Managing HIV/AIDS in the Workplace:
Examples of nine Non-Governmental Organisations in South Africa, Zambia, and Zimbabwe
November 2004
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>1</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>1. Background</td>
<td>4</td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>1.2 Rationale</td>
<td>4</td>
</tr>
<tr>
<td>1.3 Objectives of the study</td>
<td>5</td>
</tr>
<tr>
<td>1.4 Methodology</td>
<td>5</td>
</tr>
<tr>
<td>1.5 Contextual data gathering</td>
<td>5</td>
</tr>
<tr>
<td>2. Organisations selected for study participation</td>
<td>7</td>
</tr>
<tr>
<td>3. Audiences for and uses of this publication</td>
<td>9</td>
</tr>
<tr>
<td>4. Findings and lessons emanating from the study</td>
<td>10</td>
</tr>
<tr>
<td>4.1 Discussions on the impact of HIV/AIDS</td>
<td>10</td>
</tr>
<tr>
<td>4.2 HIV/AIDS workplace policies</td>
<td>10</td>
</tr>
<tr>
<td>4.3 HIV/AIDS awareness, prevention, care, and support training</td>
<td>12</td>
</tr>
<tr>
<td>4.4 Impact on service delivery</td>
<td>13</td>
</tr>
<tr>
<td>4.5 Human resource implications</td>
<td>15</td>
</tr>
<tr>
<td>4.6 Support services and linkages</td>
<td>17</td>
</tr>
<tr>
<td>4.7 Financial implications for NGOs and donors</td>
<td>19</td>
</tr>
<tr>
<td>4.8 Health coverage</td>
<td>20</td>
</tr>
<tr>
<td>4.9 NGO sustainability</td>
<td>21</td>
</tr>
<tr>
<td>5. Recommendations</td>
<td>22</td>
</tr>
<tr>
<td>Appendices:</td>
<td>26</td>
</tr>
<tr>
<td>A. Profiles of Participating Organisations</td>
<td>26</td>
</tr>
<tr>
<td>B. Questionnaire</td>
<td>35</td>
</tr>
<tr>
<td>C. Useful Resources</td>
<td>36</td>
</tr>
</tbody>
</table>
Acknowledgements

The research was commissioned by Novib/Oxfam Netherlands on behalf of Oxfam International and undertaken by Mary O’Grady. The content of the study represents the views of the researcher and does not necessarily reflect the position of Oxfam. Oxfam is not liable for factual inaccuracies in the report.

Photography by: Mary O’Grady
Edited by: David Wilson, Dolar Vasani and Finola Finnan
Project Managed by: Dolar Vasani, Novib/Oxfam Netherlands
Any enquiries about the report should be directed by email to: dolar.vasani@novib.nl

Acknowledgements

The participation of nine non-governmental organisations (NGOs) in South Africa, Zambia, and Zimbabwe made this study possible. The thoughts, insights, and personal stories shared by NGO staff members and volunteers – concerning the impact of HIV/AIDS on their own lives, and on their friends, colleagues, families, and communities, as well as their workplaces – is deeply appreciated.
Southern Africa is the epicentre of the HIV/AIDS pandemic, and NGOs in the region are having to work in a climate where more and more time and resources are going towards ensuring staff remain healthy, safe, motivated and productive. Issues of staff management and welfare have become more important than ever before. The reality is that the impact of the HIV/AIDS pandemic on NGOs is even greater than it is on the commercial private sector in the region, largely because NGOs have a much smaller resource base.

This study, undertaken in 2003/4 aims to examine the range of impacts the pandemic has had on selected NGO partners of Oxfam operating in South Africa, Zambia, and Zimbabwe, and to make recommendations useful to NGOs, including Oxfam, donors, and policy-makers based on its results. The methodology of the study involved sending 25 questionnaires to a range of Oxfam NGO partners in the three countries to collect basic information on how they have addressed HIV/AIDS in their workplaces to date, including whether they have formulated and implemented policies on HIV/AIDS in the workplace. From these, nine were selected based on criteria that included urban and rural mix, small and large sized organisations covering a range of sectors. A follow-up needs assessment consisting of confidential interviews took place at each NGO, with participation by management, human resources staff, and other staff members.

The results of the study show that the impact of the HIV/AIDS pandemic on the majority of the participating NGOs is extensive. Programming is affected by decreased staff productivity due to illness, family care needs, funeral attendance, and staff changes, sometimes due to death; the NGOs do not have medical coverage adequate for the needs of their staff or family members living with HIV or, in some cases, for any medical needs; and death benefits are not covered by most NGOs. One NGO is unable to provide any benefits at all to its staff members.

Moreover, the emotional and psychological impact of the epidemic on NGO staff members is not being addressed adequately, for various reasons: a lack of financial and skilled human resources; stigma affecting disclosure and identification of HIV/AIDS-related needs; inadequate understanding of the impact of HIV/AIDS; and inadequate knowledge of options currently available for support and of the need for strategic planning for the future.
Executive Summary

The study shows that NGOs need far greater support to address their internal organisational needs while they work on HIV/AIDS programming for their beneficiary communities. This support can come from various sources, including local and international NGOs and donors. The need for creative coping strategies for staff members and organisations to manage the ever increasing demands cannot be over emphasised. The current situation for most of the NGOs involved in this assessment is unsustainable over the long term, as the HIV/AIDS pandemic in Southern Africa continues to grow.
1) Background

1.1 Introduction

This study, commissioned by Novib/Oxfam Netherlands, seeks to capture the experiences and lessons of implementing HIV ‘mainstreaming’ internally, within the context of Oxfam’s non-governmental organisation (NGO) partner workplaces in southern Africa. The study highlights the development, implementation, and monitoring of HIV/AIDS policy and the impact of the HIV/AIDS epidemic on nine NGOs in South Africa, Zambia, and Zimbabwe, and the response of these organisations to the pandemic. Their experiences emphasise a range of issues that organisations have to address and provide practical suggestions on what constitutes ‘good practice’ in response to the HIV/AIDS pandemic in the region.

1.2 Rationale

The impact of HIV/AIDS is increasingly being felt at an organisational level by NGOs in southern Africa. The effects include loss of staff due to sickness and death, which means the loss of a skilled workforce, as well as institutional knowledge and experience. Absenteeism due to funeral attendance affects the productivity of individuals and the organisation as a whole. Productivity and morale are affected as staff members empathise with the loss of their colleagues and peers. In addition to the human resource and operational concerns, the impact of the epidemic on the workforce has significant financial and economic costs.

While documentation is available internationally and within the region itself on the definitions, frameworks, and approaches for internal HIV/AIDS mainstreaming, there is far less documentation on the way different NGOs have actually responded to the epidemics in their countries. Oxfam believed a study of mainstreaming interventions, as reflected by the current situations in a cross-section of its NGO partners, would be timely and indicative of NGO conditions generally. Oxfam’s central focus was to mitigate the impact of HIV/AIDS on the livelihoods of NGO staff, but it also wanted to understand the practical problems, as well as the successes, stemming from HIV/AIDS mainstreaming attempts to date, and to make recommendations for a more effective response. Although this study focuses on the experiences of a relatively small number of NGOs in southern Africa, the findings should also be valuable to organisations in other regions.

1 Internal mainstreaming refers to changing policy and practice in order to reduce the organisation’s vulnerability to the impact of HIV/AIDS. This can include the provision of prevention, support and treatment to staff on the one hand and modifying the way the organisation functions on the other.
1.3 Objectives of the study

The specific objectives of the study were to:

• Undertake an institutional assessment of the selected Oxfam NGO partners on the challenges posed by HIV/AIDS to the staff and overall business of the organisation, including recognition and incorporation of gender disparities;

• Document the experiences from the visits, outlining the challenges, lessons learned, successes, and gaps to date.

1.4 Methodology

The study was designed to be participatory and to promote linkages between and organisational learning within the NGO participants. It used a two-fold methodology. A questionnaire (see Appendix B) was sent to 25 Oxfam’s NGO partners in the three countries concerned, together with an invitation to participate in the study and the organisational needs assessment. From these, nine were selected for the second phase. This involved a consultant reviewing existing literature on HIV/AIDS workplace policies and programmes, performing on-site needs assessment and writing a summary report of the needs assessment findings.

1.5 Contextual data gathering

The meetings and interviews were held by the consultant on-site at the NGO offices and provided a view of the workplace environment within which the organisations operate. This included their overall organisational structure and the degree of staff interaction, in addition to discussions revolving specifically around HIV/AIDS. However, the consultant observed little of the NGO programmes in action. A number of these programmes are wide-ranging in their scope, in terms of both beneficiaries and their geographical reach.

The consultant used a combination of participatory techniques, including group discussions with staff members and unstructured, confidential interviews with individuals. The individual interviews aimed, where possible, to include management, staff members, volunteers, and a board member of each organisation, though board members and volunteers were available only in a few cases. Nonetheless, the individual discussions encompassed a wide range of issues.
These broadly included:

- HIV/AIDS workplace policies
- Workplace HIV/AIDS training and support programmes
- Coping and human resource management strategies
- Changes in financial budgeting, management, and planning

The specific questions addressed in the research focused on enhancing the work of the participating organisations in the future, as well as focusing on what they had accomplished to date. The NGOs were also asked to provide any further information that would be worthwhile to share, including, in some cases, more specific information on health benefits available to staff members. However, this report was written largely from the information gleaned from the NGO visits, together with the responses to the initial questionnaires.
2) Organisations Selected

Oxfam invited a range of its partner organisations in South Africa, Zambia, and Zimbabwe to participate. The intention was to include a mixture of different types of NGOs - urban and rural, large and small, working in different sectors - to gain a broad perspective of the impact of the pandemic and of efforts by NGOs to support their staff members through HIV/AIDS mainstreaming. The nine NGOs selected, three from each country, formed a diverse group: they included organisations with an urban and rural focus, several were major national organisations, while others were small, local NGOs, but nonetheless providing important services to the community. Two organisations focused specifically on young people; three focused specifically on women; while others provided specific types of services to communities.

The following provides basic information on each organisation participating in the study. Appendix A describes in greater detail the history of each NGO and the range of services it provides.
The primary audience for this publication is national and international NGOs in southern Africa and other regions, aiming to learn from the experiences of organisations in implementing HIV/AIDS workplace mainstreaming. Donors are a secondary audience, as more start to recognise the enormous toll the HIV/AIDS pandemic is taking in southern Africa – on the NGO sector itself as well as on communities. It should also be of interest to policy-makers and development planners in reviewing the overall impact of the pandemic on the region’s NGO sector.

### 2) Organisations Selected

<table>
<thead>
<tr>
<th>NGO</th>
<th>Location/ Range of operations</th>
<th>Number of paid staff</th>
<th>Core business</th>
<th>Target group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masimanyane Women’s Support Centre</td>
<td>East London, South Africa (local)</td>
<td>42</td>
<td>Counselling and legal support for survivors of rape and domestic violence.</td>
<td>Women, couples, and children</td>
</tr>
<tr>
<td>Nisaa Institute for Women’s Development</td>
<td>Johannesburg, South Africa (local)</td>
<td>20, plus volunteers</td>
<td>Advocacy for women’s rights and support for survivors of violence</td>
<td>Women and their children</td>
</tr>
<tr>
<td>South African Scout Association</td>
<td>Cape Town, South Africa (national)</td>
<td>4 at headquarters, plus thousands of volunteers</td>
<td>Leadership and values training</td>
<td>Young people aged 7-18</td>
</tr>
<tr>
<td>Copperbelt Health Education Project</td>
<td>Kitwe, Zambia (local)</td>
<td>33</td>
<td>HIV/AIDS, plus infectious disease prevention and care</td>
<td>Communities, young people, and children</td>
</tr>
<tr>
<td>Law and Development Association</td>
<td>Monze, Zambia (local)</td>
<td>8</td>
<td>Legal and human rights</td>
<td>Communities, including men, women, and youth</td>
</tr>
<tr>
<td>Young Women’s Christian Association</td>
<td>Mongu, Zambia (YWCA Western Regional Office)</td>
<td>9, plus volunteers</td>
<td>Women and human rights</td>
<td>Women and young people</td>
</tr>
<tr>
<td>Farm Community Trust of Zimbabwe</td>
<td>Harare, Zimbabwe (national)</td>
<td>83</td>
<td>Farm community development</td>
<td>Farmers, farm workers, and their families</td>
</tr>
<tr>
<td>Girl Child Network</td>
<td>Chitungwiza, Zimbabwe (national)</td>
<td>11</td>
<td>Girls’ economic, social, and political rights</td>
<td>Girls</td>
</tr>
<tr>
<td>Legal Resources Foundation</td>
<td>Harare, Zimbabwe (national)</td>
<td>95</td>
<td>Legal, information, and human rights assistance</td>
<td>Individuals and groups</td>
</tr>
</tbody>
</table>
The purpose of the study was to focus on internal HIV/AIDS mainstreaming efforts to date. By providing an analysis of the different impacts experienced by the nine participating NGOs, it can help to guide strategic planning efforts in the future. It also aims to describe internal activities that are proving effective in helping NGOs to mitigate the impact of HIV/AIDS on their staff members or to provide support when needed. It describes issues stemming from the pandemic that are affecting staffing, service delivery, and general operations. It examines the impact on NGOs, at individuals working for NGOs, as well as their family members.

Oxfam has produced this report, firstly, with the aim of facilitating its own staff, staff members at NGOs and other organisations, and planners to reflect on the seriousness of the HIV/AIDS pandemic in the region, and its consequent impact on NGOs trying to operate effectively in an enormously stressed environment. Secondly, the report aims to assist Oxfam and other organisations to learn from the experiences of the NGOs involved in this study.

Human resources are the greatest asset of any organisation. Looking at how to protect this resource when it is under growing threat must be a priority for every stakeholder in the NGO community. In southern Africa in 2004 the whole NGO sector is threatened by the enormous impact of the HIV/AIDS epidemic. This report can be used to help mobilise resources to help deal with this threat.

In this section the findings and lessons emanating from the study are described, but not identified according to the individual sources of the information. Discussions held during the needs assessment phase were considered confidential, and confidentiality has been maintained. Most of the impacts of HIV/AIDS noted by NGOs participating in the study were similar, to a greater or lesser degree.

4.1 Discussions on the impact of HIV/AIDS

While a few of the NGOs participating in the needs assessment described their experiences in dealing with HIV/AIDS primarily through their programming, seven of the nine reported they had lost staff members or volunteers to AIDS. Family members of NGO staff have also died from AIDS. Members of the communities the NGOs serve are living with HIV or have died from AIDS. The number of people living with HIV served by the NGOs is increasing in most communities, and in some cases the number of people dying from AIDS is large and growing. Some NGO staff members have taken orphans and vulnerable children into their own homes after their parents died of AIDS, generally when one parent was a relative of the staff person.
4) Findings and lessons emanating from the study

Two NGOs reported they have no clear idea of the level of HIV infection among their staff members or their families, or whether any family members have died of AIDS. Some NGO managers said the issue is an enormously frightening one in the community; consequently, they admitted, it is difficult to hold discussions surrounding HIV/AIDS in their workplaces, as the issue is simply too sensitive.

One manager reported trying to suggest to a staff member who was frequently ill that another, equally good job was available, which would be a lateral move within the organisation, but physically easier to perform as it was desk-based. However, the staff member demanded to keep his regular job, clearly wanting his condition to be kept confidential and thus not provoking stigma or discrimination from other staff or community members. The result is that the manager, while very sympathetic to the staff member’s condition, felt unable to help him effectively since he did not want to open up a discussion of his health. While some individuals may not want to openly discuss the impact of HIV/AIDS on their lives, they still need workplace support in a caring environment. Many NGO staff members are coping with very difficult home lives as a result of the epidemic, while their work has also become more difficult and stressful due to the impact of HIV/AIDS on the communities with which they work.

The coping mechanisms used by most of the NGOs are fragile. The organisations are struggling to find ways to address HIV/AIDS more openly and effectively, given the very limited resources they have.

**Lessons**

- HIV/AIDS stigma and discrimination is abound in all three countries visited and there is an urgent need for developing creative solutions to address this within the context of the workplace.

4.2 HIV/AIDS workplace policies

Fewer than 50 per cent of the NGOs involved in the study had an HIV/AIDS workplace policy in place, either in draft or final form. Some of the NGOs recognise that their staff members urgently require health and support benefits. However, moving from policy to action is an enormous challenge for any NGO and requires a great deal of support.

Nevertheless, an effective HIV/AIDS workplace policy would be a concrete advantage for all the NGOs involved in this study. Even if none can presently
provide the full range of health, support, and death benefits really needed by their staff, the process of formulating a policy would provide clarity on the types of support staff members could access, now or in the future. Such a policy is also emblematic of a caring workplace, one where the impact of HIV/AIDS is clearly recognised.

Most of the NGOs that do have a policy, or a draft policy, have used consultants to advise management on what would be appropriate, given their organisation’s operations, staffing levels, and existing benefits. Some have used a consultant to facilitate staff workshops designed to develop an appropriate policy. For those NGOs taking a participatory approach by involving all their staff members, the length of time required for policy development has been longer than that required by a consultant working alone with management.

When staff workshops are held to focus on an HIV/AIDS workplace policy, issues of stigma generally rise to the top of the agenda. NGO staff members already heavily affected by HIV/AIDS, or who are living with HIV, can be positively or negatively affected by the degree of sensitivity with which such discussions are managed. Managers at a number of NGOs recognised the negative feelings that can be provoked in staff members who are seriously afraid of becoming infected with HIV. Such fears can have a negative impact on workshop outputs. The behaviour of staff members can be very emotional surrounding workplace discussions of HIV/AIDS, and indeed was in some of the needs assessment group meetings held for this study.

The NGO that has had a policy for the longest period of time related how, when it was first introduced (in 2000), managers knew of no other NGO with such a policy in place. They showed real leadership in undertaking this exercise, which helped to build staff morale. However, in 2003 the NGO’s board of directors reviewed the policy and decided it was inadequate. Some board members were medical practitioners, and they felt that not enough medical benefits were being provided. Like everywhere else, funding support remains the main barrier to greater benefits provision. This particular NGO is facing a number of complex issues that managers and board members are revisiting, in an attempt to provide a more comprehensive workplace policy and medical scheme.
4) Findings and lessons emanating from the study

Lessons

- A ‘policy’ may be nothing more than a piece of paper. What is really needed is a strong, supportive, and comprehensive HIV/AIDS policy that is actually being implemented.
- Issues tied to HIV/AIDS workplace policies are emotionally complex. If a staff member living with HIV, or whose partner or spouse has died of AIDS, feels an HIV/AIDS workplace policy put in place fails to address all of his or her needs, serious anger can result, which affects personal morale and potentially morale within the organisation. It is therefore important that a comprehensive HIV/AIDS workplace policy is developed in consultation with staff and is able to address their concerns as it is implemented.
- There is need for ongoing counselling for staff members to deal with the psychosocial aspects of living with HIV in their workplace, as well as in their broader community.

4.3 HIV/AIDS awareness, prevention, care and support training

Six of the nine NGOs participating in the study have provided their staff members with HIV/AIDS-related training. The three who do not offer training are involved in HIV/AIDS-focused programming. Several of the NGOs have prioritised HIV/AIDS training, due to the extent of the epidemic in their communities, and are actively providing training. A few have recognised the importance of HIV/AIDS training opportunities offered by other organisations, and considered them a priority for staff participation where possible.

Most of those providing HIV/AIDS training to their staff did so internally. However, a few accessed the training programmes and services of other NGOs specialising in HIV/AIDS, while others used the government-sponsored HIV/AIDS training programmes available in their countries. One NGO has provided HIV/AIDS training to both its staff and volunteers. The types of HIV/AIDS-related training in which the staff members at the various NGOs participated include the following: HIV/AIDS awareness; prevention; human rights; gender; legal issues; domestic violence; counselling; peer education; life skills; behaviour change communication; and community research. One NGO has held discussions of various HIV/AIDS-related issues during debriefing sessions, to build staff awareness more informally.

Several of the needs assessment group meetings strongly identified the need for further staff training on HIV/AIDS issues. Many NGO staff members have a genuine interest in HIV/AIDS training as it helps them learn to care for family members.
Findings and lessons emanating from the study

who are ill. Others, yet to experience a personal or family crisis, expressed deep concern that they should learn more in case such a crisis occurs in the future. Another reason for staff members wanting to learn more is that HIV/AIDS skills are marketable in Southern Africa. Volunteers are extremely interested in any training that might help them secure a job – an important consideration given the high unemployment rates in the region.

**Lessons**

- There is increased recognition that HIV/AIDS training for their staff should be ongoing. Staff members change over time. In addition, some staff members become much more interested in particular issues if they suddenly have to deal with an aspect of HIV/AIDS themselves, or in relation to a family member or friend.

- Organisations working on AIDS focused work are less likely to prioritise HIV/AIDS training for staff members despite the additional emotional and psychological burden experienced by staff in these organisations. This needs to be addressed by management involved in the delivery of HIV/AIDS services.

**4.4 Impact on service delivery**

All the NGOs involved in the study have felt the impact of HIV/AIDS in the communities they serve and on their volunteers. Obviously, this affects their capacity to deliver services. Staff losses also increase the burden of work and service delivery on surviving staff members, as well as increasing their psychological stress, which also impacts on work performance. Funeral attendance is an issue affecting most of the NGOs. Work time is lost because of staff members attending funerals of family members, which can last two days, taking account of travel time and family meetings surrounding many funerals.

To date, however, the NGOs have been more affected by illness and deaths from AIDS in the communities to which they provide services. For example, one NGO delivering services to specific communities nationally is developing programmes aimed specifically at addressing the impact of HIV/AIDS. It is mobilising more human resources to work on its community support programmes, as well as trying to access more equipment to aid building community service projects. For the NGOs involved in providing shelter to community residents, the impact of HIV/AIDS has manifested itself in some of the residents disclosing their HIV status. As a result, the NGOs have put people living with HIV/AIDS in contact with psycho-social counselling services, as well as with other NGOs and facilities available locally that provide HIV/AIDS services, including hospices.
4) Findings and lessons emanating from the study

For the NGOs involved in legal issues and support, HIV/AIDS has had an impact on the range of services they offer and on the numbers of individuals coming to them for support. For example, ‘property grabbing’ after a death is common in some communities where inheritance laws are not explicit or enforced. Women need legal support more than men in such cases, due to the inequity of inheritance laws. At one of the legal and human rights-focused NGOs, for instance, more than 100 people line up outside the door each day, seeking legal assistance for a variety of issues exacerbated by the epidemic.

Two of the NGOs described having to cancel special community meetings or workshops when a member of the target audience has died. There have been a number of occasions when staff members have travelled to communities, sometimes a few hours away, only to find when they arrived that the meeting had been cancelled. Making a phone call to alert an NGO about a sudden death and funeral in the community can be prohibitively expensive for people in poverty-stricken areas. Indeed, telephone service is not available at all in some rural areas.

The growing number of orphans and vulnerable children in some communities served by the various NGOs has also had an impact on their service delivery. Volunteers at one organisation are looking after increasing numbers of orphans. The NGO has started an orphan support programme and funding mechanism for school fees and uniforms. At least two of the NGOs are supporting the construction of new schools locally in response to the growing numbers of children who need educational support.

Lessons

• An issue raised by a number of NGOs was the impact of HIV/AIDS on their core businesses. Several of them have proactively added HIV/AIDS-related services to their portfolios, without external pressure. Over time, it seems likely that NGOs will have to adapt to the HIV/AIDS environment in a variety of ways, whether the initial impetus is internally or externally driven. NGOs therefore need to review their core business periodically to ensure that they are responding appropriately to the most pressing issues facing the community.

• AIDS affects both the profile of communities served and the range and type of services offered. NGOs have had to reassess their beneficiary groups to accommodate a growing sick population and increasing numbers of orphans and vulnerable children. In many cases communities needs have shifted as a result of the AIDS pandemic.

• HIV/AIDS related benefits have become a moral issue at many workplaces. Staff worry not only about their own health, but who will take care of their children if and when they die.
4) Findings and lessons emanating from the study

4.5 Human resource implications

The impact of HIV/AIDS on human resources of the NGOs varies widely. For example, several years ago one NGO lost 75 per cent of its small staff to AIDS over a period of a few months, while another has yet to suffer any internal impact.

Because of the stigma and discrimination and a general lack of openness surrounding HIV/AIDS and given that mandatory HIV testing is illegal, none of the NGOs involved in the needs assessment had a clear idea of how many of their staff members were living with HIV/AIDS. However, four of them know they have lost staff members to AIDS, while others have lost volunteers. The human resources issues related to HIV/AIDS will most likely grow for all of them.

The inability to responsibly address one’s own illness in a climate of fear, stigma, discrimination, and even potential danger in some communities, together with the sorrow surrounding HIV/AIDS, is a huge depressant on morale for individuals living with HIV and their family members. It was evident in a few of the needs assessment meetings that some NGO staff members transfer the stigma and discrimination they fear in their communities to their workplaces.

While managers at several of the NGOs are trying to address HIV/AIDS more openly, it is difficult to overcome the fears of some staff members that their personal situations will become known in the workplace, with perhaps little support to follow and significant discrimination, including potentially the loss of their job. Such fear is manifested by some staff members as anger, and this has an impact on staff morale overall, especially if it is allowed to fester. This seemed to be the situation at one NGO, when a few members of staff complained during a group meeting that they were not receiving the training, organisational support, or benefits they needed. However, it was not evident that the individuals concerned had asked for additional support from management, or that it had been refused. In addition, it was difficult to clarify whether their concerns were due to the fact that they were already living with HIV or whether they were largely for the future, though it was clear that several of them feared that they were living with HIV.

Issues of survival are not unique to people living with HIV/AIDS. For a large number of people, HIV/AIDS is one more life-threatening risk to deal with when one is surrounded by food insecurity, gender discrimination, personal insecurity due to rape, domestic violence or violent crime, the inability to get a good job, and little, if any, hope of socio-economic advancement. What is significant, though, is the extreme additional burden HIV/AIDS places on workplaces, individuals, families and, especially, breadwinners with children.
Because the participating NGO managers have no clear idea of the true number of staff living with HIV/AIDS in their workplaces, no in-depth human resource planning has yet been done to deal with staff losses from AIDS. For the manager who had to deal with the loss of most of the staff to AIDS in a very short period, the initial reaction was hesitancy in recruiting new workers.

One of the NGOs performed a programme planning and staff coverage exercise a few years ago, trying to strategically address the impact of HIV/AIDS on its service delivery programme. A serious attempt was made by staff members to balance programme coverage and workload. However, at one point when the plan was specifically needed, it was found that so many staff changes had occurred in the interim that it was no longer viable. This failure of a well-intentioned management mechanism had a heavy psychological impact, as well as being organisationally stressful.

Another serious problem is increasing absenteeism, which reduces staff performance overall. Staff members who are ill cannot work long hours, and the quality of their work, as well as its quantity, goes down. This has been noticed by managers at a number of the NGOs participating in the survey.

Work hours are also lost due to funeral attendance, a monthly, if not weekly occurrence, in some of the areas hardest hit by HIV/AIDS. Funerals can also have an impact on the programmes the NGOs are trying to deliver. One manager explained that the NGO was receiving many requests to use its vehicle to transport coffins to funerals. Vehicles in the area are very few and prohibitively expensive to rent. Consequently, managers have to balance the use of their vehicle for programming operations with funeral needs, especially when the request comes from a person affiliated with the organisation or playing a role in the community whom they cannot refuse.

Most, but not all, of the NGOs participating in the assessment have noticed lower staff performance and increased time spent at home or attending to family needs stemming from HIV/AIDS. Stress is clearly a major issue at all the organisations surveyed. If NGO managers are not already stressed through trying to manage an organisation amidst a health crisis, when they themselves are experiencing the deaths of family members, friends and colleagues, they are worried about exactly when they will be affected. A few of the NGOs are attempting to monitor the ongoing stresses and organisational changes caused by HIV/AIDS, so that they can work with their board members on effective management mechanisms. Some are discussing related issues, such as purchasing life insurance policies or starting up structured death benefits funds. Others are holding staff discussions to try to address the various issues arising in a collective manner.
4) Findings and lessons emanating from the study

Lessons

• Staff salaries at local NGOs in Southern Africa tend to be low, especially for support staff. Some staff members would prefer to have more take-home pay and be left to pay for their own benefits, such as health-care, as and when they are needed. Single mothers or breadwinners in families where only one spouse is working can fall into this category. In areas of high unemployment and food insecurity, having enough money to put a meal on the table every day for the family is a higher priority than a health benefit that may be accessed only a few times a year.

• NGO managers need a range of external support options. Attempting to respond to HIV/AIDS in the workplace involves considerable organisational stress, both for support staff members and managers. Some staff members living with HIV perceive managers as uncaring and unsupportive. At the same time, managers are stressed by the situation in which they find themselves. Provision of external support can help lift the heavy emotional burden faced by managers and staff in general.

• Management also need to consider the special needs of staff members living with HIV where the issue of stigma has been overcome. Ways of coping with this issue are varied, from requiring programme staff to plan their schedules in advance and put them up for everyone to see on a bulletin board, to holding more management meetings to keep a closer eye on programmes and management-related issues.

4.6 Support services and linkages

One of the fundamental problems for NGOs in addressing HIV/AIDS as a workplace issue is the lack of resources available for their range of needs. Only one manager had developed care and support systems to look after staff members who have disclosed their HIV status. This NGO is located in an area where openness and acknowledgment, at least in the NGO community, of the impact of HIV/AIDS seems better than the average. However, the area is impoverished, and the services offered do not even come close to meeting the level of need.

Most of the NGOs in the study use the HIV/AIDS information pamphlets or manuals they produce as part of their programming to help their own staff members understand HIV/AIDS issues and recognise personal risk. However, in most cases this is done rather passively. The reality is that in several of the communities, there is a lack of resources to fund free materials, no matter how desperately they might be needed.

Male condoms are made available to staff at only three of the nine NGOs. Female condoms are not available at any of them. Support staff members and volunteers at one
4) Findings and lessons emanating from the study

NGO expressed very strong interest in HIV/AIDS voluntary counselling services (VCT), an hour after management had explained that staff members did not seem interested in VCT because of the potential stigma involved. However, VCT is provided to staff members and volunteers working at four of the NGOs involved in the assessment. It is not clear whether more resources are available for VCT because it is taken more seriously than are condoms, or because fewer staff access VCT and it is therefore a less expensive service for NGOs to make available. Interestingly, only one of the nine NGOs offers staff and volunteers access to post-exposure prophylaxis (PEP) for possible HIV infection.

Several of the NGOs partner with other specialised NGOs in external training workshops, giving staff members the opportunity to learn about additional resources and linkages available in the community. A number of them network locally, nationally as well as internationally. Staff members in positions that allow them to network actively have opportunities to learn about resources, which are, at times, shared across their organisation. Such resources include training opportunities, the availability of free condoms, clinical services, and VCT. Legal support was also mentioned as a service accessible through good NGO networking.

When support staff members were asked about their knowledge of HIV/AIDS services available in their localities, most knew of at least one facility. Confidentiality was mentioned as an issue of concern for staff in deciding whether to use local services. This NGO was based in a community where levels of HIV/AIDS stigma and discrimination were described as high.

Lessons

- There are serious gaps in the level of support available to staff and where services are available they are often beyond the means of the organisations. Organisations should consider provision of more HIV-related services provided through their workplaces.
- As in other organisations, morale at the NGOs in this study is affected when a colleague becomes visibly ill with AIDS or dies. Assistance to families, through death benefit donations by individual staff members, outreach and support bolsters staff morale at an important time. Such a mechanism also helps NGO staff members to realise that they are supported by their organisation.
4) Findings and lessons emanating from the study

4.7 Financial implications for NGOs and donors

The number of issues resulting from HIV/AIDS means that most of the nine NGOs involved in the study are reeling from the financial implications of the crisis. They require a substantial influx of financial resources if they are to comprehensively address the impact of the epidemic.

One manager mentioned that staff members are under great financial strain when they have to deal with illness from HIV/AIDS, because the cost of medications eats up so much of their salaries. One support staff member, who has worked at his NGO for ten years, said that local inflation was such that his salary, which a few years ago was adequate, now covers less than a quarter of his family’s monthly food costs and his transportation to the office. He has gone into debt, and so has practically everyone else in his community. For people like himself, he said, no extra money is available to cover costs related to HIV/AIDS, though so far, fortunately, he has not had to face the disease personally. Because of a lack of death benefits, several of the NGOs set up collections for families of staff members, as needed. One has systematised a monthly donation to a death benefits pool that is available to all staff members.

The NGOs recognise better than anyone else how tight their resources are, but also how these will have to grow to keep pace with the impact of HIV/AIDS on their operations. Several of them are aware they will have to take a different, longer-term approach to seeking funds, writing proposals, and planning and managing programmes. However, several managers said that the strain of coping with HIV/AIDS was only one of the pressures they faced. A few said they wanted to seek greater support for their organisation’s overheads and operating costs in general, as the growth of HIV/AIDS in the region affects all the long-term issues on which they work.

A number of managers said they were very concerned about the lack of recognition among donors of the financial impact on their organisations of HIV/AIDS, at a time when there are increasing demands for expanded HIV/AIDS programmes. NGOs need secure funding to be able to deliver programmes, and they also need capable and healthy staff members. Whether organisations will be sustainable in the long term in the face of HIV/AIDS is unknown. ‘We need to know that donors are in our court,’ said one group of NGO managers - and for substantially longer than one - or two - year programmes imply. The financial needs are large, and the organisational stresses significant, as evidenced by all the participating NGOs.
4) Findings and lessons emanating from the study

Lessons

- Even in industrialised countries, NGOs face the need to negotiate with donors on ‘allowable costs’, sometimes before they begin programming, as well as during post-programme audits. The extremely difficult situation faced by many NGOs in southern Africa needs to be better understood and taken into account.

- Several managers at participating NGOs specifically asked for help in determining ways to cope better, to seek wider funding support, and to ensure lengthier funding timeframes, including funding for staff benefits and special needs related to HIV/AIDS.

- Some NGOs have an HIV/AIDS workplace policy in place, or have drafted such a policy. Yet even NGOs that have developed comprehensive workplace policies face an overwhelming challenge in implementing them. They simply do not have the resources to carry them through when they cover a full range of benefits, including death benefits, as more and more staff become ill or die from AIDS

4.8 Health coverage

Expanded medical coverage and support benefits are fundamental needs for all the NGOs surveyed. Seven of the nine provide some type of medical insurance. However, the share paid by the NGO varies from 50 per cent to just 10 per cent, making access to these services unaffordable for staff on low salaries.

In at least one case, visits to doctors are covered by the NGO’s medical aid plan but all medications have to be purchased by the individual, with the insurance plan reimbursing the costs later. This often results in people not going to the doctor when they are ill because they cannot afford to have prescriptions filled. In addition, the transportation costs to visit a doctor are more than most staff members can afford.

Financial constraints are a huge impediment to an NGOs ability to implement workplace policies. One NGO has a policy saying it will provide medical coverage, but simply doesn’t have the funds to do so. Another only provides affordable medical support for its very small management staff. Its support staff have chosen to take higher salaries rather than medical coverage, as their salaries are small to start with. Two NGOs support only the medical needs of their top managers; one of these managers has re-negotiated a substantial part of his salary to increase his medical coverage, as the initial coverage was too limited.
For those NGOs that do offer medical coverage, aid does not always extend to HIV/AIDS-related health benefits, or sometimes it covers only very minimal costs while the medications to treat HIV infection are very expensive, assuming they are even available locally. The cost of laboratory tests for HIV tend to be very high, and in two of the countries the labs equipped to test for it are very few in number, which adds to the expense of treatment when transportation is needed to a distant lab. When staff members cannot afford to pay for medications where the reimbursement system operates, it also means that opportunistic infections arising from HIV/AIDS are not being treated.

**Lessons**

- Expanded medical aid is one of the greatest needs for NGO employees. This has implications for allowable overhead costs in NGOs operating in areas with high HIV prevalence.

### 4.9 NGO sustainability

Financial and operational sustainability, as mentioned earlier, is becoming a major issue for organisations, well beyond the issue of obtaining donor funding for programme delivery. A few of the NGO managers surveyed indicated that they were very concerned about their capacity to maintain business as usual as the HIV/AIDS epidemic worsens. Skilled staff members are passing away, including highly skilled and experienced technical staff, and NGOs lack the resources to train new staff. Institutional memory is being lost. This study shows that many NGOs will not be able to survive without substantial additional support.

**Lesson**

- The issue of sustainability needs greater discussion and dialogue between NGOs and their funding organisations. While some organisations feel donors are exerting additional reporting pressures on them, it is important for NGOs to articulate their needs and stresses more explicitly. Better understanding of these issues is important for the setting of more realistic targets and to attain more responsible management.
5) Recommendations

It was apparent from the NGO needs assessment meetings, as well as the questionnaire responses that NGOs operating in impoverished areas face a much greater challenge in responding to HIV/AIDS. Some are struggling to survive organisationally, in some of the most difficult political and economic climates in the world. While they fully understand the impact of HIV/AIDS and are aware of the support services they could provide to their staff members, they are not financially equipped to provide them. Below are some recommendations arising from this study for both local, international NGOs and for the donor community.

General
Thousands of NGOs, community-based organisations (CBOs), and faith-based organisations (FBOs) are working tirelessly to provide adequate care for people living with and affected by HIV/AIDS, including orphans and vulnerable children. Yet all these organisations need much more help in caring for themselves, their staff members and volunteers, and their family members, and in ensuring their own future, as well as the future of the communities they serve.

In some cases, additional human resources would help, especially in identifying other available sources of information or services locally, rather than expecting the organisation to offer everything by itself.

Workplace policies
NGOs operating at the centre of the global HIV/AIDS pandemic need greater medical coverage and support benefits for their staff members. One of the most important issues to emerge from this study is the extensive need of all the participating NGOs for greater medical coverage and support benefits for their staff. However, other organisational needs, including training beyond HIV/AIDS, sabbaticals to cope with the life and health crises that are occurring with more frequency, and greater support for organisational development across the board, also stood out in a number of the discussions that took place.

Training
Highly trained and skilled staff are an asset to any organisation. Few, if any, of the organisations participating in this study have the opportunity at present to provide their staff with extensive training. However, NGOs should not feel that training their staff members increases the risk of losing them to better-paying organisations or commercial companies. Organisations run a greater risk of losing staff members by not providing relevant and useful HIV/AIDS training, in addition to other types of training. The field of HIV/AIDS is continually expanding as more information becomes
available. Such information can be used on a regular basis for specific training sessions. Antiretroviral therapy (ART) is gradually becoming more widely available in the region, but staff members working on HIV/AIDS must become acquainted with treatment issues and protocols. Staff members also need information on where HIV/AIDS-related services are available, including free condoms, if not provided by the NGOs themselves. Increased awareness and knowledge on the part of staff members will not only help themselves, but also their friends, colleagues, family members, and partners or spouses.

More NGOs involved in HIV/AIDS programming are in a position to hold in-house training sessions led by one or more of their own staff members than perhaps many of them have yet realised. Such in-service training sessions could include sharing information about community networks or organisations offering HIV/AIDS services and prevention products. NGOs could also invite colleagues from other organisations to make presentations on their HIV/AIDS specialties at informal monthly gatherings.

NGO managers need all the help they can get from professional consultants in dealing with the type of issues they are confronting as a result of HIV/AIDS, on top of the difficulties already faced by NGOs in the region. Psycho-social support for all employees is a major need, and managers would also benefit from management coaching and from psycho-social counselling.

Crisis management training would be helpful to all the staff members at all the NGOs involved in this assessment, no matter what their position within the organisation. A few progressive organisations are currently modifying disaster training as an approach to encompass HIV/AIDS. A combination of crisis management and disaster training would be the most relevant and effective approach.

Support services
Support services, access to post-exposure prophylaxis (PEP), prevention of mother to child transmission (PMTCT), and HIV antiretroviral therapy (ART) are essential benefits that should be provided to NGO staff members. Rape and gender violence are serious problems in South Africa, Zambia and Zimbabwe, and NGOs need support in providing HIV post-exposure prophylaxis (PEP) to staff members and volunteers, many of whom are women. The provision of antiretroviral therapy to staff who disclose they need it, as well as nevirapine to pregnant staff members for the prevention of mother-to-child transmission of HIV, should also be essential staff benefits.
An idea requiring further investigation and more widespread support is the establishment of a mechanism or organisational structure, possibly a foundation, whereby NGO benefits and needs could be pooled regionally. Lower prices for benefits coverage could be offered to a relatively large number of NGOs, which at present are struggling individually. Such coverage could be based on donor funds over a period of five or ten years, or even longer, and would give small NGOs access to the types of benefits that large corporations offer their employees, or large group medical schemes offer to those who can afford them. Levels of coverage could be chosen through a menu system and, ideally, would be much broader than many health plans currently on offer. Benefits could also include a focus on prevention or a variety of non-health-related activities, such as education, open to all staff members.

Staff who participated in the study indicated the need for greater funding to enable access to more HIV/AIDS services and other potential benefits, such as bereavement time, sabbaticals due to extensive and growing workloads, and specific types of HIV/AIDS training in which they are personally interested.

The NGO community itself has been creative in its responses for more than 25 years. By pooling that creativity in the context of HIV/AIDS, with substantial and ongoing dialogue with and support from donors and policy-makers, strategies to overcome this crisis are likely to emerge.

**Financial issues**

NGOs are obliged to allocate donor funds exactly for the purpose for which they have been granted. Very few donors allow substantial overhead costs to be included in proposals, and some allow none at all. The impact of HIV/AIDS on NGOs in southern Africa necessitates a review of donor funding requirements. Donors should consider providing HIV/AIDS-related benefits to NGOs working in core areas other than health, before pushing them to add HIV/AIDS programming to their portfolios. Several of the NGOs involved in this study mentioned the pressure they feel from donors to start or increase HIV/AIDS programme coverage when it is not their core business. Donor funding might do more to help these NGOs survive and stay financially viable, with more secure human resource benefits in place, if donors first focus on providing internal support. Such support could include (but not be limited to) medical benefits, including the provision of basic antibiotics, unaffordable for some staff members, as well as more advanced and far more expensive medical treatments, such as ART.

5) Recommendations
5) Recommendations

Stigma and Discrimination

Much more work urgently needs to be done to combat stigma and discrimination relating to HIV/AIDS in countries across the region. Political, community, and workplace leadership is an essential part of this process. More advocacy for leadership across all three sectors would open a forum for community discussions, to address issues of stigma and discrimination at local, provincial, and national levels.

For NGOs without an HIV/AIDS workplace policy, opening up workplace discussions on HIV/AIDS and starting the policy formulation process can be a major team-building exercise. It can also foster greater recognition of the needs of individual staff members. Putting in place an HIV/AIDS workplace policy also fosters a nurturing environment, opening the door to discussions that have previously been avoided. The development of workplace policies can lessen the stigma surrounding HIV/AIDS and, furthermore, help individuals to disclose their HIV status and gain genuine support from their colleagues and managers.
APPENDIX A

Participating Oxfam NGO Partners in South Africa, Zambia, and Zimbabwe

Country: South Africa

Masimanyane Women’s Support Centre
P.O. Box 565, East London 5200, South Africa
Tel: +27(0) 43 743 9169; Fax: +27(0) 43 743 9176
E-mail: maswsc@iafrica.com

Founded in January 1996, Masimanyane currently has seven offices in Eastern Cape province and some 40 staff members. The organisation began as a crisis and support centre, offering counselling and legal support to women who had suffered domestic violence, rape, and sexual assault. Since then Masimanyane has provided a wide range of services to thousands of women and girls, including face-to-face counselling; crisis intervention; long-term healing for clients requiring therapy; couples counselling; human rights counselling, including children’s rights; and HIV/AIDS counselling. Masimanyane’s operations include the Zanempilo Health Centre in East London, and offices at the East London Magistrate Court and the Mdantsane Magistrate Court. All of these offer paralegal services, counselling, and training.

Masimanyane provides staff training in gender sensitisation; personal growth; conflict resolution and mediation skills; gender-based violence; and human rights and democracy. It also trains lay counsellors, facilitators, and community field workers. One of its biggest successes has been its Women’s Leadership Training Institute, which has trained staff from more than 115 organisations across the country in a range of management skills.

Importantly, Masimanyane also delivers programming for men. Its men’s training programmes cover gender sensitivity, human rights and democracy, and HIV/AIDS. The Men’s Programme has been targeted at prison populations, trade union members, local councillors, and school and community groups.

Nisaa Institute for Women’s Development
P. O. Box 1057, Lenasia 1820, South Africa
Tel: +27(0) 11 854 5804/5; Fax: +27(0) 11 854 5718
E-mail: contact@nisaa.org.za
Nisaa (meaning ‘women’ in Arabic) is an NGO founded in 1994 by a group of gender activists intent on tackling the problem of violence against women in South Africa. It currently employs around 20 people and is based in Lenasia, about 40 minutes southwest of Johannesburg, in Gauteng province, the most populous in South Africa. The organisation has two branch offices, one in Orange Farm, an impoverished rural community near Lenasia, and the other at the Protea Magistrates Court in Soweto, the largest township in South Africa, which is just ten minutes from Lenasia.

Nisaa’s mission is ‘to bring women together to use their collective strength to help each other’. The organisation encourages women to gain control of their lives; provides refuge for survivors of violence and their children; works to mobilise local, national, and international resources for women’s emancipation; lobbies for legislation and resources to protect the survivors of violence; and raises awareness of violence against women through public education, the media, and a wide range of training programmes.

The heart of Nisaa is its counselling programmes, and it has counselled more than 22,000 women since it was founded. It focuses on relationship-building skills; self-esteem building; decision-making and planning; and other life skills. HIV/AIDS counselling is also offered. In addition to face-to-face counselling, Nisaa staff members provide counselling over the telephone and via e-mail to women across Southern Africa. For survivors of domestic violence and rape, the organisation offers after-hours emergency counselling.

Nisaa also provides legal assistance to women, and its office at the Protea Magistrates Court in Soweto offers counselling on family issues both to women and couples. A staff social worker, auxiliary social worker, and two volunteers also help women to understand their rights and fill in protection order forms, and work with the police to protect victims and bring abusive partners to justice. On occasion, the Nisaa staff members in Soweto investigate cases for the magistrates to provide background information.

**The South African Scout Association**  
P.O. Box 2434, Clareinch 7740, South Africa  
Tel: +27(0) 21 683 3910; Fax: +27(0) 21 683 3716  
E-mail: sahq@scouting.org.za
The South African Scouting Association (SASA) was established in 1907. It is affiliated with the 153 other national scouting organisations in the World Organisation of the Scout Movement (WOSM). WOSM is the world’s largest voluntary organisation for young people, with some 28 million members worldwide. It has official status at the United Nations and conducts joint programmes with UNICEF on a regular basis.

Scouting originally focused its efforts only on boys, but now some two-thirds of WOSM members also offer membership to girls. Multiracial since 1977, SASA opened its doors to girls in 1999. A gender policy was introduced in 2002, and girls now constitute 23 per cent of its youth membership. The organisation’s patron is former South African President Nelson R. Mandela, and its head office is in Cape Town. The national staff is very small, numbering just four. However, SASA maintains eight area offices in seven of South Africa’s nine provinces. It has an estimated 471,000 members, aged 7-18, divided among more than 6,000 groups known as ‘packs’ or ‘troops’.

Scouting focuses on developing strength of character, leadership skills, and tolerance, and it has a strong environmental ethic. SASA’s educational programme is aimed at the total development of a young person’s capabilities. It follows the scout ethos of voluntary, self-governing membership, outdoors activities, progressive personal achievement, involvement in the community, and service to others. Its programmes include providing life and vocational skills; promoting sustainable agriculture; building moral discipline; promoting health, including HIV/AIDS awareness and prevention; and supporting community development.

Support is provided by volunteer adult members, parents, community committees, and councils at the local, area, and national levels. In 1995 SASA developed a programme for growth called Phakamani, focusing on youth in rural areas and townships and offering the Scout Programme through local communities, religious groups, and schools.

Country: Zambia

Copperbelt Health Education Project
P.O. Box 23567, Kitwe, Zambia
Tel: +260 (2) 229 512/230 234; Fax: +260 (2) 222 723
E-mail: chep@zamnet.zm
The Copperbelt Health Education Project (CHEP) was founded in 1988 as an initiative of the Rotary Club of Kitwe, Zambia. It currently has some 35 full-time staff members. Its mission is to help educate all sectors of the community on health issues, with a specific focus on HIV/AIDS.

CHEP’s Community Support Programme supports community-based initiatives, faith-based organisations, and NGOs in Copperbelt province, focusing on preventing the transmission of HIV and mitigating its impact on individuals and communities. The programme provides technical support to these groups, which includes using the ‘Stepping Stones’ methodology.

The HIV/AIDS Policy Programme focuses specifically on assisting civil society organisations and the private sector to develop proactive HIV/AIDS programmes in their workplaces. CHEP provides significant technical assistance, and has helped organisations such as the Copperbelt Energy Corporation and Mopani Copper Mines PLC to introduce HIV/AIDS workplace policies.

CHEP’s Advocacy and Gender Programme provides technical support to CBOs, schools, and NGOs with programmes for women, young people, and children. It focuses on gender and advocacy training, as well as mentoring and awareness raising, centred on rights, advocacy and the prevention of child abuse. The Process and Special Projects Programme oversees the management of all CHEP programmes, ensuring that each project has an implementation plan and all activities are monitored, evaluated, and documented.

One of CHEP’s community leadership initiatives is its ‘Sponsor a Child’ programme, which supports orphans and vulnerable children. Support funds are used for the child’s education, food, medical needs and clothing. CHEP has also helped to establish community schools, providing education to many children who otherwise would not be able to attend school due to poverty. CHEP assists with the financing and building of the schools, the provision of materials, and the training of teachers. It disseminates health education materials to the pupils through regular school visits. CHEP is currently also building a special training centre to provide training to local organisations in community development and HIV/AIDS.

**Law and Development Association**
P.O. Box 23567, Kitwe, Zambia.
Tel: +260 (2) 229 512/230 234; Fax: +260 (2) 222 723
The Law and Development Association (LADA) began as a community group, organised in 1994 by a group of widows in the Keemba area of Monze district in Southern Province, whose rights had been abused by property grabbing. LADA moved to Monze town, which has a population of 182,000 spread over a wide area, where it maintains an office of eight staff members, including field and support staff. It is a membership organisation, with 83 group members represented by six Area Associations, from which LADA board members are elected. It serves six districts in Southern Province.

LADA focuses its advocacy efforts on human rights, especially the laws of inheritance. An important part of its work is awareness-raising for people in rural areas, as well as for traditional leaders, police, and local court justices; for the latter, it runs a nationwide training programme. The issues it covers include human rights, domestic violence, and HIV/AIDS, including the legal ramifications of living with HIV. Workshops are held in the communities, and LADA has formed strong relationships with local chiefs. LADA’s second main focus is the provision of paralegal services and education. There are very few lawyers working in the area, and those who are charge fees beyond the means of most people. It has lobbied for the introduction of mobile high court sessions, as few villagers in Southern Province have the financial capacity to travel to Livingstone for high court hearings when their cases are referred by the district courts.

LADA works with local medical clinics, which refer serious cases, such as child abuse, to it for assistance. Through its joint training programme with the Legal Resources Foundation, it trains community members, including women, to become paralegals capable of running community legal desks. It also supports community income-generating activities in the largely impoverished Monze District. In 2001 it developed links with the Microbankers Trust (MBT), which has an office in Monze town. LADA and MBT provide community members with funding to run grocery stores, or raise goats and cattle and transport them to market in Lusaka. LADA has also assisted in a dam rehabilitation initiative, giving the community year-round water to grow vegetables, and cooperates with the Ministry of Agriculture and Cooperatives (MACO) in identifying beneficiaries for training in food and income security projects.
The Young Women’s Christian Association (YWCA) was founded in Great Britain in 1855. Since then it has grown to an organisation with national affiliates in more than 100 countries, with headquarters in Geneva, Switzerland. The YWCA was introduced in Kitwe, in Copperbelt Province, in 1957, making it one of the oldest women’s organisations in Zambia. Its present membership numbers some 20,000, with 27 branch offices in eight of the country’s nine provinces. The YWCA Western Regional Office has been in operation for 14 years. It currently has nine staff members, and operates in Mongu, Senanga, Kaoma, and Sesheke, encompassing 56 groups. The Y’s strength in Zambia is its membership base, and it relies on volunteers to carry out most of its activities.

The core business of the YWCA Western Regional Office is its Women’s Human Rights Programme, which focuses on the marginalisation of women and girls. Staff members counsel and provide legal advice to clients, on average four a day. Referrals are made to other institutions for further assistance such as HIV voluntary counselling and testing (VCT). The YWCA Drop-In Centre informs communities about legal and human rights, and advocacy activities are organised around special events, such as International Women’s Day. Staff members also lobby policymakers on issues affecting women and girls, and network with law enforcement agencies and other human rights stakeholders, such as district administrations, traditional leaders, and social welfare and other service providers.

The Western Regional Office has a wide-ranging HIV/AIDS Youth Programme, which includes an Adolescent/Youth Reproductive Health Programme. This was started in 1997, in response to the high prevalence of HIV and STIs and the large number of unwanted pregnancies in young people in the region. In 1999, it was expanded to offer ‘Youth-Friendly Corners’ in Mongu, Sesheke, and Senanga, in conjunction with the District Health Management Team (DHMT).

Currently, the YWCA delivers nine HIV/AIDS projects in the Western Region. These are targeted specifically at sex workers; youth in the workplace; rural youth and parent communities; urban youth and parents’ committees; and young people’s church groups; and include an HIV/AIDS Resource Centre (HARC); the production of educational leaflets, translated into local languages; a VCT project; and outreach
Appendices

counselling services for young people at four urban sites. The organisation also runs an Economic Empowerment Programme for disadvantaged women and young people, which offers small loans and training in micro-enterprise management.

Country: Zimbabwe

Farm Community Trust of Zimbabwe
Box HG 690, Highlands, Harare, Zimbabwe
Tel: +263 (4) 498 326/497 869/495 238; Fax: +263 (4) 497 825
E-mail: fctz@fctz.org.zw

The Farm Community Trust of Zimbabwe (FCTZ) is an NGO formed in 1996 by the Commercial Farmers' Union (CFU), which serves some two million Zimbabwean farmers. It was set up to assist the development of farming communities. It is based in Harare, but has five other offices around the country. FCTZ employs 80 people, and is thus a large NGO by Zimbabwean standards.

FCTZ believes that the only way to ensure sustainable development is through a process of empowering farm workers to take part in decision-making processes. It works through the existing structures of commercial farmers' organisations, farm worker organisations, rural district councils (RDCs), and other organisations at the local level.

It operates a number of different programmes. Its Relief and Recovery Programme provides household food security to farming communities. The Child Supplementary Feeding Programme, targeting children under five and primary school pupils, aims to reduce malnutrition. The Provision of Water project provides ex-farm worker communities with safe drinking water within a reasonable walking distance. The Farming Inputs Scheme assists farming households with fertiliser and seeds.

The Trust's Education Programme provides children's workshops that focus on life skills. In-Service Workshops are provided to teachers working in farm schools, and more than 225 teachers have been trained by this project. Educational materials are produced through FCTZ’s Developing Education Materials project, which also focuses on farm schools, while Head of Schools Workshops support headmasters in developing their management and administrative skills. Other projects focus on the construction of latrines, the safe use of pesticides, planting gardens to enhance nutrition, and on early childhood education.
FCTZ’s Health Programme includes a Reproductive Health and Family Planning project to improve the services performed by traditional midwives. Midwives are trained to supply clients with oral contraceptives and condoms and provide advice on reproductive health issues. The Trust’s HIV/AIDS Project initially focused on providing home-based care to the terminally ill, through training workshops. However, the high prevalence of HIV/AIDS in Zimbabwe means it is planning a more comprehensive HIV/AIDS programme in the future.

**Girl Child Network**

131 Duri Road, Unit F, Seke, Chitungwiza, Zimbabwe  
Tel: +263 70 31132/21509  
E-mail: gcn@zol.co.zw, or nyamapfene@zol.co.zw

The Girl Child Network (GCN) was founded in 1998 by Betty Makoni, a teacher who was concerned about the level of gender violence in Zimbabwe. She initially housed survivors of rape in her house and then started to establish ‘Girls’ Clubs’, which numbered four by 1999. It has grown remarkably, from ten clubs in 2002 to more than 150 in 2003, with more than 30,000 members. It is based in Chitungwiza, a sprawling township outside Harare, with two other offices, one in Rusape and the other in Hwange. It has a staff of eleven. The GCN girls’ club coordinators are schoolteachers who have volunteered their services.

The organisation’s mission is to support the empowerment of the girl child in all spheres – home, school, and community. It works to eradicate practices that impede girls’ physical, emotional and spiritual growth and development, and aims to change attitudes towards girls, helping them to assert their rights and resist abuse, and realise their potential in life. It disseminates information on girls’ rights to HIV treatment and education, as well as psycho-social support following child sexual abuse. It also promotes the reproductive health of girls by advocating improved access to reproductive health facilities.

GCN’s core programme is its Education and Training Programme, which provides girls with the information and skills to set up girls’ clubs, and mentors them on how to become future women leaders. Using the club as their platform, the girls create their own space and time to discuss the issues affecting them. Women leaders in their communities, including the volunteer teachers, inspire the girls as role models.

GCN’s Counselling Programme builds the capacity of young girls to learn a range of basic skills through peer counselling, group counselling, and training workshops.
An essential focus of this programme is on helping girls and their communities to deal with abuse more effectively. The Information and Advocacy Programme focuses on educating girls, women, and communities on their different rights and how they can use existing laws in Zimbabwe to seek justice. It repackages laws on children’s and women’s rights into formats and language that girls and community members can readily understand. This advocacy initiative involves liaising with policy-makers and community leaders, as well as other NGOs, to draft and pass more girl-friendly legislation.

Legal Resources Foundation
P.O. Box 918, Harare, Zimbabwe
Tel: + 263 (4) 251 170-4. Fax: +263 (4) 728 213
Email: lrfhre@mweb.co.zw

The Legal Resources Foundation (LRF) was established in 1984 with the aim of improving accessibility to legal and information services for all sections of the population. It aims to empower disadvantaged people, particularly women, to use the legal system; works to increase legal awareness, particularly among the disadvantaged; and creates positive input into legislation.

The LRF runs a Paralegal Programme, which provides legal advice at centres in five urban, four suburban, and 20 rural areas around the country. The centres are staffed by more than 40 trained paralegals, who advise and educate community members on a wide range of legal issues. The organisation also runs a Test Case Programme, which takes up cases of interest to the general public or which seeks to establish new legal precedents.

The LRF’s Education Programme embraces a variety of activities, including human rights training for police recruits; workshops on human rights issues for secondary school teachers; workshops for court officials and other judicial officers; and educational outreach through radio and other media.
APPENDIX B

Questionnaire sent to Oxfam partner NGOs in South Africa, Zambia, and Zimbabwe participating in the study:

AIDS in the Workplace

Name of organisation: Country:
Number of paid employees: Number of volunteers:

1. Does your organisation have an AIDS in the workplace policy?
   If yes, when was this developed?

2. Please describe briefly the process by which your policy was developed.

3. Has your organisation provided any training on HIV/AIDS for staff and/or volunteers? Or has any member of your staff received training on HIV/AIDS from any other organisation?

4. If yes, please state the types of courses and general response.

5. Does your organisation provide staff and/or volunteers with (please tick relevant box):
   - General information about AIDS
   - Free male condoms
   - Free female condoms
   - Post-exposure prophylaxis
   - Voluntary counselling and testing

6. Does your organisation provide any financial support to staff and dependants for medical insurance or does it directly cover medical expenses?

7. How has your organisation felt the impact of HIV/AIDS?

8. What steps have been taken to minimise the impact of HIV/AIDS?

9. Does your organisation have any contact with AIDS organisations in your community? If so, please describe the relationship.
APPENDIX C

Useful Resources

www.und.ac.za/und/heard

www.cdra.org.za

www.ilo.org/aids

www.aidsconsortium.org.uk

www.oxfam.org.uk/publications