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Responding to HIV in the Workplace

The Successes and Challenges of
Working Through an HIV Focal
Point Person

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Change does not come easily in organisations. We need champions to make it happen – individuals with dedication, vision and ability to trigger action in others. Through our experiences as a capacity building provider CDRN has recognised that champions are key in helping organisations to respond to HIV and AIDS in the workplace.

We encourage all organisations to appoint an HIV and AIDS focal point person to take the lead in the mainstreaming process. Yet, our experiences have also shown that being a champion is not always easy and straightforward. Focal point persons face many challenges. To be able to support them better, we need to understand the challenges they face.

This note discusses the lessons that CDRN learnt when working through an HIV focal point person to help organisations respond to HIV and AIDS.

The journey begins

In 2004 CDRN together with two other African capacity building organisations (TRACE Tanzania and TTP in Uganda) received funding from CORDAID to support their partners to manage HIV and AIDS in the workplace. Each of us selected five CORDAID partners to start a pilot programme. We administrated a

self-assessment form for partners to gauge their capacity to respond to the challenges caused by HIV and AIDS in the workplace. The forms revealed that the organisations did not have mechanisms in place to respond to HIV and AIDS internally. This finding was used as the baseline for the programme.

Each participating organisation was asked to select a staff member to become a focal point person. Support to the organisation was then given through the focal point persons. They were involved in different capacity building activities and were expected to pass on learnings to their organisations.

Focal point person

All the organisations selected a focal person according to their unique needs. We did not want to impose our thoughts and therefore we did not dictate what position and level of influence these individuals should hold. As a result the focal point persons ranged from administration staff to programme managers. All received training and capacity building that enabled them to lead the HIV and AIDS internal mainstreaming process.

Our approach relied on the focal person to:

Be the key contact person for our interventions within the organisation.

This meant that all communication regarding the HIV workplace issues was addressed to the focal person. It was through the focal persons that arrangements for interventions, workshops and meetings with the partner organisations were made. They were entrusted with the responsibility of ensuring that these planned events took place.

Find ways of ensuring that a comprehensive workplace policy was developed, and implemented.

The focal persons had the task of ensuring that all staff including management set aside time to take part in a participatory process to develop an HIV and AIDS workplace policy. They would agree on the content and provisions of the policy so that it suited their context and circumstances.

Ensure that a work plan and budget to implement the activities was developed.

Once the staff had agreed on the provisions of the work place policy, the focal person was expected to interpret these provisions and develop activities to implement them. These activities would then be outlined in a work plan as well as budgeted for implementation. The focal point person was responsible for all activities.

Attend capacity building and learning events organised by CDRN and other partners.

Whenever CDRN organised trainings, all the focal point persons were expected to take part in them.

Slow progress

Despite active focal point persons progress was very slow. After two years most of the organisations were not ready to discuss and develop an HIV and AIDS workplace policy. Only few had a draft version. Some of the reasons given by the focal point persons included low sense of ownership towards internal mainstreaming.

“Most staff did not understand what the whole thing was about, they did not seem to be interested, and kept asking how this came in, when they were not an AIDS organisation...”

Also lack of support and appreciation from staff, especially from management, held back them back.

“There is no support from management in regard to even setting aside time to discuss HIV in the workplace.”

Some felt it was difficult to account for the time spent on internal mainstreaming. Furthermore, it was not part of their expected outputs. As a result other tasks and duties often took priority.

In many instances the focal point person was seen as the only one responsible for doing anything about HIV and AIDS in the workplace. It was seen as their ‘baby’ and so they had to take care of it. This placed a large burden on the focal persons with heavy workloads. In certain cases the focal person left the organisation and ‘went with the skills, and energy’ without passing them to someone else.

“I am only picking up from where my predecessor left, but I can not even trace the files!”

Overcoming difficulties

In 2006 the project received more funding to continue the work. To overcome the obstacles experienced during the first phase of the project, CDRN decided to change its entry process to enhance ownership of HIV initiatives in the workplace. We met up with all the top managers and discussed the progress achieved so far. We also sought their permission to meet with all the staff members for at least half a day.

During the half-day meeting the staff, including management, reflected on their knowledge, attitudes and beliefs towards HIV and AIDS. They also discussed factors that made them and their organisation susceptible to HIV infection. They then analysed their level of vulnerability to the impact of AIDS as individuals and as organisations. Involving the staff and management at the beginning of the project made a huge difference. The benefits included:

Increased ownership

Involving the staff right from the start helped them to understand the need for everyone to do something about managing HIV and AIDS within their workplace. This created a sense of ownership; everybody felt they had a stake in it. The half-day reflection provided staff with an opportunity to suggest possible ways to address the issues. In one organisation an elderly watchman got up after the reflection exercise and boldly announced that:

“We need a constitution to help us have guidelines on how to deal with HIV and AIDS amongst ourselves or else we are finished.”

For CDRN, this was a very positive development – the organisation was beginning to develop its own solution to dealing with the issues. The elderly watchman’s statement implied that he felt there was need for his organisation to develop an HIV and AIDS workplace policy or guidelines. Some organisations began the process of developing workplace policies straight away.

Strengthening the focal point persons

At the half-day event the need for, and role of the focal person was clarified. This gave them a better platform to play their role. Also organisations were asked to select a person to assist the focal point person. They were both equipped with skills to support their organisations in defining their internal response to HIV and AIDS. Special workshops were organised just for the focal point persons and their assistants where they would be able to learn from the experiences of other focal point persons.

Each organisation had a fixed number of days for support from CDRN to provide technical, mentoring and supervisory support as well as build the capacity of the focal persons to carry out certain activities. This meant that the organisations had to do a lot on their own, with the focal persons having a major role to play.

Commitment from staff and management

After the half-day reflection all the staff members were aware of the internal mainstreaming process and how it would happen. They committed themselves to the process. This created a sense of accountability amongst them.

The positive changes had implications for the focal persons beyond the workplace. Some have been able to apply the newly acquired skills in their personal lives.

“I took everything very seriously and decided to apply it in my life. Now am even supporting some friends who are HIV positive.”

Despite all the positive changes certain difficulties still remained. We noticed that the success of the internal mainstreaming process greatly depended on the focal person’s relationship with, and influence on the management and rest of staff. This in turn depended on their position in the organisation.

Level of influence

Many organisations had administrative staff taking on the role of a focal point person. This was because the task was not considered to be of high importance and therefore did not need a ‘serious programme’ person dedicated to it. In other cases it was the accountants given the role but they would often be too busy to push for anything. Even after two years many organisations still had only draft workplace policies, waiting for approval from their Boards. It became obvious to us that even if the focal person had the appropriate skills to implement the process, their position would determine whether they could influence the budgeting process, the programmes and activities as well as organisational schedules to address issues of HIV and AIDS. Their position also determined the response and level of participation from the rest of the staff and the Board as well as their ability to influence policy adoption or change. Some even had difficulties to get issue on the agenda:

“Discussion of our workplace policy is always deferred to the next Board meeting for one reason or another.”

Others struggled to get adequate support from management and, as admin staff, lacked the power to make the issue be seen as important.

“I would feel so powerless, I had no platform to get people to listen to me, sometimes the bosses would not even wait for me to finish what I was saying, so how would I ever get the staff together?”

Even attending the capacity building sessions was difficult because the focal point persons had to seek permission to attend from their line managers and were sometimes required to finish off more pressing and important tasks first.

“Whenever an invitation for a meeting came, I had to answer so many questions to justify why I was going, and many times they referred to these workshops as ‘my things’. Even when you would go, the phone calls would keep coming asking you about many office issues. Worse still, you would find your whole pile of work and many complaints waiting for you.”

The progress was slow compared to organisations where the focal point person was in a managerial position. In these organisations progress happened much faster. One reason was that focal point person from a managerial position was able to use all opportunities to raise the issue with other staff members.

“When it came to sharing what had been learnt it was helpful because I had space to talk during general staff meetings and I would always use those chances to raise the issue.”

Such focal persons were able to have their workplace policies developed, drafted and approved by their Boards with fewer struggles. Also they were more likely to convince donors about the need to have

funding for the implementation of a workplace policy. This was because their position would give them opportunities to meet with donors and discuss issues including policies and budgets.

“I used my position to convince management that we insert a budget line in the project proposal for 2009-2011. After lobbying an HIV/AIDS Programme Officer of one of our main donors, a small budget of Shs10m was put aside for internal mainstreaming activities.”

Furthermore, focal point persons in managerial positions were able to delegate some of the activities related to the internal mainstreaming process for other people. This made their workload more manageable. In one such organisation, for instance, the task of collecting and distributing daily information and articles on HIV and AIDS was assigned to the receptionist who did it very willingly. The responsibility to choose topics for the monthly internal sessions as well as suggest the facilitators was distributed among all staff. Appropriate delegation took off pressure from the focal persons and enhanced staff ownership.

Conclusions and lessons learnt

If a focal person is expected to be the ‘engine’ for internal mainstreaming, they need to hold a position in the organisation that enables them to influence management, programme and support staff.

If the entire staff does not own the process right from the beginning, very little progress is likely to be made. It is important to sustain this involvement with occasional events in the course of implementation. These events also enable

the staff joining after the initial meeting to get on board.

It is important to have at least two people (main and assistant focal person) directly and actively involved in the process including attending the capacity building events. This provides a backup in case one leaves the organisation. One of the organisations had two and when one left, the assistant took over with minimal problems.

It is helpful if the capacity builders take time to form a good relationship with the focal person to understand their role in the organisation, their position, their work and challenges. This helps the capacity builder to know how to support them and to contextualise the interventions.

Top management of the organisations needs to constantly be encouraged and reminded to support the focal persons. This can be done through high level events and platforms where best practices are shared. Communication on capacity building interventions should be addressed to them directly. Also it is useful occasionally to pay the managers a visit.

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