AIDS Competence in the Workplace

ACORD and Concern Experiences in Uganda

Adapting Internal Systems, Policies, Structures and Resources to respond to the challenges posed by HIV/AIDS

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Acknowledgement

This report provides interesting findings on the experiences of ACORD and Concern Uganda with regard to mainstreaming of HIV/AIDS at the workplace. This document can serve as a reference point for organizations intending to mainstream HIV/AIDS. It should be noted that many organizations in the country have not developed workplace policies due to limited knowledge of the critical ingredients and salient principles underlying a comprehensive HIV/AIDS Workplace Policy. The exercise has not been without challenges and therefore passing a vote of thanks to all persons and agencies who worked untiringly for its success cannot be underscored.

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Last, but not least, we owe gratitude to the consultant Bakirya Judith for undertaking and successfully accomplishing this immense assignment. Judith, we cannot thank you enough.

About this booklet

Inside Out - AIDS Competence in the Workplace is a thought-provoking booklet that offers insight into the dynamic world of HIV and AIDS inside organisations as its title indicates. It explores and documents experiences of how organisations adapt their internal systems, policies, structures, strategies and resources to respond to the challenges posed by HIV and AIDS.

The idea of writing this booklet was perceived in September 2003 at ACORD/HASAP's second annual workshop in Tanzania where Concern Uganda was invited to share their experiences on mainstreaming. ACORD (HASAP) and Northern Uganda Programme together with Concern Uganda realized the need to document their vast experiences in mainstreaming. In addition, the two organisations felt the need to assess their performance in terms of, their current practices, what they desire to happen, and to establish areas for further actions in order to strengthen their positioning in HIV and AIDS work at the workplace. Thus, a decision was made to hire a consultant to carry out an evaluative study of ACORD and Concern work in HIV and AIDS at the workplace in Uganda to inform the documentation of the publication.

Acronyms

ACORD	Agency for Cooperation and Research in Development
ACORD NUP	ACORD Northern Uganda Programme
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CIP	Critical Illness Policy
DRC	Democratic Republic of Congo
HASAP	ACORD HIV/AIDS Support and Advocacy Programme
HIV	Human Immune Deficiency Virus
IDP	Internally Displaced People
ILO	International Labour Organisation
NSF	National Strategic Framework
PLHAs	People Living With HIV/AIDS
PPMG	Program Planning and Monitoring Group
PMTCT	Prevention of Mother to Child Transmission
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Educational Fund VCT Voluntary Counselling and Testing
WHO	World Health Organization

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Glossary[1]

AIDS Competence

An organization or individual who is competent has knowledge and ability in a given area. When staff, communities and government institutions of all sectors at all levels are empowered to deal effectively with HIV and AIDS, they are termed as 'AIDS Competent'. UNAIDS defines AIDS Competence as the ability of all elements of society (individuals, families, communities, organisations, business, government institutions of all sectors at all levels) to recognize the reality of HIV and AIDS, analyze how it affects life at home and work, and take action to prevent its spread, maintain and improve quality of lives of PLWA, families affected by HIV and AIDS, and the community at large.

HIV and AIDS Mainstreaming

Mainstreaming as a response to HIV and AIDS is an ongoing interactive process and has two components: Internal (within organisations) and external (within projects and partnerships). It involves building internal capacity within organisations and external capacity within programmes to recognize the reality of HIV and AIDS; analyze how it affects life and taking action to prevent the spread and to improve the quality of life.

HIV and AIDS Internal Mainstreaming

Internal mainstreaming involves organisations adapting systems, structures, policies, strategies, and resources to respond to the challenges posed by HIV and AIDS. The challenges include staff's susceptibility[2] to HIV infection and vulnerability to the impacts of AIDS, and the organisation's capacity to deliver appropriate HIV and AIDS response.

1 Definitions are adapted and adopted from AIDS on the Agenda by Sue Holden 2003, Concern Strategic Framework 2004-7 and ACORD News Letter on mainstreaming

2 Definitions are adopted from AIDS on the agenda : Susceptibility refers to the likelihood of HIV infection and Vulnerability refers to the likely impacts of HIV and AIDS, once HIV transmission has taken place.

HIV and AIDS External Mainstreaming

External mainstreaming entails an analysis of all existing and new projects from the perspective of: current and potential risk of HIV infection within the target population, existing or potential vulnerability of the target population to the impact of AIDS and assessment of availability and accessibility of existing prevention, treatment, care services and current impact mitigation services/strategies.

Chapter 1: Introduction

1.1 Background

HIV/AIDS is widely acknowledged as a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights. The epidemic undermines social and economic development and affects all levels of society; national, community, family and individual as well as the workplace. At the workplace, HIV/AIDS is recognised as a big threat to productivity and profitability of the organizations as well as the welfare of employees and their families. With the escalating prevalence rates of HIV infection the world over (a total of 4.9 million new infections were recorded in 2005 alone[3]), the need for responding to HIV/AIDS within the workplace is increasingly being felt by both profit and non profit organizations. Some international organizations have embraced the challenges the epidemic is imposing on them by developing internal policies and procedures for responding to HIV/AIDS. These are aimed at reducing the spread of HIV among employees and their families as well as preserving the human rights of people living with HIV/AIDS and reducing the impact of HIV/AIDS on overall organizational performance.

Within Uganda some organizations have put in place programs to manage HIV/AIDS at the workplace including access to ARVs, but their experiences with regard to implementation of the programs have not been well documented. A vast amount of literature on experiences of how organizations have responded to HIV/AIDS in communities exists, but little has been documented on how organizations adapt their internal functioning, policies, structures and resources to respond to the challenges posed by HIV/AIDS. Likewise, quite a lot has been documented regarding the process of developing HIV/AIDS workplace policies in a number

of organizations, but very little information has been documented on issues arising from the process of enforcing the policies and effective implementation of the workplace programs. Therefore, the purpose

3 AIDS Epidemic Update _ UNAIDS 2005 Report

of this joint case study from ACORD[4] and Concern in Uganda was to document the two organizations' experiences focusing on how they have repositioned themselves to respond to HIV/AIDS issues at the institutional level, in particular, discerning good practices and lessons learnt with regard to the process of internal HIV/AIDS mainstreaming.

1.2 Objective of the Study

The overall purpose of this case study was to document the experiences of ACORD and Concern in HIV/AIDS internal mainstreaming, in anticipation that this case study would be used by the two organizations and their partners to strengthen their understanding of internal mainstreaming as well as improving their capacity to mainstream HIV/AIDS internally. Ultimately this case study should provide a basis for guiding other organizations to effectively mainstream HIV/AIDS.

Specifically the study sought to:

- Review and document the global and national HIV/AIDS situation
- Review and document internal mainstreaming experiences in the two organizations (processes, good practices, lessons learnt and challenges)
- Develop an understanding of internal mainstreaming at different levels of the two organizations
- Contribute to global learning on internal mainstreaming through wide sharing of the case study outcomes with other organizations

1.3 Methodology

The exercise primarily used qualitative research approaches to assess and document the processes and experiences of ACORD and Concern Uganda in HIV/AIDS internal mainstreaming. Essentially, document review, Focus Group Discussions (FGDs) and key informant interviews with management and staff in ACORD HASAP and Northern Uganda Program, Concern Kampala, Rakai and Soroti were conducted. A total of 16 key informant interviews and 4 FGDs were conducted. Individual in-depth interviews were conducted with at least two members of

4 ACORD stands for Agency for Cooperation and Research in Development

staff in each program area; in total 12 individual interviews were conducted. The study was conducted in four program areas namely ACORD Northern Uganda – Gulu, Adjumani/Moyo, Concern Rakai and Soroti/Katakwi. In addition a workshop with members of staff bringing together people from ACORD and Concern Uganda to discuss and critique the findings from the field work was organized. Thematic and content analysis guided the process of analysis and documentation of the experiences, challenges, lessons learnt by both ACORD and Concern Uganda in HIV/AIDS internal mainstreaming.

1.4 Organization of the report

This report is divided into five chapters. Chapter one highlights the background to the study, objectives and methodology applied. The second section presents a situational analysis of HIV/AIDS both at global and national level, with a descriptive assessment of the impact the epidemic poses on the working age category. Later in the chapter, particular focus is placed on the history of the collaboration between the two organizations, ACORD and Concern, the roles played by each in Uganda's response to HIV/AIDS as well as their understanding of the concept of internal mainstreaming of HIV/AIDS. Chapter three presents the processes which guided the two organizations in mainstreaming HIV/AIDS internally. It expounds the frameworks which guided evolution of the idea of mainstreaming HIV/AIDS internally, the details of the process of mainstreaming and the major components of the policies and plans in the two agencies.

Section four of this report presents experiences of the ACORD Northern Uganda Programme (ACORD NUP) – Gulu and Adjumani/Moyo programmes, and the Concern programmes in Rakai and Soroti/Katakwi with regard to mainstreaming of HIV/AIDS internally. It highlights the processes these programmes have gone through in an effort to address HIV/AIDS at the workplace, experiences with management buy-in, level of participation of the members of staff in the process as well the extent of financial commitment to the process. Also presented are the achievements, challenges and lessons learned, to provide further guidance to other organizations that intend to effectively mainstream HIV/AIDS. The last section of the report delineates Good Practices or essential ingredients an organization intending to mainstream HIV/AIDS internally must have or put into consideration. It also highlights issues of sustainability of interventions at the Workplace.

Chapter 2: The Global and National HIV/AIDS Situation

2.1 The Global HIV/AIDS Situation

The HIV/AIDS epidemic continues to threaten all sections of society the world over; it has decimated and undone many years of development. The epidemic shows no signs of abating since it was first discovered in 1981 and described in 1983. Recently done studies reveal an even higher increase in number of people living with HIV/AIDS (PLHAs). At the global level, the number of PLHAs continues to grow - from 35 million in 2001 to 38 million in 2003. Currently, the number of PLHAs globally is estimated at 40.3 million (36.7–45.3 million is the precise range) people (UNAIDS 2005) 5. Close to 5 million people of the current 40.3 million people were recorded as new infections in 2005 alone (Ibid).

Further, reports indicate that the AIDS epidemic has claimed more than 25 million lives since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history. Despite recent, improved access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic claimed 3.1 million [2.8–3.6 million] lives in 2005; more than half a million (570 000) were children (UNAIDS 2005). This manifests a big threat to the work place because out of the estimated number of PLHAs globally, 25 million are people within the working age category (UNAIDS 2004).

Sub-Saharan Africa remains the hardest-hit region by the HIV/AIDS epidemic. Currently, the region is home to 25.8 million (23.8–28.9 million) people living with HIV, almost one million more than in 2003 (UNAIDS 2005). Two thirds of all PLHAs in the world are in sub-Saharan Africa. Similarly, 77% of all women living with HIV are in sub-Saharan Africa. In the year 2005 alone, an estimated 2.4 million (2.1–2.7 million) people died of HIV-related illnesses in this region, while a further 3.2 million (2.8–3.9 million) became infected with HIV. The countries most hit in sub-Saharan Africa include Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe of which

5 AIDS Epidemic Update _ UNAIDS 2005 Report

Botswana and Swaziland are still exhibiting infection levels of around 30% (Ibd).

South Africa's epidemic, one of the largest in the world, also shows no sign of relenting and this has had adverse effects on the country's economy. The country estimates that if current trends continue, AIDS will cost the country 1% of GDP each year (AIDS Forum News 2005). On average, 51% of African businesses felt the impact of HIV/AIDS on their revenues, with the largest costs stemming from lower productivity and absenteeism. Recent UNAIDS data shows that four countries in sub-Saharan Africa are projected to lose over 30% of their total workforce to HIV/AIDS by 2020(Global AIDS Epidemic UNAIDS 2004). The epidemic has adverse effects on the productivity and profitability of organizations as well as the welfare of employees and their families. AIDS takes its toll in the workplace in a number of ways i.e. loss of experienced staff (and all the national resources in relation to health, education, etc); absenteeism through AIDS related illnesses, care for others and to attend funerals; increased recruitment and training costs; increased labour turnover; lower productivity of new recruits and increased health care costs.

Within Africa, anticipation in containing the HIV/AIDS epidemic is mostly a predominant of countries in East Africa and may be Zimbabwe in sub-Saharan Africa. Countries like Kenya and Uganda continue to provide the most hopeful indications in the world that serious AIDS epidemics can be reversed although in the case of Uganda, the trend in reduction of the prevalence rates of HIV infection are less impressive today compared to the mid 1990s.

2.2 Uganda's Situation Analysis

Available data shows that two decades after the first reported AIDS case in Uganda, HIV/AIDS still remains a serious public health and socio-economic challenge contributing significantly to morbidity and mortality. Findings from the recent national HIV/AIDS sero-behavioral survey 2004/05 indicate that prevalence rate of HIV infection stands at 6.4% among adult women and men in Uganda (UNAIDS 2005). Other recent surveys by Ministry of health also show that the age group most affected by the epidemic has shifted from 15-49 years age category to the 30-49 years age category with over 80% reported AIDS cases. The sero-behavioral survey revealed that one in ten Ugandans

aged 30–39 years is HIV-positive, approximately 7% of men aged 50–59 years are infected, and about 5% of women of the same age group are HIV positive (Ibd). The later category (30+) occupies a critical position in families, communities and workplaces as heads of households, participants in the labour force, income earners, tax payers, property owners, leaders in society and parents responsible for the next generation. It is also worth noting that the prevalence of HIV in Uganda varies with different regions. For example, although the national prevalence rate has stagnated at about 6.4 % over the last 4 years, the prevalence in Northern Uganda has been much higher, estimated at over 9%. This high prevalence is largely attributed to the conflict that has raged the Northern Uganda region for the last 20 years, characterized by population displacement, sex abuse, increasing poverty, and loss of social fabric, factors that increase susceptibility and vulnerability to HIV and AIDS.

Anecdotal evidence shows that the HIV/AIDS epidemic has caused a lot of employment insecurity and discrimination in the labour force. Some organisations subject prospective employees to mandatory, but covert HIV screening tests before recruitment. Individuals found to be infected are denied employment while those who get infected when already employed are often discriminated against and their job contracts terminated on the basis of their sero-status. All these issues have created the need for and led to the development of the workplace policies and national policy on HIV/AIDS and the world of work, to address HIV/AIDS workplace related problems (NSF 2003/04 – 2005/06)6.

Uganda is signatory to a number of Conventions against exploitation, abuse of rights, stigma and discrimination of PLHAs. Although attempts to translate these conventions into legally binding policies are scattered, a number of agencies have taken the initiative to put in place programs at the workplace to manage the HIV/AIDS epidemic and its consequences on productivity and profitability of organizations as well as the welfare of workers and their families. Concerns about job insecurity and discrimination in the employment sector, quiet screening tests before selection of new entrants, and fragmented 'policies' for persons suspected to be living with HIV/AIDS which have been common in some agencies, could soon be wiped out if these policies are operationalized and enforced. For instance, Ministry of Public Service has produced a draft workplace policy on HIV/AIDS and the private sector has also taken heed. A number of civil society

6 National Strategic Framework for HIV/AIDS Activities in Uganda 2003/04 – 2005/06

organizations have joined the STOP AIDS Now! (SAN), a two year pilot project bringing together over eighty partners of five Dutch NGOs whose main objective is managing HIV/AIDS in the Workplace. The SAN Project focuses on facilitating all member organizations to develop and implement comprehensive HIV/AIDS workplace policies including access to treatment, and stigma and discrimination reduction strategy. Some member organizations for instance ACORD and Concern have designed and are implementing health schemes as part of programs to manage HIV/AIDS at the workplace.

2.3 ACORD and Concern Uganda's place in the Response against HIV/AIDS

Existing literature shows that ACORD and Concern have embraced the challenges the epidemic is imposing on them by developing internal policies and procedures for responding to HIV/AIDS. These programs are aimed at preventing the spread of HIV among employees and their families as well as preserving the human rights of PLHAs and reducing the impact of HIV/AIDS on overall organizational performance. ACORD and Concern share the notion that organisations are a reflection of the communities in which they work. Therefore managing HIV/AIDS internally (among staff of the service provider) is essential for effective delivery of services to the community. The welfare of employees has a significant bearing on the quality of service they deliver to the community. Internal mainstreaming was partly undertaken to improve on service delivery to the communities served by both ACORD and Concern. "One of the key reasons why we undertook internal mainstreaming was to strengthen external mainstreaming" Country Director, Concern Uganda.

2.4 ACORD and Concern Uganda's Collaboration

The relationship between ACORD and Concern dates back to April 2002 when Concern Uganda's National HIV/AIDS Programme Advisor and the Programme Manager of ACORD's HIV and AIDS Support and Advocacy Programme (HASAP met to share experiences in the field of HIV/AIDS. The collaboration continued even in 2003; in February of that year, the HASAP Manager and the Country Coordinator of ACORD Tanzania were invited to share their organizations' experiences in HIV/AIDS mainstreaming with Concern

Central Africa's Regional Senior management. This was during the latter group's meeting in Tanzania.

To strengthen the relationship further, a delegation from Concern Uganda including the HIV/AIDS programme Advisor, HIV/AIDS Project Officer for Kampala Urban programme, and the HIV/AIDS Team Leader for Concern Burundi attended the ACORD/HASAP second annual workshop on mainstreaming which was held in Dar es Salaam in the same year 2003. Later Concern Burundi's HIV/AIDS Team Leader visited and spent some time in Uganda learning from ACORD's experience of managing HIV/AIDS at the workplace as well as with communities.

Realising the similarity in their approaches to HIV/AIDS, both organisations agreed to collaborate on a number of issues in order to build synergies in their work. For instance, following the Regional Senior management meeting which was held in Tanzania, Concern provided funding to ACORD Democratic Republic of Congo (DRC) Programme for an HIV/AIDS project in Kinshasa.

Important to note also is that the idea of undertaking a joint publication on internal mainstreaming emerged during ACORD HASAP's second annual meeting of 2003. The two organizations acknowledged that it was important to document their experiences; process, achievements, lessons, challenges and good practices on internal mainstreaming of HIV/AIDS. Together, they designed the Terms of Reference (ToR) for the exercise, identified the consultant and agreed on the funding mechanisms for the exercise.

2.5 ACORD and Concern Uganda's understanding of HIV/AIDS Mainstreaming

In ACORD	In Concern
Mainstreaming is interpreted as having HIV/AIDS 'lenses' in whatever is done at the workplace and in the community.	Mainstreaming HIV/AIDS is understood as factoring HIV/AIDS in whatever it is doing at the four levels namely Policy, Programmes, Place of work (personnel) and Partnership.

Although in Concern Uganda, the wording used to define what they do slightly differs from that of ACORD, the practice is the same. One of the strategies ACORD and Concern use to respond to the causes and consequences of HIV/AIDS is the mainstreaming process. The mainstreaming process involves building their internal capacity (adapting systems, structures, policies, strategies and resources) and external capacity within programmes to recognise the reality of HIV/AIDS, analyse how it affects life and take action to prevent the spread and improve quality of lives of those infected and or affected.

Chapter 3: ACORD and Concern's Inside Story on Mainstreaming

3.1 Evolution of the Idea of Internal Mainstreaming of HIV/AIDS

The process of mainstreaming HIV/AIDS in both Concern and ACORD has been guided by policy frameworks and targets both those at the local and international levels. These include, but not limited to, the ILO global programme on HIV/AIDS developed following the targets of the Millennium Development Goals, targets in the UNGASS with regard to the World of Work, as well the legal and policy frameworks within the country. This chapter expounds the frameworks, the details of the process of mainstreaming and the major components of the policies and plans in the two agencies.

3.1.1 International Policy Frameworks

In 2000, the Millennium Development Goals established specific targets for combating HIV/AIDS. Subsequently, in November of the same year, International Labour Organisation (ILO), which is the UN agency that coordinates special responsibilities in the world of work, developed a global programme on HIV/AIDS. In June 2001, the United Nations (UN) General Assembly convened a landmark Special Session on HIV/AIDS (UNGASS) at which 189 Member States (including Uganda) adopted a Declaration of Commitment to address HIV/AIDS with a wide range of targets and actions. UNGASS also set targets for improving the response to HIV/AIDS at the workplace.

At the workplace, UNGASS was committed to strengthening the response to HIV/AIDS through establishing and implementing prevention and care programmes in public, private and informal work sectors, and take measures to provide a supportive workplace environment for PLHAs. The time set for attainment of this target was 2005 (UNGASS document, Paragraph 49).

3.1.2 Uganda's Legal and Policy Framework

In Uganda, the Constitution of the Republic of Uganda is the supreme law which provides the overall legal basis for designing and implementing policies including the workplace policy and programs. Issues related to respect for human rights and freedoms, equality of all persons, non-discrimination of people on the basis of sex, age, ethnic or other social status are well articulated in the Constitution (GoU 1995)[7]. The Constitution of the Republic of Uganda also spells out clearly that the state has the obligation to institute affirmative action measures in favour of poor and vulnerable persons.

Although, the country has no specific legislation on HIV/AIDS, aspects of the epidemic are sufficiently addressed in various documents such as the Penal Code, the Public Health Act, Statutes and other instruments relevant for legal, ethical and social rights of various categories of people that equally cater for PLHAs (Kyomuhendo et. al 2004)[8]. Further, it should be noted that guiding documents in the management of the HIV/AIDS in the country namely the National Strategic Framework (NSF) for HIV/AIDS activities and the overarching HIV/AIDS Policy have their roots in the Constitution of the Republic of Uganda. Similarly, the Poverty Eradication Action Plan (PEAP) which is the national planning framework has aspects on the management of HIV/AIDS. The framework provides the guide in translating the workplace programs into poverty eradication actions.

3.1.3 From Declaration to Commitment on HIV/AIDS

Following the UNGASS declaration, there was a strong consensus in both ACORD and Concern Worldwide on the need to put in place an overall strategy for managing HIV/AIDS at the workplace. The two organizations thought it best to develop the framework but left the specifics of the policies to the individual Country/Area Programs to design and implement in line with local dynamics and legislation. This approach was chosen to reduce duplication of effort and set minimum standards to prevent inconsistencies.

7 GoU (1995), The Constitution of the Republic of Uganda 1995

8 Kyomuhendo et. al (2004), Strategic Formation of a Sustainable and Successful PLHA Partnership, Qualitative Inquiry Report.

3.2 The Process of Mainstreaming HIV/AIDS Internally

3.2.1 HIV/AIDS Policy and Plan Formulation

To effectively translate the declarations and the global commitments to managing HIV/AIDS at the workplace, ACORD and Concern Worldwide developed three key documents namely the HIV/AIDS Policy, Critical Illness Policy (CIP) and the HIV/AIDS Strategic Plan. These documents were developed to delineate a comprehensive vision and provide clear guidelines for the HIV/AIDS workplace program. However, with the exception of the CIP, there are marked variations within the two organizations either on conceptualization of the documents or process of development. For instance, with regard to the HIV/AIDS Policy, Concern Worldwide developed a stand alone HIV/AIDS policy document while their partner ACORD developed an HIV/AIDS recommendations policy paper. Further, at the time of this study, Concern Worldwide was seen a step higher than ACORD; it had already developed an HIV/AIDS Framework and Strategy for the period 2004-2007 while their partner ACORD was still in the process of developing the document. This was partly due to the different methodologies applied by the two organizations in developing the strategy documents. The two organizations share the same conceptualization of the CIP.

The CIP was derived from the HIV/AIDS policy and was specifically designed to address HIV/AIDS and other defined critical illnesses at the workplace. The two organizations, Concern worldwide and ACORD developed this policy document to be integrated into the human resource policy. Actually, CIP is the main policy document for ACORD. Below is the original contextualization of CIP.

Box 1: Critical Illness Policy Definition

The definition was adapted from Oxfam UK as: Any ongoing physical medical condition which is either acute and life threatening or chronic which leaves the individual unable to do the job as specified. Basing on the situation in Uganda, these included cancer, HIV/AIDS, Hepatitis B&E and Kidney failure. It also covered mental health problems and included the period of recuperation

Examples of components of critical Illness Policy

Short term illness, Critical illness, Sick Leave, Medical Benefits, Education and Prevention, Disclosure and Confidentiality as well as staff responsibility and obligations

3.2.2 Process of Policy and Plan Development

The process of formulating the HIV/AIDS policy and plan was participatory and inclusive in both organisations. In here, a series of consultative meetings and processes were organized between staff and management on the most critical aspects to include in the policy. The participatory approach was preferred to ensure that; all members of staff in the two partner organizations own the process; they appreciate the Policies and Plan, and therefore pledge their commitment to implementation of the interventions. Both staff and management were involved in the process of developing the documents. The processes involved getting management on board, conducting baseline surveys and drafting of the documents

Management commitment

Management buy-in was critical in starting, guiding and supporting the processes involved with the workplace program.

ACORD experiences: At organizational level ACORD HASAP provided technical support by leading an African-wide consultation process to develop an ACORD-wide HIV/AIDS Workplace Policy. The need for a policy was first raised at the ACORD HIV/AIDS conference in 2001. In August 2002, the HASAP team used organization-wide meetings to canvas opinion from programmes and to highlight the need for a workplace policy with senior management. The team examined the strategies of other organisations and good practice guidelines, such as those of ILO, and got involved with networks such as the UK Consortium on AIDS and International Development for Sharing and Exchanging HIV/AIDS experience.

Concern experiences: Within Concern, the process of addressing HIV/AIDS at the Workplace received all support from management. This process started in 2001 at the time of developing the organization's Strategic Plan. Among the priority areas in the Strategic Plan was the mainstreaming of HIV/AIDS at the Workplace. In 2002, Concern Uganda developed her Workplan to operationalize the goals and objectives in the Strategic Plan. This was followed with the recruitment of a National HIV/AIDS Advisor to provide technical guidance in management of the process of mainstreaming HIV/AIDS internally. A year later in 2003, Concern Uganda's senior management team approved recruitment of HIV/AIDS mainstreaming Coordinators (HACs) to spearhead the process within the different programme areas in the country. The HACs constituted the HIV/AIDS Focussed Group that carried forward the process of drafting the Policy and Workplan,

and eventually financial proposal. Concern Uganda's Workplan and Policy for mainstreaming HIV/AIDS internally received approval from Dublin in 2003. The suggestions made by the HIV/AIDS Focused Group were always presented to the National HIV/AIDS Advisor and generally to management during meetings for relay to the Dublin office. Success of the process of mainstreaming is also partly attributed to the financial support obtained from Irish Aid.

Baseline survey[9]

In order to assess the level of knowledge and attitudes of HIV/AIDS among staff, ACORD and Concern carried out baseline surveys. The information gathered formed the basis for developing the policies on HIV/AIDS and the benchmark indicators for measuring progress in implementation.

ACORD experiences	Concern experiences
In June–August of 2002 HASAP carried out a Knowledge Attitude Practices and Behaviour (KAPB) study to establish the levels of awareness and attitudes of the members of staff with regard to HIV/AIDS and how it impacts on the welfare of staff and their work. The survey focussed on programmes in Africa and the secretariat (London and Nairobi). A total of 166 people (1/3 of the total staff of ACORD) participated in the survey. Results of the survey showed that 78% of staff considered the development of a workplace program a high priority. The employees' top priorities included health insurance, access to ART and VCT. The survey therefore helped ACORD to understand the effects of HIV/AIDS on staff both at work and home. It also helped to highlight the areas to focus on while developing the policies and programs for managing HIV/AIDS at the workplace.	Concern Uganda conducted its KAPB study between December 2003 and January 2004. Using a questionnaire developed with input from the Concern HIV/AIDS Focus Group (FG) and guided by ACORD and OXFAM experiences, a total of 91 members of staff at the national level were interviewed. Out of the 91 participants, 80 were permanent workers and 11 relief workers (guards, drivers and administrative staff). The representation in the sample was about 87%[1] for the permanent members of staff. The results of the study showed that 89% of the people interviewed acknowledged that it important for organisations and employers to talk about prevention of HIV/AIDS and reduction of its impact at the workplace.

Drafting of the documents; the Policy and Plan

In ACORD, as earlier mentioned, the organization developed a recommendations policy guide document as an overall guiding

9 The two organizations used different approaches; ACORD carried out the baseline survey before the policy formulation process commenced while Concern conducted their survey while implementation was already in progress.

framework for all the ACORD Programs. The Area Programmes in turn used the policy guide to draft locally contextualized versions of the policy to suit their working environments. Similarly, in Concern, the mother organization (Concern Worldwide) drafted a master draft copy from which the field programmes developed their own operational policies.

The approaches in the drafting of the policies differed in the two organizations. The operating dynamics in the two organisations determined the steps to follow while drafting the documents. For instance, in ACORD a case of bottom-up demand guided the development of the documents. HASAP spearheaded the process of policy drafting in the 18 African countries comprising of the ACORD family in Africa. The process involved working with three languages (French, Portuguese and English), varied cultures, conflicting views and different levels of commitment especially in countries where HIV/AIDS was not yet a top priority. This in a way made the process of documentation a little bit slow. On a positive note however, there was a lot of internal support to the process. For example, HASAP received a big push for the workplace policy from Area Programmes dealing with the impact of AIDS such as Northern Uganda Program (NUP). NUP started developing its own locally contextualised policy in 2003 drawing from the HIV/AIDS recommendations policy paper.

In the case of Concern, a case of a standard guide and adaptation was used in the drafting of the documents. Recognising the serious problems world-wide caused by HIV/AIDS in the organisation, Concern Dublin formulated an organization-wide HIV/AIDS Policy aimed at empowering the target group to minimise their vulnerability to, and risk of HIV infection and to minimise the impacts of AIDS on those infected and affected by it (Concern Policy Document August 2001). Concern Council approved the HIV/AIDS Policy in April 2003. Thereafter, each field office undertook a process of adaptation of the Policy in which each project area organized a participatory mechanism for each member of staff to make a contribution.

To operationalize the HIV/AIDS Workplace and Critical Illness Policies developed in Dublin, Concern Uganda developed implementation guidelines to adapt the policies to the local context. All Concern Country Programmes including Uganda participated in the process of development of the policies.

Box 2: Concern Uganda staff member
It is a great achievement to have the HIV/AIDS workplace policy in place. The critical illness policy has also been approved. Thus, the internal barriers in the organisation have been broken. Workers no longer see HIV/AIDS as a challenge in their daily work but as situation that can be overcome.

Further, within Concern adaptation of the policies was enforced with the formulation and development of benchmarks for internal mainstreaming. The following were set as the minimum requirements for internal mainstreaming.

Box 3: Minimum Requirements for Internal Mainstreaming
- HIV/AIDS is addressed in all Concern policies, strategies and plans at all levels
- Designation of an HIV/AIDS Focus Group to lead and support internal and external mainstreaming
- Training for all staff on HIV&AIDS awareness, understanding, and prevention
- Training for programme staff on HIV/AIDS mainstreaming (mandatory) and HIV&AIDS programming (where necessary)
- Training for sectoral specialists (e.g. education advisers, water engineers) to develop in-depth knowledge and understanding of HIV/AIDS mainstreaming within the sector
- Develop and implement critical illness policies

Important to note however, is that the HIV/AIDS policy provides the overall guidance on HIV/AIDS programming and response.

3.2.3 Funding Commitment

Each of the two organisations secured funding before implementation began. Concern heavily relied on the strategic plan and indeed it was an important resource document which helped the organization to obtain sufficient funding for three years. On the other hand, ACORD had to work within the organization's existing funding since it had not yet developed a strategic plan.

Financial implication

ACORD experiences	Concern experiences
With no strategic plan in place, ACORD global has not established the full financial implication of the Workplace programme on the whole organization. Example is drawn from ACORD NUP. With the technical support of HASAP, NUP developed a budget which was arrived at by calculating the total cost of caring for 5 staff on a yearly basis. A total of 12 million shillings (Equivalent to US $7,060), which is 1.5% of the overall NUP budget was arrived at.	Based on the national prevalence rates (6.1% as of 2003) Concern instituted three financial schemes namely personal and family health, critical illness fund and director's discretion fund to help its staff reduce the burden of costs of treatment. Concern allocated 10% of the annual national net staff salary towards the personal and family scheme and 5% of the annual national net staff salary towards the critical illness fund. The personal and family health scheme is made available to all national staff to take of their medical costs and those of family members. The critical illness covers a staff member, spouse and at least three children and takes care of illness that are critical and life threatening. According to Concern Uganda, these illnesses include; HIV/AIDS, cancer, hepatitis B&E and kidney failure or any other illness as diagnosed by the Concern recommended doctor. In addition, a total of Ushs 2.4 million was pooled towards the Director's discretionary fund that caters for illnesses that are sudden and beyond the control of an individual staff.

Fundraising

ACORD experiences	Concern experiences
Using the budget of 12 million, HASAP supported ACORD NUP to get initial funding for its HIV/AIDS workplace program by engaging with an existing donor to promote greater recognition of the costs even when they were outside the existing project funds.	Concern Uganda used the Strategic Development Plan to set the minimum requirements for internal mainstreaming. The major source of funding is the HAPS (HIV/AID Partnership Scheme) which is funded by Development Cooperation Ireland (DCI).

Budget line and Code

ACORD experiences	Concern experiences
Within the financial systems of NUP, a separate budget line and code was set up to cater for the workplace programme.	Within the financial system of Concern Uganda and Project areas separate budget lines and codes were set up to cater for the workplace programme.

3.2.4 Gender Sensitivity

Giving gender issues high priority in situation analysis, design and implementation of the workplace programme is important in the promotion of equality between male and female staff in regard to their right to protection, treatment and support. A few excerpts from the policies and plans for the two organizations are presented below:

ACORD experiences	Concern experiences
Realising how hard it was for couples to hold discussions on issues related to HIV/AIDS and its management, NUP organised workshops bringing together members of staff and their spouses. This provided fora for couples to talk about HIV/AIDS issues which were hitherto devoid from their topics of discussions. Addressing the gender balance aspect was not limited to holding discussions alone but also access to services. For instance, in the CIP, there is a provision for members of staff and their dependants for education and prevention. Further, in respect for gender balance, two HIV/AIDS Coordinators out of the four for ACORD NUP are female.	To ensure that issues of gender balance are not left to chance, Concern Uganda's CIP has put a provision in which staff and four dependants i.e. spouse and 3 children are catered for. This provision has provided an opportunity in which both members of staff and their spouses attend education sessions organised by organization together. One such workshop was organised in Rakai and Soroti/Katakwi in 2004. Staff interviewed during the study thought it as major break through for families to talk openly about HIV/AIDS.

3.3 From Policy to Practice: Delivery mechanism for the HIV/AIDS Programs

Implementation of the actions set out in the policy and plan required a specific delivery mechanism to be in-built in the existing management structures to coordinate, provide technical support and be accountable for results. Policy delivery mechanisms were designed and put in place, for instance, management structures i.e. ACORD HASAP and Concern PPMG for ACORD and Concern respectively were instituted. Further, the two organizations put in place HIV/AIDS Working Groups, HIV/AIDS Advisors and Coordinators to ensure effective implementation of the policies and plans.

3.3.1 Management structure

Management structures with a global perspective were set up to provide strategic direction and coordinate the HIV/AIDS programs in ACORD and Concern. In the case of ACORD, the HIV/AIDS Support and Advocacy Programme (HASAP) was already in place in Kampala to serve as the organisation's institutional arm for coordinating its HIV/AIDS work including HIV/AIDS mainstreaming. Similarly, Concern set up a management structure code-named HIV/AIDS Program Planning and Monitoring Group (PPMG). The PPMG was established in Dublin to provide the overall guidance and standards for HIV/AIDS mainstreaming as well as the other strategies such as policy advocacy but its representation also includes Concern Uganda.

3.3.2 Country specific HIV/AIDS Working Groups

Both ACORD and Concern Uganda constituted HIV/AIDS Working Groups to spearhead the mainstreaming process of HIV/AIDS at the workplace. Their main responsibility is to provide periodic updates on the national and international HIV/AIDS issues to the project areas and head office. They also serve as a link between the different country programmes with the international Working Groups.

ACORD NUP HIV/AIDS Working Group	Concern Uganda HIV/AIDS Focus Group
ACORD NUP formed its HIV/AIDS Working Group in 2004. It is composed of the Regional Advisor and HIV/AIDS Coordinators from the six districts of operation for ACORD NUP. The Group meets on a routine basis i.e. every after 3 months and the hosting is rotational. Among the issues often discussed by the Group include progress in managing HIV/AIDS at the workplace and innovations. The meetings also accord sometime to reviewing work plans and identifying partners for collaboration.	In the case of Concern Uganda formation of the working group was done in 2003, commonly known as the Uganda National Focus Group (FG). The FG is composed of the Assistant Country Director, Concern Uganda, the HIV/AIDS Coordinators and the HIV/AIDS National Advisor. In the initial stages, the FG used to meet on a monthly basis i.e. during the first three months. However, after the three months, it started meeting on a quarterly basis, rotating the meetings in each program area. The HIV/AIDS Program Coordinators rated it as a very useful forum for generating yearly work plans and also for sharing day to day successes and challenges regarding managing of HIV/AIDS at the workplace.

3.3.3 Staffing

Both ACORD and Concern recruited staff with prior training and work experience in HIV/AIDS to spearhead the process of mainstreaming in their respective projects. Thereafter specific training was offered by specialized institutions such as Mildmay to cover identified capacity gaps.

ACORD experiences	Concern experiences
HASAP employs a core team of five staff including a Programme Manager, Research and Policy Officer, Programme Support Officer, Programme Assistant and Finance and Administrative Officer. Further, a Program Advisor on HIV/AIDS supporting the 6 districts comprising ACORD NUP and HIV/AIDS Coordinators in each program area namely Gulu, Nakapiriprit, Adjumani/Moyo and Kitgum/Pader were recruited. Important to note is that the HASAP staff have a wider mandate in ACORD's 18 African countries while NUP staff were specifically recruited for HIV/AIDS mainstreaming.	Similar to ACORD, Concern recruited staff to spearhead the HIV/AIDS mainstreaming process. For instance, in 2002 Concern recruited the national HIV/AIDS Coordinator and later on three project coordinators in April 2003. However, one of the Coordinators who participated in this study, despite acknowledging that the Coordinators play a major role in ensuring that AIDS is mainstreamed; he strongly felt that the position should be phased out, though gradually like in a space of three years. "I do not consider being HIV/AIDS Coordinator a fulltime job three years from now". He suggested that the position be turned into a focal point responsibility.

3.4 Major Components of the HIV/AIDS Policies and Plans

The major areas of intervention and/or action highlighted by the two organizations' policies and plans include prevention/support and treatment/care. These are the two core action areas on which the internal mainstreaming program is hinged. In the case of Prevention and Support, the core activities include education and information, referral to VCT services, access to condoms, post exposure prophylaxis (PEP), fighting stigma and discrimination as well as respect for confidentiality.

3.4.1 Prevention and support

ACORD experiences: within ACORD, education to enhance increased awareness about the epidemic, information sharing and exchange visits are carried out to ensure increase in knowledge levels for members of staff and their families with regard to HIV/AIDS issues. Further, to increase avenues for learning and protection respectively, IEC materials are displayed in offices while condoms are put in places considered strategic and private to ease access for all members of staff. Other services like VCT are accessible either through existing public or private providers. Since the introduction of the policy which provides

for access to VCT, approximately 50% of ACORD NUP staff have voluntarily taken an HIV test. Although not all are open/comfortable enough to share their test results, a significant proportion indicate they would find no problem in disclosing their HIV status to their managers. Below is an excerpt from one of the respondents regarding internal management of the HIV/AIDS epidemic.

Box 4: Voice from Within ACORD NUP: Experiences of Ken (not real name)

What first impressed me was the induction program I underwent when I was first employed at the office. One of the lasting impressions I got out of it was when the HIV/AIDS Coordinator told me not to be embarrassed if I found condoms in my office drawer: "Wao! Why me!" I Wondered! Little did I know every staff receives a gift package of condoms in their drawer! I like the monthly interactive meetings on HIV/AIDS information and education, where staff are free to ask questions, access readers and new knowledge. At individual level we are counseled to go for VCT. VCT is something I had not considered a priority before, but I got the courage and took the test. What particularly gave me the motivation to take the test were the job security and the accommodative working environment. Whatever the results of the test, there is a fall back position at the workplace.

I have learnt to talk freely about sex and the condom, a culture that I have found very interesting in the organization. There is nothing about HIV/AIDS that I feel shy to talk about. In my home environment, I have been able to influence a number of youths, who have in turn taken the message on HIV/AIDS very seriously. I owe a lot to the HIV/AIDS Coordinator, whom we all call "mother" and to the organization!

Concern experiences: in the case of Concern Uganda, a number of approaches to promote positive behaviour among members of staff were used. First, Concern Uganda utilized the little space available in the office to pin up posters on HIV/AIDS. Second, updates on HIV/AIDS were one of the items for most staff meetings including senior management meetings. Thirdly, concern conducted annual training sessions for its staff and their spouses. The topics of discussion differed but mainly centred on current preventive methods like PMTCT, ARVs and VCT. The response was positive as it was indicated that many more staff and their spouses went for VCT services. Below is an excerpt from the experiences of one of the respondents.

Box 6: HIV/AIDS Coordinator Soroti/Katakwi

I have learnt that mainstreaming HIV/AIDS in the workplace and in service delivery is a process and takes time for all stakeholders to come aboard. We started bit by bit. I am proud to say that everyone has been trained on the use of condoms and all workers can freely access them in the toilets. However only male condoms are emphasised and provided because female condoms have had negative publicity. Generally the attitude on condom use is now very positive. Staff are happy with the HIV/AIDS policy in the organisation, and all are comfortable revealing their status to me as the HIV/AIDS coordinator and to the overall Programme Manager. There is now a strong appreciation that after all there is life after AIDS. Many staff confess to becoming more faithful to their partners as a result of this programme

Within Concern Uganda, matters of stigma and discrimination are dealt with through education and the confidentiality policy. Here is an example of how one case of stigma and discrimination was handled by Concern Uganda head office within the course of 2004.

> *One member of staff who declared her status had her tea cup marked and separated from the rest. When the HIV/AIDS Advisor learnt about it, she invited an expert living positively with HIV/AIDS to talk to all staff about stigma and discrimination. Although the cup isolation issue was not mentioned in the training session, the training helped change the attitude held against PLHAs; the special cup disappeared.*

The confidentiality policy ensures that beneficiaries of say treatment are not disclosed without their consent. Concern Uganda has a system in their accounts department where members of staff incurring expenses on the HIV/AIDS budget line use codes and not names in order to protect their identity and maintain confidentiality.

3.4.2 Treatment and care

As part of the initiative to manage HIV/AIDS at the workplace, both ACORD NUP and Concern Uganda provide treatment for opportunistic infections and antiretroviral therapy (ART) combined with professional counselling to their employees and an agreed number of family members of the affected employee. Treatment and care interventions do not discriminate among staff grades. All members of staff irrespective of position in the organisation receive the same level of treatment.

ACORD experiences	Concern experiences
At the moment, with the exception of ACORD NUP, the organization does not provide treatment to members of the affected employee's family although discussions are already on-going to consider treatment within the framework of health insurance/ policy of respective countries. ACORD's overall policy provides for treatment of only members of staff. The organization is still holding back on including members of the affected employee's family on provision of treatment because it lacks the realistic estimates of the cost of including provision of ART. Within the ACORD family/programmes, it is only in NUP where the beneficiaries for treatment and care include members of staff and their registered dependants i.e. spouse and children. On a positive note however, a budget in NUP to cater for treatment and care of five members of staff only on a yearly basis is in place. Already two members of staff from NUP are benefiting from the initiative.	The situation in Concern Uganda with regard to treatment and care is slightly different from that in ACORD. Within Concern Uganda, all national level members of staff, their spouses and three biological children[2] are entitled to treatment and care from the organization. Currently, there are about two members of staff who are on ARV therapy and they are accorded all the necessary support by the organisation's management. However, while members of staff on ART receive a lot of support from the organization's management, they do not receive sufficient peer support. Lack of peer support from members of staff is probably related to insufficient skills in peer counselling, a gap which require to be addressed.

Chapter 4: Experiences of the different Programmes

This section presents experiences of the ACORD NUP – Gulu and Adjumani/Moyo programmes, and the Concern programmes in Rakai and Soroti/Katakwi with regard to mainstreaming of HIV/AIDS internally. It highlights the processes these programmes have gone through in effort to address HIV/AIDS at the workplace; experiences with management buy-in, level of participation of the members of staff in the process as well the extent of financial commitment to the process. Also presented are the achievements, challenges and lessons learned, to provide further guidance to other organizations that intend to effectively mainstream HIV/AIDS.

4.1 Experiences of ACORD Northern Uganda - Gulu

4.1.1 Learning from the Process: ACORD Gulu

In the course of its HIV/AIDS interventions in the community, ACORD NUP - Gulu realized that its employees were not immune to the HIV/AIDS epidemic and took action to mainstream HIV/AIDS in the programmes and in the staffing policies. The process of developing implementation guidelines for the Critical Illness Policy started in 2002, and implementation started in January of 2004. It was a gradual step- by-step process which provided the opportunity to learn as they proceeded.

4.1.2 About ACORD NUP – Gulu

ACORD Gulu is part of ACORD Northern Uganda Area programme and it employees a total of 21 staff. Gulu district, located in the northern part of Uganda, has been at the centre of an 18-year old armed rebellion and has also been impacted by the Southern Sudan conflict situation. The district in the more recent years has recorded among the highest prevalence rates of HIV infection in the country (MoH/ACP 2003)[10]. The goal of ACORD NUP is to promote a climate

10 MoH/ACP (2003), HIV/AIDS Surveillance Reports 2003, STD/AIDS Control Programme, Ministry of Health, Kampala

conducive for sustainable peace and contribute directly to poverty reduction in the northern region.

4.1.3 HIV/AIDS Workplace program implementation

In the implementation of the HIV/AIDS workplace program, ACORD Gulu started with making condoms readily available to members of staff. Condoms are put in strategic places such as restrooms within the organization to enable members of staff in need to access them with minimal difficulty and fear. Accessibility to condoms was followed with provision of information and education materials and putting in place a system for VCT. All these were done at a minimal cost.

To ensure that members of staff are continuously reminded about the dangers of HIV/AIDS, ACORD Gulu organizes training sessions for staff on different aspects of the epidemic such as condom use, body map of HIV/AIDS infection, Prevention and VCT, as well as nutritional support for PLHAs among others, on a monthly basis. At such sessions, an external person (sometimes a PLHA) is invited to give informative talk, and members of staff in attendance are free to ask questions about a subject of their choice on HIV/AIDS.

The organization continues to provide condoms to staff; in the restrooms as well as in individual office desks. A system to ensure increased access and uptake for VCT is also in place. For purposes of confidentiality, members of staff were allowed to select a doctor of their choice to administer VCT and ART to those found eligible. But ACORD meets only 80% of the cost of ARVs. The doctor is located in the main part of the hospital and not at an identifiable VCT centre. However, not all members of staff are comfortable with the doctor who was appointed at the onset. To address the challenge, a provision was in-built for staff to use other facilities of their choice for VCT. Limited trust in the doctor's ability to uphold the ethical requirements of VCT is the reason given by members of staff who were not comfortable getting service from him. One member of staff noted that the doctor still socializes at the local drinking places, community ceremonies and there is possibility that he/she can talk about his/her professional work though it has not happened yet.

4.1.4 Translation of Policies into actionable programs

Developing the implementation guidelines for the Critical Illness Policy

The process of developing implementation guidelines for the CIP received a lot of support from the management right from the time of inception. The entire ACORD NUP AIDS thematic team including the Advisor, Coordinator and Program officers participated in the development of the guidelines. The process began with a district HIV/AIDS Partnership forum organized in 2002. The process was kick-started early because there was urgent need for programs to internally address HIV/AIDS. A number of partners including the District Director of Health Services, District Education Office, 3 representatives from the district hospitals, World Vision, Save the Children Uganda, the School of Clinical Officers, members from 3 PLHA Associations and members from 5 partner CBOs were invited to participate in the Partnership forum. During the meeting, participants shared local experiences with regard to the HIV/AIDS epidemic.

After the district HIV/AIDS Partnership forum, ACORD NUP conducted a KAPB study among its members of staff. It was upon the results of that KAPB, that the drafting of the discussion paper on HIV/AIDS workplace policy was based.

Staff participation

The process of developing the guidelines was entirely participatory in nature. For instance, the discussion paper on HIV/AIDS workplace policy was circulated to all members of staff. This helped ensure a bottom-up participation in the process and it increased the chance of effective implementation and impact. The end result of the discussion paper was the draft CIP that was in use at the time of the study

Management buy-in

The draft CIP was presented to the senior management of ACORD to get their approval for implementation. The first version of the CIP obtained provisional approval and adoption was authorized before it was fully incorporated into the organization-wide Human Resource Policy (HRP). The CIP was however later integrated into the HRP.

Financing the Budget

While a budget and plan was drawn up to seek funding from a major donor, relatively small funding was allocated from on-going programs to kick-start the program in the first year. Consequently, only activities

requiring minimum funding such as condom distribution, education and VCT were implemented in the first year. On a positive note however, the 1st year expenditure patterns guided planning and the budgeting process for the proceeding year, 2005.

4.1.5 Achievements of ACORD Northern Uganda – Gulu

- HIV/AIDS Workplace Policy was in place after being approved by the ACORD Leadership. Information and Education, condom distribution and VCT are taking place
- Staff involvement and cooperation: Staff participated in the KAPB survey and in the development of the CIP.
- A major donor agreed to fund the initial HIV/AIDS budget
- Over 50% of staff have undertaken VCT
- Sharing and building the capacity of others in Uganda and in other countries such as Eritrea
- The level of openness and knowledge about HIV&AIDS among staff is impressive as illustrated below.

Box 7: Voice from within: Tesa (not real name)
The biggest achievements I have got out of the Program include: learning how to handle a condom –I used to fear the condom. Currently I talk freely to the youth who come to the office to collect condoms, encourage them and explain the facts confidently. I conduct "straight talk" sessions about HIV/AIDS for my children and other dependants. I am positive about going for voluntary testing and counseling. My last word is that staff and their spouses should be educated together about HIV/AIDS.

4.1.6 Challenges faced by ACORD Northern Uganda – Gulu in Mainstreaming

- Gulu was two years in the implementation process and part of the first year was spent in putting the infrastructure in place: Surveys, Policies/Approvals and delivery mechanism
- To date, the step by step implementation of the policy means targeting staff first, but equally the spouses and children require services
- Budget allocated to financing the workplace policy is relatively small because no specific fundraising for this program has been undertaken
- Competing demands on staff time such as allocating time for HIV/AIDS education in addition to their normal routine work

4.1.7 Lessons learned by ACORD Northern Uganda – Gulu

- HIV/AIDS Workplace programme needs to be implemented gradually starting with issues that require minimal funding i.e. VCT, Condom distribution, information and education until sufficient funds are raised to fund the strategic plan.
- A gradual process of implementation of the Program yields good results because you learn as you go along
- HIV/AIDS Workplace policy requires organisation's commitment to invest resources and time i.e. providing ART, allocating time for information and education – be prepared
- The capacity and commitment of the HIV/AIDS Coordinator or focal person is key in the implementation process
- It is important to look for ways of offsetting some of the costs, eg. by using volunteers to fill the gaps for staff absence and/or redeployment of staff.

4.2 Experiences of ACORD Adjumani and Moyo

4.2.1 More with Partners and less with self

The Adjumani/Moyo program area presents a unique experience with mainstreaming HIV/AIDS at the workplace. Although, ACORD Adjumani/Moyo enjoyed the same guidance i.e. same HIV/AIDS Advisor like ACORD Gulu, progress in managing the epidemic in the workplace has not been as fast as was the case in Gulu. Actually, ACORD Adjumani/Moyo's partners namely Adjumani People Living with HIV/AIDS (PLWHA), Pakele Women Association (PAWA), Youth Anti Aids Services Association (YAAHA) and Moyo Aids Heroes Association (MAHA) were found to have more developed HIV/AIDS interventions compared to those in the supporting organization. It should be noted that one of the main objectives of mainstreaming internally was to improve on service delivery to the communities being served by ACORD and Concern.

4.2.2 About Adjumani and Moyo

Located in the extreme North West bordering with DR Congo and Sudan, Adjumani and Moyo are districts characterised by high numbers of refugees from Southern Sudan. ACORD became operational in Adjumani and Moyo districts (then Moyo District) in Northern Uganda in 1993 implementing Programme of Assistance to the Sudanese refugees. The aim then was to promote refugee self-sufficiency, rehabilitate the areas degraded due to refugee influx and

to re-establish their socio- economic fabric, which had been destroyed during the fighting. In 1994 ACORD conducted a survey in the IDP camps and the findings of the survey indicated that these camps were very fertile areas for spread of HIV/AIDS. The population was redundant and only depended on food supply from WFP. The youth, boys and girls including some adults were spending most of their time consuming alcohol, in discos and video shows. This led to the establishment of ACORDs' HIV/AIDS interventions in Adjumani and Moyo districts to mitigate the socio- economic impact among infected and affected members of the community.

4.2.3 HIV/AIDS Workplace Program implementation

Similar to Gulu, ACORD Adjumani/Moyo recruited an HIV/AIDS Coordinator to spearhead the implementation of the workplace programs. The programme benefited from guidance of the same HIV/AIDS Advisor as earlier mentioned. It mostly engaged in provision of IEC materials to members of staff, ensuring easy access to condoms at the workplace to members of staff, informing staff about availability of VCT services and the possible access centres/points. Management of ACORD Adjumani/Moyo also took initiative to sensitize its employees about the possible benefits of taking an HIV test.

To ensure that members of staff are periodically updated on the latest developments and innovations in the field of HIV/AIDS, management is using the office notice boards to display posters and updates on new developments and innovations regarding the HIV/AIDS epidemic. The programme also conducts informal discussions on the different aspects of HIV/AIDS with members of staff.

However, despite the numerous activities being undertaken in the organization to effectively manage the HIV/AIDS epidemic at the workplace, members of staff demonstrated limited awareness of the workplace policy. Similarly, internalisation of the prevention and education activities at the workplace is limited. The major constraints to effective implementation of the workplace policy and programs identified by management include:

- Restriction of funding to IDP camps by major donors: HIV/AIDS funds to mitigate the impact of the epidemic on infected and affected persons in IDP camps in the area have been readily available since 1998. These funds however are

restricted to persons in the camps; there is no provision for service providers such as ACORD of benefiting from the same funding. Consequently, internal mainstreaming could not progress as expected due to funding challenges.

- Dynamics of transition from emergency work to development and advocacy: After the establishment of the ACORD NUP in 2002 and new focus on advocacy and lobbying, the Adjumani/ Moyo programme was implementing two programmes in one, with different donors and priorities i.e. while UNHCR' interest was on service delivery in emergency, ACORD NUP's focus was on advocacy for social justice and long term development. Staff energy was focussed on ensuring that both programs effectively operate alongside each other. Given the increased workload, it was not easy to implement the workplace policy successfully in a programme which falls under two different donors and with different interests and focus
- Massive lay-offs of staff causing low morale: between 1993 and 1998 ACORD Adjumani/Moyo employed 65 staff (42 in Adjumani and 23 in Moyo) under UNHCR refugee programme funding. Then between 2002 and 2003, Adjumani/Moyo had 42 staff (37 of the staff were under UNHCR funding and 5 were under the ACORD NUP funding). By 2003, 30 staff had contracts ending in 2004. By December 2004 fourteen staff (technical and support) were remaining in the programme.

4.2.4 Achievements of ACORD Adjumani and Moyo

- Adjumani/Moyo contributed to the writing of the HIV/AIDS Workplace Policy
- The HIV/AIDS Coordinator is in place
- Condom distribution is taking place and IEC materials are displayed on notice boards

4.2.5 Challenges faced by ACORD Adjumani and Moyo

- Low staff morale resulting in low interest in the workplace programme
- Focus is on managing the transition from emergency to development work
- Major donor not prioritising funding for HIV/AIDS workplace programme thus, limited budget to fund the administrative costs related to the HIV/AIDS workplace such as expense for travel and perdiems
- Perceiving HIV/AIDS more as a problem of the partners in the

community, rather than the organization and staff
- A major donor phasing out

4.2.6 Lessons learned by ACORD Adjumani and Moyo

- The working environment determines pace of progress in implementation

4.3 Experiences of Concern in Soroti/Katakwi

4.3.1 HIV/AIDS in emergency situation

The Soroti/Katakwi case is about a project working in the internally displaced persons in the districts of Soroti and Katakwi. HIV/AIDS was considered both at the work place and in emergency work. Despite the challenges of emergency work, the project found time to offer HIV prevention and care services to its staff.

4.3.2 About Concern Soroti/Katakwi

Soroti and Katakwi districts are located in the Eastern part of Uganda, and have had a fair share of the northern Uganda armed rebellion. Concern Soroti/Katakwi started its operations in 2000 as Katakwi Decentralisation Support Project. The purpose of the project then, was to strengthen the capacity of the decentralised local government and civil societies in the sub-counties of Obalanga and Kapelebyong. The objective was to ensure the development priorities of the poorest were reflected in government planning. This approach was used until June 2003 when the Lord's Resistance Army (LRA) from Northern Uganda infiltrated the area. The Project adapted into an emergency response programme - working with displaced people in camps. The project co-ordination office shifted from Acumet in Katakwi to Soroti Municipality.

4.3.2 HIV/AIDS Workplace program implementation

Soroti/Katawi project employs a total of 55 staff. Much has been achieved in education and awareness raising. PLHAs are involved in educating the staff. Workshop based training on HIV/AIDS was first done in May 2004 for staff only and with their spouses in August 2004. The August 2004 workshop was intensive and residential, lasting 2 days, and had a dramatic ending. All staff and their spouses - totalling 49 persons - freely chose to go for VCT. One staff willingly shared his experiences:

Box 8: Onen (not real name)
I have undergone VCT twice with my spouse. Iam faithful to my wife since I got to know my status. I like the HIV/AIDS mainstreaming programme in the organisation. I work on the external mainstreaming initiative in the IDP camps and Iam confronted with overwhelming big challenges of people living with AIDS in the camps. Now I have the 'weapon' of knowledge to respond to the peoples' needs.

Success in this program area is accredited to the immense support from management including the area Programme Manager, the HIV/AIDS National Coordinator and the Regional Advisor. The Area Programme Manager took personal responsibility towards the work place programme. This provided a suitable environment for its implementation. In the words of the HIV/AIDS Coordinator about the manager, this is what he said "My manager has been very supportive and a real partner in prevention. He has HIV/AIDS as his priority. He takes personal responsibility in educating staff on HIV/AIDS. He is very open, and this in turn has enabled staff to open up about HIV/AIDS." In addition, the project participates in district HIV/AIDS related activities such as the World AIDS day celebrations

Further, the technical support provided by the HIV/AIDS National Coordinator and the Regional Advisor enhanced effective implementation of the program. The above mentioned two officers would sometimes move or station in Soroti to educate and update staff on HIV/AIDS issues. They also played a big role in ensuring that members of staff are availed with IEC materials to increase their level of knowledge and awareness about the different aspects of the epidemic.

4.3.3 Achievements of Concern in Soroti/Katakwi

- Presence of an HIV/AIDS Coordinator since April 2003
- Information sharing; materials were simplified to ease understanding of the staff members who could not comprehend English well.
- Condoms are made available in private places in the office
- Training on HIV/AIDS for staff and their spouses was held
- There was much appreciation of VCT services

- Every staff trained on the use of condoms
- Exchange visits conducted i.e. staff had an exchange/ experience learning visit to AIDS Information Centre in Mbale (AIC Mbale)
- Participation in HIV/AIDS related social events such as World AIDS Day among others

4.3.4 Challenges faced by Concern in Soroti/Katakwi

- Meeting expectations of staff after they undertake VCT. There were insufficient mechanisms or skills to foster peer counselling among staff. The HIV/AIDS Coordinator remarked: *"In the community where we work, our partners are encouraged to form post-test clubs through the Philly Lutaaya Initiative peer support (so far done in the Kapelebyong area)"* But this was not happening in the organisation
- There are fears that the programme may not be sustainable in the long run; as all staff and their dependants undertake VCT and some got on ART

4.3.5 Lessons learned by Concern in Soroti/Katakwi

- Mainstreaming HIV/AIDS is a process and takes time.
- Management support is important to achieving results in a work place programme
- Constantly talking about HIV/AIDS at different foras leads to diffusion of information
- Good work place policies motivate staff to adopt positive behaviour like taking VCT services.
- Work place policy that treats HIV/AIDS as any other disease reduces the stigma attached to HIV/AIDS.

4.4 Experiences of Concern Rakai Community Rights Project

4.4.1 From Welfare to HIV/AIDS Mainstreaming

Concern Rakai has been working on HIV/AIDS intervention in the community for over fifteen years, but it is the Community Rights Project that started on HIV/AIDS mainstreaming in 2003. Despite the long history of HIV/AIDS interventions in the community, there has been limited internalisation of the workplace programme especially the prevention and education aspects and the ensuing benefits. Could it be a case of 'we know it all'?

4.4.2 About Rakai Project

Rakai is located in the South Western part of Uganda bordering Tanzania. In Rakai District, nearly everybody has been affected by HIV/AIDS. In 1990, Concern country programme in Uganda started to work on the socio-economic consequences of the AIDS epidemic in Rakai, one of the districts where HIV/AIDS was most prevalent. Concern in Rakai was operating as a welfare and relief organization handing out blankets, food, and other household items to individuals within households. In 1996 it changed its method of work from welfare to capacity building of CSOs and local government.

4.4.3 HIV/AIDS Workplace program implementation

Currently Rakai Community Rights Project employs 12 staff. HIV and AIDS Coordinator is in place. Members of staff have participated in the formulation of the policies and plans. The programme for condom distribution in places of convenience is ongoing. IEC materials are placed in strategic areas such as notice boards. Arrangements to access VCT have been made with the existing providers of services such as the AIDS Information Center (AIC). Education has taken the form of workshops organised for staff on various subject areas on HIV/AIDS. In 2004, a workshop was organised for staff and their spouses. The following were staff impressions made of the workshop:

Box 9: Staff Comments

"Silence was broken after the education session involving staff and spouses"

"The interactive communication enabled participants to discuss HIV/AIDS openly"

"I never brought my wife for the sessions, but I realized that I missed a lot and next time I will grab the opportunity"

"I had never sat with my husband to learn about HIV/AIDS, that was my first time. We went for VCT together. We require continuous guidance"

"With education and information there is a noticeable change in staff behaviour – from not talking openly about HIV/AIDS to open discussions with all staff"

Despite the positive comments resulting from the education programme, no member of staff has come forward to share with either the Coordinator or Programme Manager any concerns about HIV/AIDS. The Managers do not know how many members of staff

have undertaken VCT. Whether the lack of vibrancy in the workplace programme is related to staff taking HIV/AIDS for granted since it has been with them since 1985 or whether it a case of lack of innovation by the management of the project requires further investigation.

4.4.4 Achievements of Concern Rakai Community Rights Project

- HIV/AIDS Coordinator is in place
- Staff contributed to the HIV/AIDS and CIP Policies and strategic Plan development
- Staff and spouses came together for the first time to learn about HIV/AIDS
- Education and prevention activities are ongoing

4.4.5 Challenges faced by Concern Rakai Community Rights Project

- Staff not satisfied with the recommended VCT providers as they have encountered with incidences of inefficiency. One staff quoted examples of lack of counsellors to attend to clients.
- Some cadres of staff feel that all policies are written in English, and they do not have sufficient command of the language to interpret them.
- No clear indication that the management have a strategy to put vitality into the HIV/AIDS workplace programme

4.4.6 Lessons learnt by Concern Rakai Community Rights Project

- Staff require a lot of initial guidance, support and motivation from their managers in order to embrace the HIV/AIDS Workplace programme

Chapter 5: Good Practices and Challenges in Internal Mainstreaming

5.1 Good Practices in Internal Mainstreaming

The Good Practices documented in here refer to performance by ACORD and Concern Uganda within the two years of implementation of their Workplace programmes. This performance was not benchmarked against any organisation but routinely compared with good practice guidelines of ILO: *An ILO code of practice on HIV/AIDS and the world of work and,* UK Consortium on AIDS and International Development, *A guide for NGOs managing HIV/AIDS in the workplace* and the Global Reporting Initiative: *Reporting Guidance on HIV/AIDS.* The Good Practices are grouped into four categories namely Good governance, state of the human resource, Monitoring and Evaluation as well as Sustainability of the interventions being implemented at the workplace.

5.1.1 Good Governance[11]

***Consistency with the organisation's culture and values*:** Reflection of the organisation's values in the workplace programme ensures identity with the existing culture and beliefs. For example Gender equality, social justice and participation are ACORD and Concern core values reflected in the policy and plan.

***Conducive policy environment*:** A conducive policy environment within the organisation is a critical factor in facilitating the process. Within ACORD family in the 18 African Countries and Concern Worldwide, HIV/AIDS mainstreaming' policies were already in place.

***Commitment by Management*:** Management being the champion in the fight against HIV/AIDS, leading by example and being abreast with developments in the field of HIV/AIDS. In ACORD and Concern management buy-in was critical in starting and guiding the development of the workplace program.

11 Good Governance: In this context, refers to the exercise of authority and accountability to achieve the workplace programme. Included are the Values, Legal framework, Policies, Leadership and Approaches

***Linkage to international and national legal and policy framework*:** The Workplace programme should be in line with both international and national legal frameworks, such as the, UNGASS Goals, National Constitution, the National HIV/AIDS Policy and Strategy and with national planning frameworks, such as the Poverty Reduction Strategy Process (PRSP) in order to enhance credibility and strengthen the mandate of the programme.

***Harmony with existing organization policies*:** Harmonising existing policies and Codes of Conduct with the HIV/AIDS Workplace programme creates alignment within the organisation. In Concern, the two Codes of Conduct - the 'P4'and the Staff Code of Conduct - and in ACORD, the medical benefit scheme, were harmonised with the workplace programme.

***Organisational learning*:** Researching to understand how HIV/AIDS impacts on the organization provides the necessary data and information for the design of the workplace programmes. Documenting experiences and lessons are important activities for organisational learning. ACORD NUP and Concern Uganda carried out KAPB studies to inform the design of the Workplace programs, and also the documentation of *Inside Out-AIDS Competence at the workplace*

***Financial commitment*:** Finding resources to fund the HIV/AIDS Strategic Plan, and putting a budget line and code in the organisation's accounting system are good indicators of an organisation's commitment to implementation of the workplace programme. Without money, even the best planned intentions cannot materialise. Concern secured funding from Development Cooperation Ireland (DCI). ACORD re-allocated existing project funds in the short run and lobbied an existing major donor to fund the long- term programme. Both organisations created budget lines and codes in their accounting systems.

***Putting in place a delivery mechanism*:** The organisations have put in place a structure and technical support mechanism to facilitate the design, implementation and monitoring of the HIV/AIDS programs in the workplace. This mechanism facilitates focus of resources and energy on the workplace programme. At the Global level ACORD/HASAP and for Concern Worldwide the PPMG were put in place as the coordinating structures. In Uganda implementation for the two organisations were carried out by the HIV/AIDS Working Focus Groups, Coordinators and Advisors.

***Working in collaboration and developing linkages*:** Linking with other actors in Government, Civil Society and private sector, for the purposes of learning, sharing information and resources, referral, coordination of activities among others – helps to enhance the impact and effectiveness of Workplace programmes and create a supportive environment in which to operate.

5.1.2 State of the human resource[12]

***Provision of a supportive and caring environment at the workplace*:** The two organizations have taken initiative to create a favourable environment for their members of staff which has fostered consultation and disclosure of HIV status at the workplace. Cases of isolation and stigmatization of persons known or suspected to be HIV positive are minimal.

Fighting Stigma and Discrimination: Enforcing policies of non-discrimination in the organization, training and raising awareness on stigma and discrimination is essential in developing a harmonious and caring workplace environment. Encouraging staff to speak out on any experiences of direct or indirect discrimination or harassment on grounds of HIV/AIDS is important in tackling incidences as they arise. In ACORD and Concern stigma and discrimination are addressed within the Staff Code of Conduct as well as the Critical Illness Policy. PLHAs are involved to share practical experiences and solutions.

***Involvement of PLHA*:** Involving people living with HIV/AIDS in trainings is very beneficial for raising awareness and for changing attitudes about HIV/AIDS as well as for creating improved understanding of the impacts of HIV/AIDS.

Informing and Educating: Having consistency in information updates to staff and taking nothing for granted is important in ensuring learning all the time. Providing staff with facts through formal training sessions and readers such as pamphlets/ books about HIV/AIDS equips staff with the knowledge and skills to tackle HIV/AIDS.

Developing staff confidence and encouraging openness: Openness is important in the prevention of the spread of the virus and in accessing early treatment. Developing the confidence of staff to be open about

12 state of the human resource: Refers to the ultimate healthy and productive staff required in the organisation if action is taken to prevent, care, support and treat HIV/AIDS

HIV/AIDS matters and also to disclose their status entails a gradual process of providing the necessary information and education on a regular basis, coupled with appropriate policies translated into practice. Ultimately every organization should aim at openness about HIV/AIDS.

***Empowering staff to undertake VCT*:** Having all the staff and their dependants undertake VCT and being open about their status should be the ultimate aim as it assists the organization to know the magnitude of the problem and also carry out a proper risk assessment. One staff in ACORD made the following comment: *"Knowing your status helps you live free …, "All of us need guidance, whether affected or infected …. Even with HIV/AIDS you can live in a relaxed manner"*

***Staff participation in programme development and implementation*:** Involve staff in the design, implementation and monitoring and evaluation of the Workplace programme because it builds ownership and contributes to the sustainability of the programme. Staff involvement in the design process in both ACORD and Concern was critical in enhancing their commitment to the policy. In addition providing staff choice to make decisions on where VCT will be carried out is important. In ACORD NUP staff chose medical personnel within the hospital facilities and Concern Soroti/Katakwi and Rakai staff chose established NGO service providers.

Staff taking responsibility: As a matter of principle, all members of staff bear the primary responsibility in prevention and management of the impact of HIV/AIDS in their lives. One way of ensuring this responsibility is to make staff contribute a percentage of the cost of the Workplace programme. ACORD NUP Staff meet 20% of the cost of ARVs and Concern members of staff meet 10% of the health benefit scheme.

5.1.3 Monitoring and Evaluation[13]

M&E is very important for organisational learning in the HIV/AIDS workplace programme. Through monitoring and evaluations systems data can be collected to assist the organisation to improve as they go along, to document good practices, lessons and challenges.

13 Monitoring and Evaluation: Monitoring the indicators of good or bad performance and evaluating the changes resulting from implementation

ACORD experiences	Concern experiences
ACORD NUP, Gulu Programme Area developed a log frame specifically aimed at addressing the HIV/AIDS workplace programme. The following indicators were identified: • Number of employees/workers and employers in Gulu participating in HIV/AIDS prevention activities at the workplace • Number of infected and affected workers and their families receiving care and support services from their employers • Amount of resources disbursed to and effectively utilised by family support programmes • Number of family support programmes for HIV infected and affected workers • Number of workers affected and infected by HIV/AIDS • Home/family support systems that ensure continued support for members of the family	Concern also developed a logical framework that was included in the HIV/AIDS Strategy and the proposal written for fundraising. Concern Worldwide conducts an annual audit exercise on mainstreaming and issues of the workplace programme are incorporated

However, at the time of writing this documentation, neither ACORD nor Concern had put in place a systematic and comprehensive system for collecting data. The process for evaluation was not in place as well. Looking at the range of activities and processes involved in the workplace programme (Policy and Plan formulation, Delivery Mechanism, Prevention and Support, Treatment and Care) it can be stated that the indicators in both organisations are incomplete. There is no system for collecting information against those indicators. In the future it would be difficult to compare and benchmark performance with other organisations if the practice continues.

5.1.4 Sustainability Issues[14]

Setting boundaries/limits: Setting boundaries within which to operate helps to cater for potential abuse and also to enhance ownership and responsibility. Examples include: Putting budget ceilings on workplace program. For example Concern Uganda, for ordinary illnesses put a ceiling of Ushs 550.000/ ($300) per staff per year and each staff had to contribute 50.000 ($25) towards this cost. In the case of critical illness

14 Sustainability: Refers to continuity in the interventions and benefits accruing

a maximum of 5% of staff net annual salary can be used. In ACORD NUP the cost of critical illness is co-funded by the organisation up to 80%.

***Empowerment of staff*:** Investing in prevention and care for members of staff helps them to make safe and informed choices that lead to healthier and safer lifestyles. Involving staff in the development and review of the Workplace programme also helps to promote ownership and continuity within the organization.

***Link to existing service providers of quality services*:** Working with existing providers such as government facilities, NGOs and Faith based organizations that provide quality services for VCT and ART ensures continuity in care for staff. ACORD Gulu links with the Directorate of District Health Services (DDHS) for services such as awareness raising and VCT.

***Monitor and Review the program constantly*:** Monitoring progress and documenting practices, lessons and challenges provides organisational learning and helps to promote regular updating and review of the policy, which is vital in the dynamic world of HIV/AIDS.

5.2 Challenges faced by ACORD and Concern in Internal Mainstreaming

- Securing leadership and commitment of management to believe in the workplace programme to guide and support the process of design and implementation can be a challenge in the initial stages
- Dealing with stigma and discrimination so that it stops being an obstacle to the workplace programme initiation and success requires investment in education and enforcement of policies
- Relatively big time lag (one year or more) involved in the process of policy formulation and plan implementation. The implication for staff is that some may die before they benefit from the policy. In this case organisations may opt for carrying forward the prevention and treatment aspect even before the policies are in place to enable staff access available services.
- Balancing the interests of individuals and the organisation: Many aspects of the Workplace programme give rise to major

ethical dilemmas. While the programme is aimed at protection and promoting the interests of all staff, budgetary and other considerations place constraints on the provisions of the programme. Some of the most difficult issues to address include:

i. Staff re-deployment: Who decides if and when a staff member should be re-deployed? If redeployed to a lower grade, should s/he continue on same pay? How can this be justified to other staff? What if a staff member cannot fulfil their existing job description, but does not want to be re-deployed?
ii. Scope and duration of ART provision: should ARVs be provided for spouses and children of staff, as well as staff? If so, should there be a limit on numbers? What should happen to staff who leave the organisation?
iii. Confidentiality vs accountability: confidentiality is critical, but how can staff be held accountable (i.e. spending medical funds in the way intended) without breaching confidentiality

Some of these issues can be resolved through policy provisions, but, in some cases, the way of dealing with these dilemmas will depend on individual personalities and operating dynamics of the organisation such as:

- Peer support for staff who declare their status. Need to build staff capacity in peer counselling and post test clubs.
- Competing demands on staff time such as allocating time for HIV/AIDS education in addition to their normal routine work
- Some donors not buying into the idea of funding HIV/AIDS work programmes, thus a need for advocacy and lobbying to enable them do so
- The development and implementation of an effective monitoring and evaluation system requires staff input, the establishment of clear and workable documentation and reporting systems and the development of an effective, participatory methodology for impact assessment. All these require management commitment, time and resources.

5.3 Other Challenges faced and Issues to be resolved

On-Going debates and issues to be resolved

- Policy on staff that leave the organisation while on ART: Concern provides six months treatment, three months on full pay, and a further three months on half pay. Thereafter, staff who cease to be employed by the organisation receive full retirement provisions. ACORD NUP policy also includes ART provision for members of staff who leave the organization. This is done to support the staff comply with the medical requirements but also as a good will gesture on the part of the organisations. Some members of staff in Concern and ACORD have expressed concerns about the implications for staff unable to continue with ART after leaving the organisation and have suggested that this policy should be kept under review. The question is what can organisations support in a more sustainable way?

- *Confidentiality in the management of the HIV/AIDS Workplace*: As previously mentioned, number codes are used to avoid breach of confidentiality. However, there are some concerns about possible abuse of this practice and how this can be monitored without breaching confidentiality. If a staff member is suspected of misusing the funds, what would happen? Could management follow-up the staff involved without breaching confidentiality?

- *Staff redeployment*: if a member of staff has not declared their HIV/AIDS status, and yet they are frequently sick and their current jobs are strenuous to their health. When do you take the decision to redeploy them? Ultimately, the hope is that stigma and discrimination will be effectively eliminated and all staff can be confident and open, thereby obviating the need to hide the expenditure under codes.

- *Cost of ART for staff and dependants:* To date, neither ACORD and nor Concern have experienced the full impact of the cost of ART. Consequently, it remains to be seen whether the costs involved will be sustainable in

the future and whether both organisations will continue to make such provision for both staff and dependants. The hope lies in the decreasing cost of ART, as well as the increasing recognition that ART can as well be integrated into the existing medical insurance schemes and policies for staff and dependants.

- *Care and treatment for staff based in remote areas:* There are concerns about the best way to address the needs of staff based in remote areas where the infrastructure may not allow provision of ART and other services. This is an issue that will need to be looked into, balancing the concern for fairness and cost feasibility.

End Note

Looking to the future of HIV/AIDS in the workplace, ACORD and Concern collaborative linkage present an interesting case of learning, sharing and innovations. The two organisations have a real contribution to make to the global learning of HIV/AIDS mainstreaming. They also have a strong will and are competent to make this happen. The two organisations have courageously moved forward the process of mainstreaming HIV/AIDS at the workplace. It is vital that this process is supported by donors, other organizations and well wishers to continue.

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ANNEXES

Annex 1: Chronology of events in ACORD and Concern

DATE	MILESTONES	
	ACORD GLOBAL (HASAP)	**ACORD NORTHERN UGANDA (NUP)**
2001	First ACORD PAN-African HIV/AIDS meeting. Need for Policy discussed	• Realizing the adverse effects the epidemic is likely to have on their work, began demanding workplace policy
2002	• HASAP started developing organization wide policy – research on other organization's policies • HASAP team present a paper at 2nd AIDS workshop • Several cases involving HIV positive staff reported • KAPB done by HASAP with 166 questionnaires returned and analyzed • ACORD programs send feedback on the draft policy recommendations paper. Agreed on proposals circulated. • Discussion paper including the feedback from programs circulated again for in-depth discussions with program teams.	• ACORD NUP AIDS thematic team organized a District HIV/AIDS Partnership meeting to discuss plans for developing a workplace policy. Local experiences were shared.

2003	• HASAP organized an Africa wide workshop on HIV/AIDS mainstreaming in Dar es salaam • Organizational survey findings and responses discussed during the workshop • Draft cost implications paper for rolling out the organization policy and proposed activities • HASAP, Concern and Northern Uganda begin discussions on joint experience sharing exercise on the work place policy.	• Knowledge, Attitude, Practice and Behaviour (KAPB) study among staff of NUP is carried out to feed into the NUP Critical Illness Policy (NUP) • KAPB studies findings presented and discussed at AIDS workshop in Tanzania • Draft discussion paper on HIV/ AIDS at the Workplace prepared
2004	• ACORD HASAP and Northern Uganda Area program in collaboration with Concern Uganda, commissioned study on the joint experience sharing • ACORD Secretariat sensitization workshop held Cost implications discussed. • Policy was approved in principle; for some aspects including prevention sensitization. Plans for following up on specific aspects like treatment which have serious cost implications were developed. • Discussions on the roll out of the work place policy held • Responsibilities of the different levels in the organization for rolling out the policy discussed. • Draft induction pack and information flier on the work place program developed.	• Implementation of the HIV/AIDS Workplace Policy • Participation in meetings for documenting experiences on the work place policy.

Date	Milestones	CONCERN WORLDWIDE CW	CONCERN UGANDA
2001	HIV&AIDS Programme advisor		HIV programme advisor was employed for 1 year
Mar. 2002	Strategic Plan 2002-2005	The strategic plan acknowledges the scale of the global HIV&AIDS crisis and states that it must realistically be factored into everything we do	Aim: To enhance the capacity of Concern and its partners to effectively respond to the effect/impact of HIV&AIDS at individual, household and community level through a mainstreaming process Aim revised in Oct 2004 as : To mainstream HIV/AIDS into all Concern Programmes and build the capacity of partners to contribute to the reduction of the spread of HIV and effectively respond to its impact/effects Indicators: HIV/AIDS mainstreamed into Concern programmes Enhanced capacity of partners to respond to the impact/ effects of HIV/AIDS Reduction in HIV/AIDS prevalence in areas where Concern operates
April 2002	HIV Advisor		National HIV/AIDS Advisor appointed
July 2002		Global HIV&AIDS Advisor appointed	
Dec 2002	PCMP (Project Cycle Management System)	Programme Cycle Management Process has 4 key HIV&AIDS risk, vulnerability and impact question(and checklist questions on equality – gender, participation, and rights based approach)	Concern Uganda have HIV&AIDS impact assessment in all new programmes

Date	Milestones	CONCERN WORLDWIDE CW	CONCERN UGANDA
End of 2002	HIV/AIDS Focus Group	HIV&AIDS Programme, Planning and Monitoring Group (HIV & AIDS Focus Group) established) with the aim to plan and monitor Concern's Global programme in the area of HIV&AIDS A TOR was drafted for country FGs	
Jan 2003	Health Scheme	Concern Uganda was guided by CW where the maximum of 10% of national net salary could be used for a health scheme	Health benefit scheme for national staff and family was approved by Concern Dublin and introduced in Jan 2003. A health scheme is available for the whole family. Ushs 550,000 ($300) per staff member per year (500,000 -$275 from Concern & 50,000 -$25 from personal contribution) and an additional UShs 2.4 m ($1200) is pooled as a country discretionary fund to help those who need extra assistance. Any balance left in a staff member's "fund" at the end of the year is paid to him/her. However it is subjected to tax according to Uganda law. The cost of the health scheme comes to 10% of net national staff salary per year. Before the scheme was introduced Concern did not cover any medical expenses for staff or family members
April 2003	Project HIV&AIDS coordinators		Three project coordinators were appointed and they automatically became members of the National HIV&AIDS FG team (established 15th April 2003)
April 2003	National HIV&AIDS FG	In line with Dublin PPMG recommendation	Team ACD, 3 HIV&AIDS project coordinators, one member from the Mpigi HIV/AIDS capacity building programme, the national adviser Purpose of the FG: To spearhead the mainstreaming process through out the country programme Update project areas and head office on relevant national and international HIV&AIDS issues Be a link between Dublin Focus Group and Concern Uganda in relation to HIV&AIDS issues

Date	Milestones	CONCERN WORLDWIDE CW	CONCERN UGANDA
April 2003	CW HIV&AIDS Policy	Approved. Aim: to empower our target group to minimise their vulnerability to, and risk of, HIV infection and to minimise the impact of AIDS on those affected and affected by it	
Aug 2003	Preparation for the development of a workplace policy	CW disseminated a Discussion paper: Critical Illness in the workplace – The issues involved key recommendations for policy development. A questionnaire was sent to all countries	53 Concern staff members gave feed back from Uganda
Aug 2003	HAPS	HIV&AIDS Partnership Scheme (HAPS) CW submission to Development Cooperation Ireland (Irish Government). HAPS is part of Concern's overall HIV&AIDS work to support the mainstreaming process but also to support specific HIV&AIDS programmes in Uganda and Ethiopia Overall objective: To contribute to the IDT of achieving 25% reduction in HIV infection rates among 15-24 years olds in worst affected countries by 2005, and globally by 2015 Immediate objectives: To empower Concern target groups to minimize their vulnerability to, and risk of HIV infection and to minimize the effect of AIDS on those affected and infected by it	HAPS is for the period 2004-2006 HAPS has been working as a mainstreaming guideline for Concern Uganda Wider objective: To support Uganda's effort in the prevention of HIV&AIDS and the mitigation of the health and socioeconomic effects of the disease at individual, household and community level Immediate objective (purpose) To enhance the capacity of Concern and its partners to effectively respond to the effect/impact of HIV&AIDS at individual, household and community level through a mainstreaming process

Date	Milestones	CONCERN WORLDWIDE CW	CONCERN UGANDA
Dec 2003- Edited April 2004	HIV&AIDS mainstreaming audit	"Mainstreaming a response to the HIV&AIDS Crisis" an audit done by a Concern Consultant Maura Scully	A questionnaire was sent to all Concern countries
Dec 03 – Jan 04	HIV&AIDS staff survey		Staff KAPB HIV&AIDS and impact study including a small evaluation on the health scheme
Feb 2004		Programme Participant Protection Policy approved (including code of conduct	All staff and partner organisations have been briefed on the policy. The code of conduct is amended when Concern signs an agreement with partners. All Concern offices have assigned a male and female staff as contact persons. A guideline has been drafted to state role and responsibility of contact persons
May 2004	Regional HIV&AIDS Advisors	In line with Concern Dublin HIV strategy	The first Regional Advisor was employed in May to be based in Uganda Covering Concern Central Africa Region. A second advisor was employed in August 2004 to cover the Concern Southern Africa Region. A third advisor is to be appointed for the Horn of Africa Region
June 2004	Illness in the workplace including HIV&AIDS	The policy will be a part of the CW Human Resources Policy document	A detailed survey of current staff health scheme in all countries was conducted and all countries contributed widely to finalise the policy. CIP policy states: 10% of total net national staff cost per year can be used for short term illness (this is what Concern Uganda introduced for their health scheme in Jan 2003 - and this will remain the same. Critical illness a max of 5% of net national staff cost per year can be used (includes ARV)
Sept 2004	CIP and HIV&AIDS HRM Policy Implementation Guidelines	Aim: Concern is committed to alleviating, in as far as possible , the hardship that can result from illness to enabling its employees to take proper care of their health	Uganda has adapted the CW policy and has drafted an implementation guideline. However, the policy is partially implemented as staff members can be reimbursed expenses in related to critical illness back to July 2004

Date	Milestones	CONCERN WORLDWIDE CW	CONCERN UGANDA
Oct 2004	HIV&AIDS framework and Strategy 2004-2007	Final version from CW Aim: To educe the prevalence of HIV and to minimize the impact of AIDS on the poorest communities, that comprises the Concern Target population, in all of our emergency and development programmes Strategy purpose: to strengthen the capacity of Concern and partner agencies at organisational and programme levels in order to optimise the response to HIV&AIDS, in coherence with Global, national and local strategies. There are four main objectives Mainstreaming internal and external (primary objective) Development of Advocacy on HIV&AIDS Development of organisational Competencies Capacity support for prevention, care and treatment services (community based and formal services	Concern Uganda has drafted a HIV&AIDS mainstreaming strategy based on the HAPS and the CW strategy

NB: From 2001 to 2004 a number of activities took place ranging from consultation, policy formulation, putting in place delivery mechanisms to workplace programme implementation. It can be derived from these tables that HIV/AIDS internal mainstreaming is a process and it takes more than one year. Both ACORD and Concern Uganda started the internal mainstreaming processes before their organisation-wide policies or strategies were approved thus making the processes demand driven. Concern first developed an overall HIV/AIDS Policy and Strategic plan before it developed the Critical Illness Policy. ACORD global developed a policy recommendations paper, which was approved in parts, and a detail cost analysis is still being done in all countries.

1 At the time of the survey, Concern Uganda had 92 permanent members of staff
2 This may be applicable to adopted children who live with staff

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