INFORMAL, ORGANIC RESPONSES TO HIV/AIDS IN THE WORKPLACE

An Action Research focussing on Malawian Civil Society Organisations

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1. BACKGROUND AND RATIONALE TO THE ACTION RESEARCH

HIV policies are a vital tool in helping CSOs (civil society organisations) respond to HIV and AIDS in the workplace. But because they are the most easily measured response, there is a danger that they will become the only way to gauge whether a CSO is responding. When we focus too much on workplace policy, it makes organisations feel under pressure from donors to develop policy as a funding hoop. They do not own the policy development process, so they do not implement it later. But many CSOs are already responding to HIV and AIDS *without* a formal policy document. Some of these agencies are too small or informal (such as community-based organisations) to have any written policies, let alone an HIV one. They do not make decisions based on written policies. But they do have coping mechanisms. They may be small activities that organisations and individual staff are doing to support each other in relation to HIV and AIDS (or any other illness). For example, this may be having a staff welfare committee, having a staff member other than the Director who is in charge of organizing funerals, or visits to the sick; or a person who people always go to with their worries and concerns. Because these activities are not very visible, they are often not costed. Time is borrowed from other work. It appears to outsiders (and some staff) that the organisation is doing nothing, when this is not actually the case.

Aim:

- To make visible non-HIV policy responses to HIV and AIDS in the workplace
- To find out what motivated this response and how it can be supported from outside
- To explore the links between informal, organic responses and formal policy responses

Research Objectives

This action research was set out to find out

- How are organisations responding to HIV/AIDS in the workplace (in the absence of a formal policy)?
- What are the 'organic' coping activities that the organisation is doing to respond to HIV or support people who are affected or infected?
- What triggered this action?
- How these actions can be supported and maintained?

2. METHODOLOGY

Sampling was done among Malawian organisations that are NGOs with drafted policies but not yet implemented and four organisations were selected (See Appendix B). Four to six members of staff were interviewed including Director, Human resource personnel, Technical Staff and support staff (Drivers, Secretaries). During data collection process, Objective-Reflective-Interpretive-Decisional (ORID) theory for assessment was employed to help respondents to trace information from time they observed HIV related events/occurrences, to their immediate/ instinctual reaction, to inquisitive search for new information to a decision. Analysis was done using tallies for the qualitative data and cases examples were documented to enhance learning from good practices.

3. FINDINGS

a. Organic coping activities that the organizations are doing to respond to HIV or support people who are affected or infected

Table 1: Actions taken by staff towards the affected staff and dependents by percentage of the respondents

Visiting the sick member of staff or dependent	*94.40%*
Taking the sick person to the hospital	*22.22%*
Comforting the bereaved staff member or dependent	*50%*
Doing family errands that the member of staff cannot	*22.22%*
Advising and encouraging members of staff to go for tests	*38.88%*
Standing in as relatives	*16.66%*
Advocating to management for an action	*16.66%*
Donating blood	*5.55%*
Members of staff have also been points of confidence	*27.77%*
Doing official work on behalf of the ill members	*27.77%*

1. ***Visiting the sick member of staff or dependent at the hospital or at home and mostly bringing in physical, moral (sharing jokes and showing that "we care") and spiritual support like sharing the Word of God from the Bible.*** On physical support, members mostly bring unique food that a sick person might like (not really need) eg *thobwa* (a common locally prepared drink that is made from water and fermented cereal flour), local vegetables seasoned with groundnuts, orange squash and other money contributed by members. About 17 out the 18 people indicated to have done this or expecting this from their members of staff close to them and interestingly from the senior members.

2. ***Taking the sick person to the hospital even though the person may not have wanted or the relatives may have resisted.*** An example from one of the organization was that one young lady administrative officer after being told (late afternoon) that a member of staff fell critically ill while attending a workshop, asked that someone should take him on public transport to the head office town over 100 km away for better medical attention. She knew the man had been shying away from the hospital and was only taking medicines from local market largely because he could not afford good service. She waited for the man at bus terminal up to about 6pm using her own family car and fuel and kept calling the person using her own airtime to find out *where he was and how he was.* Upon getting to the bus terminal she quickly drove him to one of "middle class" private hospital knowing that the public hospital would give little attention at that hour. She also had called her personal friends who are clinicians to attend to him. After receiving the attention, she paid the bill from her own money and the man was psychologically encouraged and medically helped to the extent that he got strength to go home and was handed over to his sister who had later followed. She went home later that evening. Unfortunately after some time the man died and she

said " I felt pain a mother feels when she has lost a child and that my efforts were not fruitful"

3. Comforting the bereaved staff member or dependent through monetary and physical resources and also escorting them. In two organizations, the members used their own money and their own car to follow a member who had lost a spouse and a brother over 200km away. In the same organisation, a lady lost a brother after a long illness and she was nursing the brother together with her elder sister. When he died, she was at the office and had only had MK200 (about US$1.40) until a friend gave her MK500 (US$3.60) which she used for part of the funeral arrangements. As a result of this woman has developed a habit of saving the little she gets. She save MK500 every month because she knows that the organisation will not come to her rescue.

4. Doing family errands that the member of staff needed to do but is not able to. These include taking money from the sick staff member and paying school fees, bills and other necessary things, going to the bank on behalf of the staff member, taking the member of staff through all hospital processes and even supporting and or carrying the sick when too weak. An example was given where one male member of staff had his lady relative very ill and he was supposed to take her to the hospital. He was at the office when he got the message and his male workmate escorted him home. Upon arrival, the woman could not walk to the car nor rise up that it was necessary to carry her to the car. However the affected staff could not carry her (either because of fear, concern or cultural reasons) and it was the workmate who carried the sick person to the car in the presence of other relatives. The woman later died and after burial, the relatives came to the office only to say "thank you (to the workmate) for carrying our relative when we could not."

5. Advising and encouraging members of staff particularly those chronically ill to go for "all necessary tests" in anticipation that HIV may well be one of them and that if found positive, they may get the proper assistance. A Secretary in one of the organisation boldly approached a man (driver) and a woman (technician) who had been chronically ill and asked them to go for a check up at the hospital. Both tested positive because they declared their status, now on ARVs and after staying home for a while, they are now back to work and working normally. Who knows if they would be alive by now?

6. Standing in as relatives particularly women looking after other sick women after asking for off days and also using free time and even organisational time. This is not only done with chronic illnesses but also with other illnesses and conditions including during birth of a child.

7. Advocating to management for an action that would not have been done on staff affected. One organization planned to retrench staff including two members of staff who had been absent from duties (3 to four weeks for the first person and also 8 weeks for the second who after getting well went back to the hospital for another 12 weeks) and it was suggested by some senior individuals that these two should go. It was members of staff that discussed neck to neck with management that these two cannot go despite being expensive to keep them while not working. Members indicated that the two members in question had been working hard before getting ill and that only those that had been "underperforming" were to go. At the time of this research, the two were working and the organization had laid three other persons for underperforming.

8. Donating blood to members of staff. In one of the organization, there were two members who were regular blood donors up to the time of this research. On a number of occasions, these two donated blood to fellow workers. The respondent was also quick to say other members do not go for blood donation for fear that their blood may have HIV.

9. Members of staff have also been points of confidence by those who are infected and affected particularly those that showed interest in their life situations. There seem to be a close relationship between those people who encouraged others to go for testing and those to whom others confided in though not statistically tested. Perhaps confidence grew with the previous interactions or it is a way of giving feedback.

10. Doing official work on behalf of the ill members of staff to ensure implementation progress. In a number of organisations the work for the one absent or ill is taken over by those already working which shows that members are willing to take more for the sake of their colleagues.

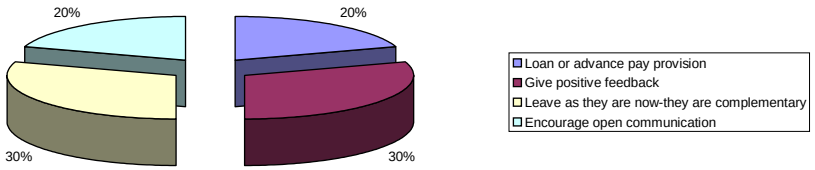
WHAT MOTIVATED AND CATALYSED THE ORGANISATIONS TO RESPOND TO HIV?

	Driving force	**N=18**	**Percentage**
1	Love and compassion for the infected, sick, or affected.	11	61.11%
2	Belief that there is hope even beyond the current situation and religious values especially Christian values.	2	11.11
3	Motherly feelings that I do not want to see my child suffering and I would want to help in any way.	8	44.44
4	The right thing to do “help any one who is in trouble and hating to see one suffering”	3	16.66
5	Members of staff becoming more like one family within the organisation after living together for some time. Each time members of the organisations live like a family, they give each other what money cannot give, and this is probably the only way organisations can survive especially those with inadequate resources or those which are ministerial in nature.	8	44.44
6	Investing for the future thinking what would I want others to do to me when I am bereaved, infected, sick, affected? Whatever I do to the others, others will also do to me.	3	16.66
7	Social pressure- fear of being people who did not care for the people who worked for them when they were sick unlike when they were well. “We know its happening and we cannot just ignore on humanitarian grounds” Besides, members of staff are the primary “customers” of the organisation and need not be	4	22.22

	neglected at the expense of the external customers because once the former have left, the latter will follow suit.		
8	The desire to be orderly organised and in control after going through unpleasant experiences in the past that took people by surprise. For example people dying of TB which is treatable living others regretting.	2	11.11
9	A perceived big problem that not one person can carry therefore need of help by those around the affected person.	1	5.55

WHAT TO DO TO SUPPORT INFORMAL RESPONSES

Figure 1: Type of support needed to sustain Informal Responses according to percentage of the respondents



In terms of support, the following were the views of the members of staff interviewed:

A. Encourage the one infected or affected to communicate more by creating such an open culture by management. Establishing structures like Social welfare committees may work but it is not a panacea since in many cases such committees have created more dissatisfaction than without. It therefore means that management should help the social committees by creating a family environment without making the social welfare a mandatory structure. In an environment where communication is free and true, those with problems will share very easily unlike where people are closed. This will give the other members of staff opportunities to support with what they can.

B. Some respondents indicated that just like the government of Malawi is struggling to monitor and regulate the informal business sector, it is not be necessary to formalise the informal responses at organisational because it is difficult and more expensive than the benefits expected or accrued. The moment organisations try to regulate or formalise these, then the question of making people accountable comes in and it may be killing the only hope there is since formal systems have worked in a limited way-the spirit of “giving” need not be enforced . Others indicated that some members will take advantage if resources are allocated to this while in its informal state. Besides the formal mechanisms like policies are hardly working because of the financial requirements for practically implementing the provisions of the policies.

   To add on this, some members feel that the formal provisions and the informal responses in other organisations are complementary to each other. For example in one organisation their policy encourages staff to seek help from each other and not outside the institution and each member is ready to assist whoever is in need. This is always part of routine staff meetings be it in the field office or head office. Interestingly one organisation is saying they have a draft policy but at the moment they allow and cultivate the informal responses and they believe this will inform the practical side of what has already worked, possible and acceptable. In that way they believe the

organisation will have a policy that will be implemented within their resources and will be in line with the organisational culture-“more like saying form follows function”. Perhaps the way forward is to allow these grow together each to feed into the other.

C. Some of the efforts staff has made to save the life of a member of staff, organisations should be recognised and make deliberate effort to encourage those who do it through praise or even refund of some expenses which are within acceptable limits. One woman said “it is quite discouraging when the organisation does not provide any support to the affected members of staff, and members of staff have done it on their own behalf –but also on behalf of the organisation that is not able to do such and it keeps quiet.” All management may say sometimes is that “we know you this is how you are- complements” no encouragement. This is (she continued) “taking leniency for granted and killing the spirit of helping each other instead of cultivating it”

D. Organisations should provide a loan or an advance payment if they cannot shoulder the whole cost and thereby helping the affected out during the hard times. Nevertheless this need to be carefully done otherwise repayment may be difficult to enforce unless it is a loan with very flexible conditions or it may become a burden to the affected whether dying or living.

4. SUGGESTIONS (NOT RECOMMENDATIONS)

Management should help with creation of family environment without making the social welfare a mandatory structure. In an environment where communication is free and true, those with problems will share very easily unlike where people are closed. This will give the other members of staff opportunities to support with what they can.

Management should learn to acknowledge the good that members are doing to fellow members and verbalize it as complements to encourage the practice.

It may not be necessary to formalize the informal responses at organizational level because it is difficult and more expensive than the benefits expected or accrued. Moreover, the moment organizations try to regulate or formalize these, then the question of making people accountable comes in and it may be killing the only hope there is since formal systems have worked in a limited way-the spirit of “giving” need not be enforced

There seem to be a close relationship between those people who encouraged others to go for testing and those to whom others confided in and this may need further exploration.

5. APPENDICES
    a. Checklist for data collection
        - √ Name of organization
        - √ Year of registration and or year of operation
        - √ Name of employee being interviewed
        - √ Did you have any cases of chronically ill members of staff the past 12 months?
        - √ Any staff deaths?
        - √ Did you have cases where a member of staff had a sick dependent or relative?
        - √ What did the fellow members of staff do to support the one sick or having a sick relative or bereaved?
        - √ What drove you to do what you did?
        - √ How did the actions you did affect the life of the person?
        - √ How would you want these activities supported that they last long/ are sustained?
    b. Organisations and persons contacted