



Praxis Note No. 42

# Experts in HIV Content and OD Process

Facilitating workplace policy  
response to HIV/AIDS

Ngoni Chibukire, SAfAIDS, Zimbabwe

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**INTRAC**  
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## Facilitating workplace policy response to HIV/AIDS

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Helping NGOs respond to HIV in the workplace is not easy. It places high demands on the facilitators. They need to know about national and international labour laws, the costs and benefits of critical choices in HIV policy – in short to be an expert on HIV policy **content** issues. But they also have to be experts on organisational change **processes**. This is rare and demanding skill set.

SAfAIDS has learnt from their extensive experience with more than 70 organisations across Southern Africa, that to assist clients effectively develop a policy response to HIV requires:

- expert technical assistance and advice on policy choices that is integrated with SADC and ILO Codes, and to their own national labour laws and policies
- a participatory process with wide consultation within the organisation
- management commitment to both development and implementation
- Include families of employees and surrounding communities in workplace programmes.

### Policy in the workplace

Workplaces are strategic places to address HIV. People congregate in the workplace on a daily basis, and spend time there interacting with each other. The

workplace provides a sense of community and social values and norms. It can therefore be used to educate workers on prevention and treatment of HIV/AIDS including post-exposure prophylaxis, as well as provide advice and support for affected individuals.

One way of introducing HIV prevention, care and treatment issues in the world of work is by developing and implementing workplace policies and programmes. The policy creates a framework of action in the form of prevention, treatment, care and support programs. Workplace policies should address both the concerns of employers and employees.

One of the key challenges of prevention efforts is behaviour change. Behaviour change is difficult unless endorsed by an environment that is supportive of new or adopted behaviours. A policy that clearly establishes the rights and responsibilities of workers as well as those of the employers is one way of providing a context for that supportive environment. Through such a policy, employees can be reassured that they will not face discrimination because of their HIV status in recruitment, promotion or training.

## SADC and ILO Codes

The SADC and ILO code of practice were developed to guide governments and employers in developing employment policies on HIV/AIDS. The SADC code of conduct on HIV/AIDS and Employment provides common regional guidelines on how HIV/AIDS should be treated in the workplace. The Code balances individual rights and social needs, and also provides a platform on which to build strategies for prevention and management of the epidemic.

The ILO Code provides a set of guidelines to address HIV/AIDS in the world of work, covering both the formal and informal sectors. It covers four key areas of action:

- prevention
- management and mitigation
- care and support
- reduction of stigma and discrimination associated with HIV/AIDS.

Both codes recommend a rights based approach in developing HIV/AIDS workplace policies and programmes.

## What SAfAIDS has learnt

In 2000, SAfAIDS embarked on a project to support public institutions, private sector, development agencies and NGOs in the southern Africa region to develop and implement HIV/AIDS workplace policies. SAfAIDS has assisted over 70 organisations in the region to establish HIV/AIDS workplace programmes and has also helped other organisations in mainstreaming HIV/AIDS in their existing projects, reaching out to an

estimated 14,000 people over the years. We have learnt the value of:

1. **HIV expertise** in assisting organisations identify and make decisions about the critical choices in policy development. These should be in line with national laws and international codes (SADC and ILO)
2. **Organisational change skills** in facilitating a participatory inclusive process, that maintains and develops leadership commitment and is integrated with the human resource (HR) function.

## The value of HIV expertise

In assisting organisations to develop policies it is crucial to get advice from experts as this helps in proper planning, particularly in conducting consultative workshops and drafting the actual policy. Consensus on some sensitive issues may take much longer if there is no assistance from knowledgeable people. Employee and employer's requirements and concerns are diverse and sometimes in conflict. A good facilitator will be able to structure discussions and decisions around some key issues, including:

- Access to ARVs (antiretrovirals)
- Post-employment access
- Confidentiality
- Wellness management
- Simple language
- Scope of beneficiaries

Where they do not have the expertise, they should invite in local experts in HIV, health policy making, labour relations, medical insurance and counselling services. This will help increase the knowledge of both employers and employees.

**Access to ARVs** is often requested by staff but deemed ‘too expensive’ by employers. It can help to point out that not every employee will go on treatment, only a small percentage will need or want to access the drugs through work.

### **Words are not enough**

The staff of one organisation in Bulawayo that SAfAIDS was working with said that unless they saw a tangible benefit the policy was a waste of time: “there is no need for awareness raising sessions but we need access to ARVs and nutritional support”.

### **Post-employment access to ARVs:**

If someone is put on ARVs it needs to be for life as any breaks may cause serious side effects. This raises difficult questions. If someone is dismissed because of misconduct, should the employer also terminate access to ARVs? How much grace period should the organisation give when the employee is dismissed or is retired on medical grounds? Or when the employee is changing jobs, what time period should you give that employee who is on ARVs?

From our experience, we recommend that the employers give a three-to-six month grace period after which the benefit can be terminated – that is if the employee is gainfully employed, with the assumption that the new employer will provide the same benefits. Doing it this way will promote shared confidentiality. The employee has to disclose their status to the new employer in order to access the same benefits – or at least negotiate about this during recruitment.

**Confidentiality:** Most workers fear being stigmatised and discriminated

against if they publicly disclose their sero-positive status to staff and management. Each workplace therefore needs to incorporate an HIV-specific grievance procedure into its HIV/AIDS policy, with additional protection for confidentiality. An employment policy on HIV should go beyond employer/employee discrimination and protect all aspects of the workplace from stigmatisation and discrimination.

At the same time it is important to recognise that extreme secrecy and fear contribute substantially to the stigma surrounding HIV in workplaces and the wider social context. Often persons with HIV are reluctant to disclose their status even to Human Resource (HR) personnel for fear of victimisation or gossip, thereby forgoing the potential benefits of counselling and support. HR officers lament that they are unable to help if employees are unwilling to confide in them. The concept of “shared confidentiality” needs discussion so that staff have confidence in the privacy of their records or of their disclosures to identified personnel.

**Wellness management** is another important issue that needs to be discussed when developing an HIV policy. This encompasses both people living with HIV or AIDS and those not infected. The employee should be considered holistically i.e. health requirements, physical, social, psychosocial and spiritual needs.

### **Simple wording of the policy:**

Though a policy requires a ‘formal’ tone, it should be simple enough for all within the workplace to easily understand. This will help them know the policy provisions and what is required of them.

**Scope of the policy** - who is covered? Does the policy cover the employee alone

or also immediate family members? How do you define an immediate family? Is it spouse and children or does it include parents as well? Not all employees are officially married so the definition of spouse might be tricky. Some workplaces take long-term partners as spouses. This has to be agreed before the policy is finalised and launched.

Employers and staff associations are sometimes able to provide benefits for families, depending on the size and wealth of the organisation. The means of procuring funds for such benefits may range from collecting donations from staff to contribute to funeral costs, to making payments into Education Savings Accounts for bereaved children.

#### **Broadening access for uptake**

NGO X in Zimbabwe was concerned that the uptake of treatment services were low. Employees could access ARVs for free for life but few did. When SAfAIDS reviewed the policy, we found that it only covered the employee. The immediate family members were not included. This was the main factor why employees were not keen to take up the benefits. Since including the family members the uptake has positively changed.

Home-based care programmes run from workplaces are able to support children through the trauma of being first the caregivers for their parents, and later for becoming orphaned. Family assistance programmes can include compassionate leave time, especially for women workers, to allow time for care giving. HR personnel need to be familiar with organisations, support groups, and social service provision that can provide assistance on referral for support.

Extending the benefits to include families is a noble idea but organisations have to seriously consider issues of affordability and sustainability of the programmes. Programmes, particularly on prevention, care and treatment, should not be short-lived. Consultants helping NGOs with policy development therefore need to know the approximate costs of the different options.

### **The value of OD process skills**

Experience has shown SAfAIDS that it is not enough to know about the technical aspects of HIV policy, we also need to be experts in facilitating organisational change. In particular we need to be able to ensure the process is:

- Participatory
- Internally led
- Integrated with HR
- Followed through

### **Participatory**

“The participatory technique used by SAfAIDS facilitators helped in demystifying stigma and discrimination associated with HIV or AIDS.”

Workplaces need to develop their own employment policies through consultation with staff, workers, and employers. If the consultation is well facilitated and negotiated, the discussion process should be empowering for the participants.

Some of the staff concerns dwell on how much they can trust management, whereas managers are concerned about responsible behaviour on the part of their employees. Using a participatory approach towards developing a policy encourages discussion of important issues of disclosure, stigma and discrimination. It gives the employer

the opportunity to reassure staff openly and to establish procedures for protection.

When training SAfAIDS gives opportunities for staff to share their personal experiences on how they have been affected by the epidemic. We also use group work and focus group discussions to ensure maximum participation of staff during in-house consultative meetings.

To create the spirit of ownership and commitment by bipartite parties in the workplace it is important to promote social dialogue. Mutual trust and consultations between management and employees are critical in making workplace programmes effective.

### **Internally led**

A key element of good OD facilitation is gaining and maintaining top leadership commitment to change. This is because HIV/AIDS workplace policies have behavioural as well as financial implications. To change these requires the support of top management.

#### **Ambassadors of HIV**

SAfAIDS has been supporting the Royal Netherlands Embassy workplace programme since 2005. Management commitment was significantly high and has been very supportive. The Ambassador used to participate in all sessions and embassy HIV and AIDS workplace related functions. He used to encourage staff to access the benefits and also reassured them about their job security.

One of the key steps in developing a policy is putting in place a steering

committee that will ensure that the policy is developed and implemented effectively. It is important to include top management in this committee to enhance its decision-making powers, particularly when it comes to implementation strategies. HIV/AIDS Committees or task forces are an essential part of HIV response. The committee should represent all the layers of employment including one management representative who will assist in decision-making. This committee facilitates the process in-house and ensures every employee is involved. This increases the level of ownership and commitment to the whole process and programme.

To effectively implement the policy, financial resources should be allocated for workplace programmes on HIV/AIDS. These resources could either come directly from the company or from fundraising activities led by workers.

### **Integrated with HR**

The organisational change process needs to be closely integrated with the HR function. HIV response necessarily involves HR issues such as sick leave and reasonably accommodating employees who are ill. OD skills are needed to ensure that an HR strategy promotes multi-skilling and multi-tasking (to ensure that employees cover for each other in the event that one or two colleagues are on sick leave). As SAfAIDS we have a large pool of consultants and contract workers that we hire in to support our work when necessary.

### **Policy development in SAfAIDS**

In developing its own workplace policy SAfAIDS went through a consultative process. A taskforce called THAPI (Taskforce on HIV/AIDS Policy Implementation) was set up to steer the process. Top management was also actively involved. Management's commitment and support played a major role in effective and efficient implementation of the policy.

A Trust Fund was created to support HIV and AIDS programmes at the workplace. Top management continues to be actively involved in fund raising activities done to mobilise financial resources.

Before we started the programme issues of stigma and discrimination were a real challenge. Employees were not even willing to share cups with other colleagues who were presumed and perceived as HIV positive. When we implemented the prevention, education and awareness activities including stigma and discriminations sessions, employees began to understand the issues. Now we have colleagues who have disclosed their positive status. They are getting relevant support through our HIV committee.

“I have not yet shared my status with anyone at my workplace but with the information I have now I want to disclose to my managers and colleagues here present that I am HIV positive.”

Information on how HIV is or is not transmitted needs to be included as part of general HR induction programmes. But an understanding of human beliefs and rationalisation is also necessary, to

appreciate why fear makes individuals behave in seemingly illogical ways in response to a colleague with HIV. When an individual decides to disclose their status, HR officers can support them by negotiating with colleagues through sympathetic explanation and discussion of the nature of their illness and what help they need. The employer or HR personnel may reasonably accommodate people living with HIV if they are no longer able to carry out their normal duties.

Responding adequately to HIV requires good human resource skills – for example in negotiating with the sick person to take time off or opt for termination benefits. Sometimes a family member can mediate with the sick person. Most important, the sick person needs to feel valued and respected, but helped to accept to leave work before they become serious. The person's home circumstances also need to be taken into account.

### **Escaping to work**

One woman was coming in to work everyday even though she could not walk and needed a wheelchair, because if she stayed at home her husband verbally abused her because she had AIDS. The need for dignity and self-esteem on the part of the individual must guide actions taken.

SAfAIDS encourages organisations to have open supportive environment rather than one of gossip and suspicion. This is possible with negotiated disclosure and shared confidentiality with the human resources personnel.

## Followed through

All good organisational change work requires follow through. It is not simply about planning to change. The implementation is what really matters. SAfAIDS has found that after offering technical assistance in policy and programme development it is important to also provide mentoring services. These are follow up visits to ensure that policies are being effectively implemented.

SAfAIDS also supports organisations to establish effective networks and partnerships with strategic partners and service providers. This will ensure that employees and other beneficiaries have access to services they require such as VCT, ART and health centres.

## Conclusions

Developing HIV policies can be a good way of addressing the responsibilities of employers and employees to protect each other from infection, either through sexual behaviour or through occupational exposure to blood. The benefits and costs of disclosing HIV status have to be carefully explained to staff. Training of HR staff on how to manage HIV in the workforce should not be overlooked.

An HIV/AIDS workplace policy creates a framework for action. It is therefore crucial that resources are allocated and released for effective implementation of the policy. The policy sets the foundation for effective prevention programmes in the workplace and these have to be financially budgeted for. Ultimately, the benefits of education, care and support for workers and their families in the realm of HIV prevention will extend to the wider community, thereby creating

acceptance and reduction of stigma associated with HIV or AIDS.

Extending HIV/AIDS workplace programmes to employee's immediate family members renders these programmes more effective. Spouses and children should benefit from these workplace programmes on HIV/AIDS. Employees should seriously consider the issues of affordability and sustainability before embarking on such extensive programmes.

HIV/AIDS workplace policy should be used as a framework for action that creates an entry point for mainstreaming HIV and AIDS in development work.

We have learnt that we need to be simultaneously experts in HIV policy issues and also experts in facilitating organisational change processes. We need to be able to advise on the detail of complex, technical HIV policy decisions and yet communicate these in simple easily understood language.

But we also know that HIV policy development and implementation needs skilled organisational change facilitators who can structure participatory processes that build trust, leadership commitment, staff ownership. This makes the organisational culture more open and addresses stigma.

The simultaneous demands of HIV and OD expertise demonstrate why it is often useful to work alongside other people to draw in the knowledge and skills that one person lacks. Addressing HIV/AIDS in the workplace is a team effort.

For further information, please contact:

Ngoni Chibukire  
Head Country Programmes Unit-  
SAfAIDS, Zimbabwe  
[ngoni@safaims.org.zw](mailto:ngoni@safaims.org.zw)