

Praxis Note No. 60

# Doing it by yesterday: Accelerated workplace policy development

**Experiences from SAfAIDS Zimbabwe**



Participants formulating an initial organisational draft HIV and AIDS workplace plan at a SAfAIDS Accelerated Workplace Programme Planning Workshop.

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February 2011

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It seemed an impossible task. Due to funding delays our donor was insisting we implement a 12-month project to develop HIV policies with 22 organisations in just three months. 'HIV workplace policy development takes time', we told them. But they refused to extend the project period. What were we to do? If we refused, the money would disappear along with the potential impact and benefits of the project. So with great concerns we decided to do what we could. We broke our own rules, dramatically altering and accelerating our usual approach.

We were surprised by the results. By the end of the three months we had actually exceeded our targets – 26 organisations had finalised and adopted their workplace policies. More importantly, we found out over the next six months, that more than 90% were implementing their policies. This raised challenging questions for us; perhaps we do not always need to be so precious about the HIV policy development process? Perhaps we need to instil more urgency and just get on with it? Perhaps the accepted model of workplace policy development needed to be challenged? After all, taking an accelerated approach yielded greater results in a shorter time at less cost.

This paper shares our experiences as the SAfAIDS team tasked with implementing the accelerated workplace policy development model. We share our process, our successes and challenges, and offer some advice for those interested in developing and implementing a similar approach.

## Background to the project

SAfAIDS is a regional non-governmental organisation (NGO) that specialises in designing, packaging, producing and distributing quality HIV and AIDS information. The head office is in Pretoria, South Africa while the organisation has a presence in 10 SADC (Southern African Development Community) countries, including Zimbabwe.

In 2008 we entered into a funding agreement with an international development agency to give technical assistance for HIV and AIDS workplace policy development to private companies and public organisations in 22 districts of Zimbabwe. The target was to ensure that these companies and organisations had formulated and signed their workplace policies by 31 January 2010, a period of about a year. We completed an HIV and AIDS workplace baseline survey in the 22 districts by early 2009 that paved the way for the selection of participants. The selected enterprises comprised small, medium and large private companies and public organisations spread across various

economic sectors including agriculture, local government, manufacturing, health, and faith-based organisations. While the smallest enterprise employed five people, the largest had more than 800 employees.

Throughout 2009 we waited patiently for our funding to come through. Eventually, after a number of delays, we received the funds in mid-October. By this time we were meant to be in the final stages of the project, not just starting. The situation was further worsened when we were informed that it was not possible to have a no-cost extension for the project. We had just three months to implement the project. What were we to do?

## Developing an accelerated policy development process

Instead of adopting the conventional SAfAIDS model of HIV workplace policy development (illustrated in Figure 1 below) which focuses on long term, in-depth support to individual organisations, we realised we would need to develop an alternative approach to policy development. We needed a model that would enable us to achieve the project outputs within the very short time frame.

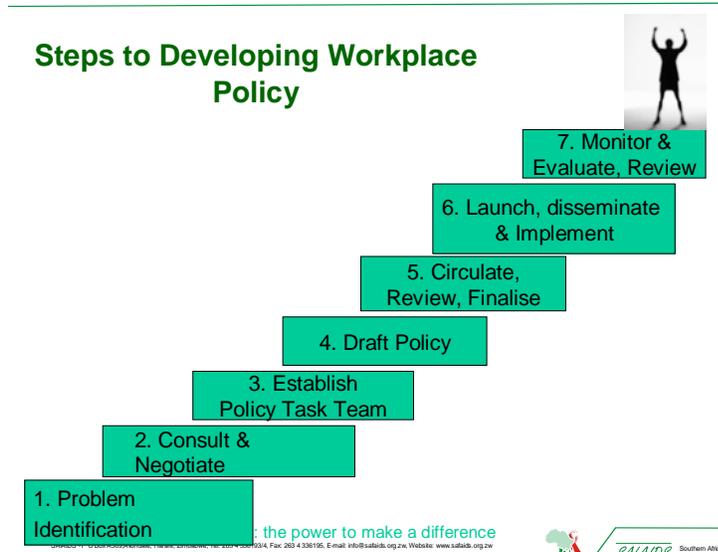


Figure 1: The Conventional SAfAIDS Workplace Policy Development Model

## Adapting our approach

These problems with funding forced us to critically examine our usual approach. Our experience told us that our policy development process generally took more than three months for companies and organisations to formulate and finalise a workplace policy. There was a tendency under the conventional approach for companies and organisations to lose momentum and shelve the policy formulation process.

The iterative, consultative participatory approach requires that time is spent on policy development as opposed to 'more important' everyday work tasks. Consequently discussion of workplace policy issues can be viewed as a waste of time, resulting in postponed policy development meetings. Such an attitude is particularly prevalent when management viewed the task as a 'nice to do' addendum to everyday business. With such a short timeframe in which to deliver the project we could not afford to lose time on postponed meetings and delayed processes.

An accelerated process which placed less time demands upon an organisation was not only essential for the project but also had the potential to get a better reception from management. The challenge, on the other hand, was to ensure that the adapted policy formulation process and end products remained meaningful and relevant to the needs of the workplaces.

## Developing a new accelerated model

We designed the Accelerated Workplace Policy Development Model in tandem with the conventional model but with the aim of achieving the objective of 22 signed workplace policies in 22 districts within three months. Critically the approach shifted from working in depth with individual organisations to a

group approach with representatives from organisations. To deliver the project, SAfAIDS worked through five partner organisations that facilitated the process in 17 districts while the SAfAIDS team directly assisted in the other five. The direct implementation enabled us to pre-test the accelerated model before sharing it with the implementing partners.

## The Accelerated Workplace Policy Development Model

### Key components

The Accelerated Policy Development Model stands on 11 carefully crafted, interrelated key components:

1. Conducting a baseline survey to select companies and organisations for technical assistance in policy development in 22 districts of Zimbabwe
2. Selection of five partners who implemented the activities at district level (Matabeleland AIDS Council (MAC), Batsirai Group, Midlands AIDS Service Organisation (MASO), Family AIDS Caring Trust (FACT) Mutare and FACT Chiredzi)
3. Designing and pretesting the accelerated approach for the policy formulation working workshop
4. Sharing the Accelerated Policy Development Model with implementing partners
5. Use of a policy template
6. A team approach to policy development involving companies/organisations sending teams of five to a policy development workshop
7. Provision of a workplace toolkit to support policy development at the workplace
8. Partners' implementation of the Accelerated Policy Development Model

9. Mentoring of participating companies/organisations and policy finalisation
10. Workplace programme planning after Policy Formulation
11. Monitoring and evaluation



Participants with their certificates of participation at the end of a SAfAIDS Accelerated Policy Formulation Workshop

### Creation and operationalisation of the accelerated model

#### Use of a policy template

The Accelerated Workplace Policy Development Model was based on a rapid group approach for facilitating technical assistance as opposed to the conventional model where one organisation is assisted at a time. A key feature was the design and use of a policy template, which was used by organisational teams at workshops to formulate their drafts. Although policy templates are often seen as a less than ideal way of developing an HIV policy, in this instance the use of the template helped to speed up the policy draft formulation process. In reality many HIV and AIDS workplace policies are broadly similar, as they are mostly derived from ten key International Labour Organisation (ILO) principles. The template ensured that the essential elements of an HIV workplace policy would be included.

## **Working with partner organisations**

Another key aspect of the model was our 'double role'. We directly assisted organisations in five of the 22 districts as well as implementing through partners in the other 17 districts. This aspect enabled us to gain a good understanding of some of the process issues before the model was filtered down to our partners. One of the benefits of direct experience was that we could quickly simplify the original, more ambitious draft workplace programme planning framework after experiencing the budgetary and time limitations at the pretesting stage.

## **Team approach**

The team approach to policy development entailed five representatives from each of the organisations closely working together at workshops to produce the initial draft policy. Crucially, people from managerial and finance positions were represented in the team. This helped to facilitate fast buy-in to the policies back in the workplaces. In addition, the teams were given tips on how to 'sell' the policy idea at their workplaces as part of their training to counteract the possible shelving of the drafts. Follow-up visits showed that sensitisation during the workshops helped to motivate the teams in maintaining momentum towards policy development and finalisation in most of the workplaces.

## **Creating an atmosphere of motivation and commitment**

One other critical push factor was the motivation to accomplish the key objective against all odds, which stimulated the singular focus of the whole SAfAIDS team, from management to the lowest level employee. This in turn, rubbed off on the implementing partners who equally strived to achieve their respective targets in time. Careful partner selection also played a positive role as they had been chosen on the basis of their familiarity with respective geographic areas and proven performance

track records. The combination of the various factors outlined above helped in giving impetus towards the successful implementation of the accelerated policy development model.

## **Implementation of the accelerated model**

We decided that to meet our target of 22 workplace policies in 22 districts in a short timeframe we would need to expand the number of organisations we would work with. We selected 44 organisations (two per district). This also significantly helped to improve the efficient utilisation of the limited resources.

Each organisation provided five representatives from its various departments including management, finance, human resources and shop floor departments. This produced a balanced and representative team. Representatives of key stakeholders including officers of the Ministry of Labour and Social Services (MoLSS), as well as District AIDS Coordinators (DACs) of the National AIDS Council (NAC) were invited to the workshops. This helped to enhance stakeholder collaboration for the future sustainability of the initiative.

To test the workshop design, we conducted the first three-day policy formulation workshop with the 10 organisations from five districts that we were directly assisting. The main objective of the workshop was for representatives of each company or organisation to emerge with their draft policy by the end of the workshop. Following the success of the pilot workshop, we shared the workshop design with the implementing partners who conducted similar workshops for their respective districts. In this way, 37 organisations from the 22 districts had formulated draft policies by the end of November 2009.

Following the workshops, the participating organisations were mentored by the implementing organisations at their

workplaces as they reviewed the drafts with the rest of the employees and management. Each organisation was given a workplace toolkit designed by SAfAIDS which contained various resource materials that would help them in implementing their policies. This included copies of Zimbabwe's statutory instruments governing workplace policy implementation and ILO guidelines for reference.

Figure 2 alongside, shows the accelerated policy formulation process.

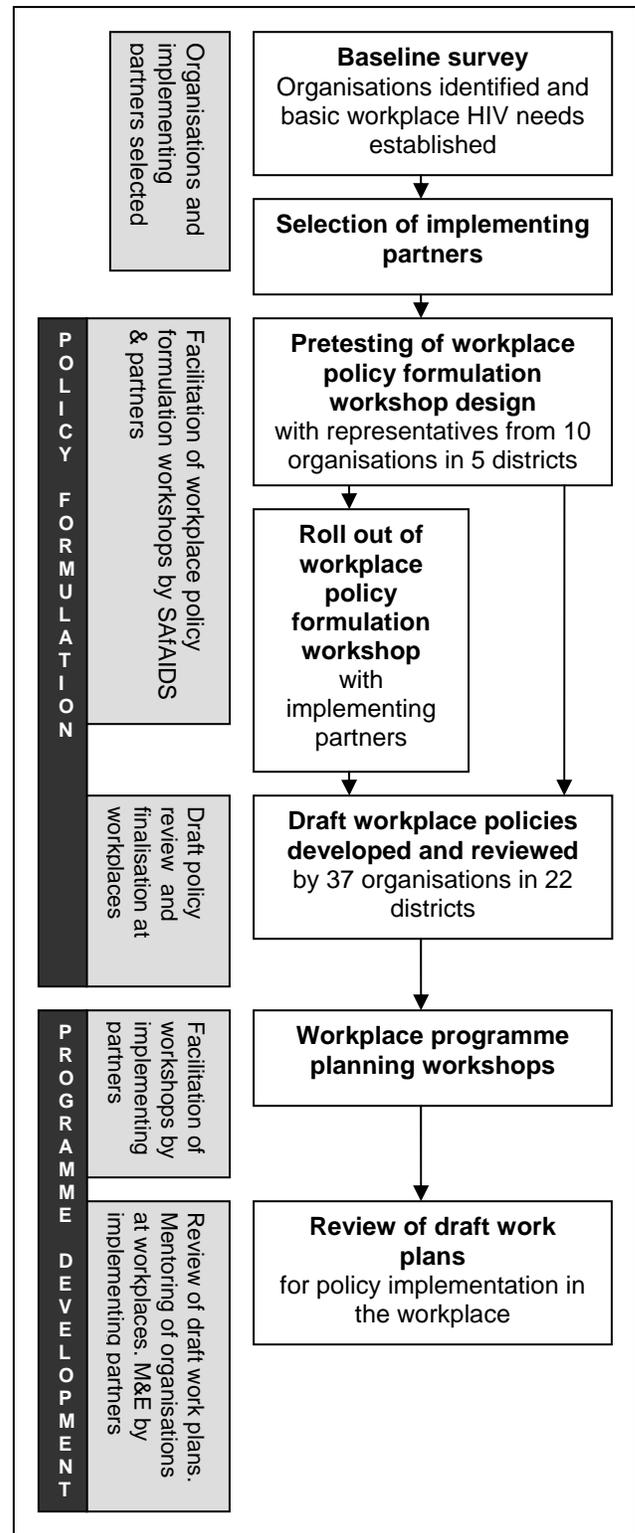


Figure 2: the SAfAIDS accelerated HIV and AIDS Workplace Policy Development Model

## **Achievements of the SAfAIDS Accelerated Workplace Policy Development process**

Our achievements under this workplace project can be viewed from two perspectives:

- How does the accelerated policy formulation compare to the conventional model?
- What are the relative impacts of the two approaches?

While a group approach towards technical assistance is used under the accelerated process, organisations are helped individually in the conventional model. Perhaps a key question when looking at these two approaches is: how does each of them contribute towards a good understanding and acceptance of a workplace policy at both management and ordinary employee levels?

A good understanding of the policy framework is necessary to shape policy implementation in an organisation. Apart from promoting buy-in, such understanding often leads to greater informed participation in workplace programmes by beneficiaries. This increases the utilisation of policy provisions and leads to a workplace response that successfully addresses HIV and AIDS.

### **Outputs: accelerated policy development versus the conventional model**

We exceeded our target of 22 organisations with finalised policies by the due date of 31 January 2010. 26 organisations out of the 37 that formulated draft policies under the accelerated policy formulation approach had finalised and adopted them by this date. Such an achievement would have been unlikely through the conventional approach where it takes three to six months on average for one organisation to finalise its policy.

## **Relative impacts of the two approaches**

“Our HIV and AIDS workplace policy has been finally adopted... it will now cover all the 156 branches of the company with over 600 employees”.

Manager of a company involved in the project

A definite position on the overall preference of one approach over the other can only be arrived at after a comprehensive impact study. While it may be too soon to undertake an impact study, we could begin to see the effectiveness of the accelerated approach through the high number of policies in place by the end of the project period. In addition, the snowball effect of unplanned policy expansion referred to in the quote above is typical of how a seemingly small effort could ultimately result in much greater good. We also saw this effect in two other institutions resulting in hundreds more employees being covered under HIV and AIDS workplace policies within a short timeframe.

While we far exceeded our targets for HIV policy outputs, the fundamental questions when exploring the impact of policy development are: So what? What difference have HIV workplace policies made to the lives of employees?

To answer this we conducted a number of monitoring and evaluation (M&E) visits to the participating organisations. We wanted to learn the new things they were doing as result of implementing their HIV and AIDS workplace policies.

Our M&E visits showed some interesting results. More than 90% of the participating organisations were either doing or had done something new in terms of HIV prevention, care and support as a result of the accelerated policy development process. This figure included eight of the 37 organisations that had not yet finalised their policies.

## **Benefits of the Accelerated Approach to Workplace Policy Development**

Although it is rather early to sing of the benefits of the accelerated approach to workplace policy development, indications on the ground already point towards several advantages in comparison with the conventional approach:

### **Cost-effective utilisation of resources**

The accelerated approach points towards the more cost-effective utilisation of resources, especially manpower and time. We achieved much more in a short time than we would have using the conventional model. In this way, less time is spent in deliberations over the workplace formulation process. The reduced turnaround time for policy formulation translates into financial savings as both the SAfAIDS team and organisations' employees utilise the time saved towards other productive activities. This offsets the fairly large budget needed to bring five representatives per organisation to the three-day policy development workshops.

### **Shorter turnaround time for the production of a draft policy**

The accelerated policy formulation workshop approach resulted in the quick production of a draft policy. This speeded up the review process at the workplace when the rest of the employees had an opportunity to input into the policy. We found, however, that this approach works better with small to medium enterprises that have a single operational locus as compared with large enterprises characterised by longer communication channels. One large company involved in the project took about a year to finalise its workplace policy, when most of the smaller enterprises had done so within three months.

### **Transfer of a sense of urgency to the workplace**

The sense of urgency towards policy completion created by the accelerated model was transferred to the workplace by the teams that attended the policy formulation workshops. This resulted in most of the organisational teams collectively strategising and supporting each other in advocating for the draft policy review, rationalisation and signing in a relatively short time. The team spirit, which was noticeable at many of the organisations during M&E visits, was partly responsible for achieving the target number of policies in the short timeframe.

### **Learning from others and sharing**

The participatory style of the policy development workshops encourages participants to share knowledge and experiences and to learn from each other. This enables the different organisations to incorporate ideas from others into their workplace policies and programmes, thereby enhancing the quality of their interventions.

### **Greater outputs in a relatively shorter time**

The accelerated approach to policy formulation resulted in the production of 37 draft workplace policies in the 22 districts of Zimbabwe, nearly doubling the target of 22 drafts. The workplace policies stimulated workplace activities even before the policies were finalised and adopted at most of the workplaces (see 'Utilisation of resource materials ...' below). This is a significant outcome which has the potential to positively impact on the lives of hundreds, if not thousands, of workers and their dependents.

## **Utilisation of resource materials for HIV prevention and behaviour change**

We realised we needed to consolidate the learning and activities that had been undertaken in the policy development workshops. We developed a package of resource materials in the form of a toolkit which was given to each of the participating organisations. Our M&E visits established that some of the resource materials were being utilised even by the organisations that had not yet finalised their draft policies at the time of writing this paper. For example, the toolkit's workplace DVD was circulated among workers at one particular organisation that had not yet finalised its policy. It is difficult to ascertain the impact of this information sharing. We can say however, that information which might not have otherwise been available is now being accessed by employees as a direct result of the toolkit.

## **Greater stakeholder collaboration**

By actively seeking greater stakeholder collaboration, we help to raise awareness among the participating organisations about how the different partners can contribute towards policy and workplace programme development. In doing this, greater synergy is created among the partners. Each of them utilises its relative strengths in assisting the organisations, thereby increasing the quality of the policies and programmes and their level of benefit to employees. Ultimately the organisations will benefit in different ways from the services rendered by the National AIDS Council, Ministry of Labour and Social Services and SAfAIDS, among other service providers.

## **Batsirai's success: cascading the accelerated model**

SAfAIDS shared the accelerated policy development model with Batsirai Group, an NGO partner. Using the model, Batsirai subsequently gave technical assistance to private companies and organisations in Mashonaland West Province in Zimbabwe. Rydings Private School, which has a total of 90 employees, is one of the organisations Batsirai assisted.

## **Peer educators in motion**

As a result of the policy, the school trained 12 peer educators. The peer educators implemented a number of workplace activities ahead of the policy launch proposed for December 2010. Currently they are facilitating the availability of both male and female condoms as well as HIV and AIDS information sharing.

## **Disclosure**

As a result of implementing the workplace programme, some staff have disclosed their HIV status to management and peers. This has led to staff accessing treatment with the full support of their family and colleagues. The open disclosure of HIV status is a clear indication that issues of stigma and discrimination are being dealt with effectively.

## **Dietary and transport support**

The school authorities also approved lunches for all staff members and preferred lunches for those openly living with HIV as a way of improving the nutritional and health status of staff members. This is important, especially for those on antiretroviral treatment. Also approved by school authorities is transport for staff members visiting the health facilities for reviews and drug supplies. Both these facilities are aimed at motivating staff members to actively participate in, and access the benefits of the workplace programme.

## **Potential risks of the Accelerated Approach to Workplace Policy Development**

While the accelerated approach has undoubted advantages, it also has potential risks that need to be noted and active steps taken to reduce these.

### **Risk of superficial understanding of the policy due to fast paced learning**

Although fast paced learning helps in speeding up the policy formulation process, it may result in inadequate understanding of policy perspectives. This may lead to unintended consequences at the workplace. It is necessary to counteract the possible knowledge gaps that may occur at the organisational level. To do this, we developed a workplace resources toolkit that was given to all the participating organisations. It is important for any organisation considering the accelerated approach to actively consider strategies to plug potential knowledge gaps which may hinder behaviour change at the workplace.

### **Risk of misinterpreting policy ownership**

Another risk is that members of the small organisational team that attend the policy formulation workshop may end up regarding themselves as the custodians of the policy. Exclusive behaviour is likely to alienate some employees and create resistance towards policy implementation.

It is vital for the initial team to know the importance of sharing ownership of the policy when they get back to the workplace. Management must ensure that the HIV and AIDS workplace taskforce or committee is inclusive and does not just comprise of those who attended the workshops.

### **Risk of compromising buy-in from both employees and management due to blueprint perception**

One problem of leaving the workshops with a written draft policy is that the printed word is perceived to be 'final' and difficult to change or adjust. It is often mistakenly thought by other employees that anything presented as a blueprint has already been fully analysed and is justified. Consequently, reviewing a draft in such a mindset often leads to an uncritical acceptance of what is stated.

To overcome this it is important to ensure that all the employees and management fully understand their role in actively contributing towards crafting a policy that they are all happy with, recognising the organisation's capabilities and resources.

### **Limited resources for monitoring and evaluation**

Limited budgets and time for implementation can result in an inadequate M&E process. In this project, we were not able to undertake mentoring support visits to the desired level at the various organisations. This is unfortunate as the accelerated policy development model calls for much more closer mentoring of organisations to counter any potential negative effects of fast paced learning.

As we have seen in this paper, there is also an enormous amount to learn from implementing such a different process. It is important for any organisation considering accelerated workplace policy development to seriously consider the M&E budget, as well as the facilitation capabilities of its implementing officers.

## Conclusion

As this Praxis Note shows, there are some instances where we do not need to be so purist about the HIV policy development process. The circumstance forced us to abandon our usual process of engaging with one organisation in depth over a long period of time. Instead we worked with groups of organisational representatives over a much shorter timeframe. This new model appears to have had a considerable positive impact at a lower cost in terms of financial and time resources.

While the accelerated model is not without challenges (which must be mitigated as far as possible), the rapid roll out of many policies covering large numbers of employees is a clear benefit. An accelerated process has potential for wide-reaching impact. A rapid increase in workplaces that have HIV and AIDS policies and functional programmes would then result in a more significant contribution in addressing the HIV epidemic in the world of work. This is vital as the majority of the working population spend a greater part of their conscious, productive hours at the workplace than at home.

While it might be too early to decide on the 'better' model, the promise shown by the accelerated approach needs further exploration as it could significantly contribute towards the rapid development of workplace policies globally.

## Acknowledgements

The author extends sincere gratitude to Ms Monica Mandiki, Country Representative – SAfAIDS Zimbabwe; Mr Ngoni Chibukire, Capacity Development Regional Unit Head – SAfAIDS; Ms Mary Leakey – Special Projects Manager for SAfAIDS Zimbabwe and Mr Tinashe Moses –DTP Officer for SAfAIDS Zimbabwe, for their valuable contributions. Sincere gratitude also goes to Mrs Lois Chingandu, SAfAIDS Executive Director and Mrs Sara Page-Mtongwizo, Deputy Director for giving the overall support and guidance in developing this Praxis Note.