOS carried out an evaluation on the barriers to implementation. These included access to services such as lack of insurance available.

International NGOs can complement their work with individual CSO partners by also taking a broader sectoral and strategic approach by:

- Developing local capacity building providers
- Funding research
- Health systems analysis and negotiations
- Sector-wide initiatives including collaboration with other donors
- Advocating with other donors.
Support sector-wide strategic responses

13 Develop local capacity building providers

Local capacity building providers have a key role in supporting HIV in the workplace projects. Some are described as ‘strategic partners’. Cordaid, for example, works closely with, and uses the skills of local capacity building organisations such as ASK in India and CABUNGO in Malawi. Training and strengthening of these organisations has been an important aspect of the project. The local capacity building providers have then been able to offer support, lead workshops, and provide trainings for organisations in the project. Also ICCO acknowledges the difference that using local consultants make – they have a key role in making sure that the manager, director and board of participating organisations stay motivated. Local consultants also help tailor-make responses to fit individual CSOs, and facilitate communication between CSOs and donors.

For STOP AIDS NOW! Hivos and Oxfam Novib, key strategic partners include local organisations who have capacity to take a lead and train others. These are not necessarily capacity building organisations. Oxfam Novib for example identified Baobab, one of their partner organisations in Nigeria, to coordinate the follow through for their project. As Baobab was not a specialist either in HIV or capacity building, Oxfam Novib provided the necessary training for them. For Hivos, an important strategic partner is SAfAIDS based in Zimbabwe. They are specialists in both HIV and workplace responses and have trained Hivos partners in Southern Africa.

As part of the JOHMET programme Oxfam Novib has trained 60 local consultants in East Africa to use the 12 boxes model. They have extended this to South East Asia and have consultants in Bangladesh, Burma and Pakistan that are familiar with the tool and can be used to train others. INTRAC’s Praxis programme aims to increase the organisational resilience of CSOs to the impacts of HIV and AIDS by improving the support that local capacity building providers offer. This is done by facilitating and expanding a global Praxis HIV and Capacity Building Learning Group, and by documenting and sharing experiences and best practices. www.intrac.org/pages/HIV_AIDS_workplace.html

14 Fund research

We have already seen that taking part in research can catalyse local CSOs to respond to HIV and AIDS. But this research can have wider significance too.

From 2009-2005 Cordaid supported CDBN, TRACE and INTRAC Malawi to undertake applied research in three African countries to estimate the economic costs of HIV to CSOs. They found that in Malawi, Uganda and Tanzania HIV was currently increasing staff bills by 7% per year and reducing staff at work by 10% per year.

STOP AIDS NOW! funds research through the applied research components that are included in all their projects. The purpose is to identify factors that facilitate workplace policy development and implementation. Data (both quantitative and qualitative) is collected in three phases throughout the project cycle for a period of 18 months. The results from Uganda have provided evidence based information on best practices for responding to HIV in the workplace. Furthermore, the process itself has been valuable for learning and motivation. The cost of the applied research component as part of the three year STOP AIDS NOW! Uganda project is around €90,000.

The Organisational Impacts of HIV and AIDS on CSOs in Africa Regional Research study: Uganda, Malawi, Tanzania www.intrac.org/docs/PraxisPaper13.pdf

Read all the applied research reports from: www.stopaidsnow.org/our_work_article/workplace_results_more2

15 Service providers analysis and negotiations

To support CSOs in Nigeria, the partner organisations of Oxfam Novib mapped all the available and relevant health delivery points in six states in Nigeria. It involved all their local partners reporting on the services available on their area. Eventually a comprehensive list of 104 local health service deliverers was compiled. It has now been made into a short publication that will help partners to make appropriate linkages and referrals.

In 2008 Oxfam Novib identified all the potential insurance companies in Nigeria that could provide insurance for CSOs and all their staff members including those with HIV. At first, no insurance company was interested in providing such a service.

“We lobbied and negotiated with a number of companies, and eventually there was a shift in attitudes.”

Currently one company offers a package for CSOs that includes their HIV positive staff members. Whether CSOs want to take up the offer is up to them, as the package is still fairly expensive.

STOP AIDS NOW! has also mapped the three existing insurance companies in Uganda and negotiated a reduced premium for different packages for partner organisations to choose from. Again premiums are fairly expensive and only a few very stable and international oriented CSOs are able to afford such a premium. The packages are also geographically restricted, offering treatment at specific hospitals which might not be the closest to the CSOs. Yet, it is important to lobby and advocate for the availability of these services as they improve staff members’ access to healthcare and promote solidarity.


16 Collaboration with other donors

For the Dutch organisations involved in HIV workplace responses, the STOP AIDS NOW! partnership is the main framework for collaboration. STOP AIDS NOW! was formed in 2000 in partnership between four Dutch Co-funding agencies namely: Hivos, ICCO, Cordaid, Oxfam Novib and the Aids Fonds. Together they implement HIV in the workplace programmes with partners mainly in Africa, and Asia and Latin America.

Organisations also engage with other donors outside of the STOP AIDS NOW! initiative. Hivos for example is part of an Alliance 2015 initiative. It is a partnership of six like-minded non-government organizations. In Western Uganda two of them, Hivos and Concern Worldwide have joined up efforts to train and develop workplace policies for 10 partner organisations.
Advocate and lobby other donors

STOP AIDS NOW! in collaboration with ICCO, Cordaid, Oxfam Novib and Hivos actively advocates for other donors to get involved. More international NGOs are needed to provide support for their partners in HIV workplace responses. The advocacy activities range from organising international conferences (January 2008 ‘Hand in Hand - Donors and NGOs Working Together to Address HIV and AIDS in the Workplace’) to publications that encourage donors to take action (Good Donorship in a Time of AIDS). Furthermore, the STOP AIDS NOW! in-county project officers provide support services for organisations wanting to raise the issue with their donors. They help to arrange meetings and facilitate discussions.

Local organisations can also be bold in requesting support for their internal responses to HIV. In Nigeria one of Oxfam Novib’s partners refused to accept a grant from a donor who was not willing to contribute to their HIV workplace policy. Refusing to provide any type of support was considered as bad donorship and therefore the local organisation did not want to receive funding from the particular donor.

On top of encouraging other donors to get involved, there is a need to lobby for all the necessary services to become available in each country. For instance access to condoms, voluntary counselling and testing and anti-retroviral therapy should be free and available to everybody. Partner organisations and international NGOs should keep lobbying governments to provide these services and keep reporting when such services are not available. These initiatives should build on existing good practice of advocacy on lowering costs of generics, making the G8 keep their promises and influencing the Global Fund.
INGOs develop their own workplace response

18 Develop and implement an internal HIV and AIDS policy

To promote HIV workplaces responses by others, INGOs have to have the integrity to respond themselves. This is not always an easy process.

Developing an HIV and AIDS workplace policy is an organic process. STOP AIDS NOW! has had such a policy in place since 2006(?). However, in 2008 the organisation signed the Code of Good Practice for NGOs Responding to HIV and AIDS and is now reviewing and refining the policy to be in line with the code. An internal committee has been appointed for this task.

Oxfam Novib finalised their HIV and AIDS policy in 2007 to ensure that colleagues who live with HIV or who are affected by the AIDS epidemic are supported by their colleagues and the organisation as a whole in a systematic way, rather than on an ad-hoc basis. The process started in 2005 with learning sessions for the whole staff on the importance of a workplace policy on HIV. These sessions where lead by an HIV-positive facilitator from South Africa. Afterwards the Human Resources department started to draft the guidelines which were formally adopted in 2007.

Some organisations have appointed internal groups and committees to coordinate the implementation of the policy. Oxfam Novib has formed an HIV and AIDS Action Plan group and STOP AIDS NOW! has appointed a committee to refine and implement the policy.

19 Increase staff competence

Providing training for your own staff members on HIV may be essential to enable them to discuss HIV and AIDS issues in a meaningful way with colleagues and counterparts. There are many simple ways to do this. For instance, Cordaid provides training few times a year to sensitize their staff, to give them basic knowledge and to explain the importance of policy responses. These trainings are normally quite informal and happen over lunch. On top of organising regular thematic lunch sessions, STOP AIDS NOW! arranges an initial training for everyone joining the organisation including a session lead by a person living with HIV and AIDS. Oxfam Novib has appointed an HIV focal point person in every department to share information with others.

19 Increase staff competence

20 Adjusting strategic plans and operational targets

Supporting partners to respond to HIV in the workplace is not simply about doing new things. For INGOs it is also about adjusting old systems and ways of working. It requires some INGOs to shift their thinking from supporting projects (or even programmes) to supporting partners.

If they are going to continue to work in countries of high HIV prevalence, it will require INGOs to integrate knowledge about the costs of HIV to partners into their plans. This may mean accepting the higher ‘overhead’ costs and reduced outputs that working in contexts of high HIV prevalence entails. It will also mean making expected results and timeframes more realistic for an HIV context.

Conclusion

Donors cannot remain at a comfortable distance as their partners silently struggle with the impact that HIV has on their organisations – thereby putting their program implementation at risk. Donors must get actively involved in assisting their partners to respond in a strategic and cost-effective way if they and their partners are to remain relevant in the region. Working in a context of high HIV and AIDS prevalence will cost partners more money to achieve less output. However unpalatable, this is an essential truth that donors must integrate into their plans and targets. It will require donors to invest, not just in capacity-building, but even in simple capacity maintenance. Donors will also have to change their ways of working to move beyond the ‘project’ mentality to take the responsibilities that come with ‘partnership’ much more seriously.

HIV and AIDS present International NGOs with a unique opportunity and challenge. Unless International NGOs now take the difficult steps to implement the easy rhetoric of partnership, partners’ development impact will be compromised. Their sustainability is under threat. We cannot use ignorance as an excuse. We know about HIV. We know it affects partners in sub-Saharan Africa. We now know there are at least 20 things that INGOs can practically do to address it. It is time for practical action.

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Acknowledgements

We wish to acknowledge with gratitude all of those who were interviewed and shared their experiences with us; Kwasi Boahene, Gertjan van Bruchem, Ankie van den Broek, Willeke Kempe, Linie Kusters, Julie Love, Marjan Kruijzen, Sue Holden, Winny Koster, Yvette Fleming and Christina De Vries. The preparation of this document would not have been possible without their valuable input.

We would like to extend special thanks to Sida for their financial support for the research and writing of this publication. We would also like to acknowledge CORDAID and ICCO’s on-going support for INTRAC’s work in this field.

Esther van der Zweep and Yvette Fleming from STOP AIDS NOW! deserve particular mention. They have not only provided on-going encouragement throughout the process, but have given considerable editorial and design support. Without their input this paper would be much less accurate and interesting!

Text: Hanna Ferguson and Rick James
Photography: Adriaan Backer
Published: INTRAC & STOP AIDS NOW!
Design: De Directie, Utrecht
Printed: De Raat en de Vries
February 2009