

THE ROLE OF NGO WORKPLACE POLICIES IN ELIMINATING HIV/AIDS IN SOUTH AFRICA: An Analysis of Two Case Studies

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DECLARATION

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ABSTRACT

Amidst the proliferation of HIV/AIDS policies in existence, the study undertook to examine the extent to which workplace policies on HIV/AIDS in two NGOs in Pretoria are being implemented through activities and programmes within the organisation. The researcher conducted two qualitative methods, a document analysis on both NGOs workplace HIV policies and a semi structured interview with senior managers within both organisations.

It was found that workplace policies on HIV/AIDS are present in both organisations however, as it relates to the execution of these policies there has been little to no implementation. The issue of human resources has been highlighted as a main challenge within the organisations, along with funding, stigma and monitoring. Recommendations are provided for both policy makers and NGOs to assist collectively in charting a way forward in reducing the spread of HIV/AIDS in South Africa.

OPSOMMING

Ondanks die feit dat daar baie goeie beleid by baie organisasies in plek is, wil dit voorkom asof hierdie beleid nie altyd die gewenste resultate lewer nie.

Die doel van hierdie studies was om die beleidsdokumente van twee NGO's in die Pretoria omgewing deur middel van onderhoude te ontleed en van te stel of dit aan die vereistes, waarvoor dit daargestel is, voldoen.

Daar word gevind dat die beleide wil bestaan, maar dat baie min daarvan betuursmatig toegepas word. Voorstelle te verbetering word in die werkstuk voorgestel.

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As a constant, my father who has provided me with the strength and conviction to complete work started, for which I am grateful. My husband, Kurt Davis, who remains the wind beneath my wings.

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1	Average Number of Employees	Disaggregation of employment numbers by Sector

CHAPTER 1 INTRODUCTION

HIV/AIDS prevalence in sub Saharan Africa is on the decline, from 5.8 percent to 5 percent in 2001 to 2007 respectively (UNAIDS, 2007). An estimated 15.4 million women are noted to be living with HIV, increasing by 1.6 million more than the 13.7 million in 2001 (*Ibid*). A near replica is seen for men living with HIV for the same periods. According to UNAIDS (2008) report, in the most severely affected countries, HIV has slowed economic growth widen the reach of poverty and reduced life expectancy by 20 percent.

South Africa is experiencing a slight decline in the figures for HIV prevalence in women - from 29 percent in 2006, down by approximately one percent over 2005. As the statistics have shown, women tend to account for a slightly greater proportion than men. The epidemic from a South African perspective appears to be stabilising at a high level (UNAIDS, 2008).

How does this translate into the workplace? Over the past 10 years there have been a plethora of HIV policies and frameworks designed within organisations in an effort to contribute to combating the HIV/AIDS epidemic in South Africa. As will be seen in the review of literature little focus has been given to the integration of HIV/AIDS workplace policies within NGOs to address and mitigate viable threats to survival given their often limited financial resources. It is this gap that will be addressed in the study.

Civil society plays a key role in combating the HIV disease, yet their internal capacities to cope and mitigate the disease is often left out of the picture. Focus on their external work takes pre-eminence which should not falter and should be seen as a two legged strategy in fighting this disease. This study unlike others that focus on knowledge, attitudes and behaviour will push the bounds to investigate and understand the extent to which the NGO sector implements HIV workplace policies within their organisations and unearth the challenges they encounter on a daily basis that hinder them achieving their full potential.

1.1 Research Objectives

There are numerous policies in existence supporting the efforts to reduce HIV infections and prevalence. There remains little knowledge that provides an understanding of the

extent to which the HIV policies have been implemented especially in two NGOs in Pretoria.

The aim of the study is to evaluate the extent to which HIV policies are being implemented in order to promote effective implementation of HIV policies in two NGOs in Pretoria.

The objectives are:

1. To analyse the existing HIV policies within the two NGOs in Pretoria
2. To establish the implementation of activities stated in HIV policies
3. To identify the successes and challenges associated with implementing HIV policies
4. To provide guidelines for overcoming challenges and building on successes in order to promote effective implementation

There remains no clear standard for employee benefit under the HIV workplace policy within the NGOs as in businesses. Further research is needed to investigate the current practice within the sector.

A literature survey will be presented in Chapter 2.

CHAPTER 2 LITERATURE REVIEW

It is important that there is shared understanding of key concepts in this study on the effect of workplace HIV policies in NGOs. Key concepts for this study are HIV policy, NGOs and workplace policy. These concepts are defined and described further below and will guide the research methodology, findings and interpretation. A brief review is made into seemingly comprehensive research into the application and implementation of HIV policies within business organisations in South Africa. As NGO policies will be examined during the study, an understanding of the recommended structure of such policies is relevant for further comparison and analysis.

2.1 HIV Policy

A simple definition of a workplace policy provided by the ILO (2001) states that “a workplace policy provides the framework for action to reduce the spread of HIV/AIDS and manage its impact.” The workplace HIV policy should provide an employee with a complete understanding of the position of the organization in relation to procedures, policies, rights and freedoms within the organization in an effort to curb the spread of the disease not only within the organization but in the wider community.

Although the framework provides flexibility, there are a number of principles that have been adopted by business, government and civil society. These principles formulate a code of practice issued by the ILO in 2001 that is accepted globally. These principles reflecting in the policy should include recognition of HIV/AIDS as a workplace issue, non-discrimination, gender equality, confidentiality, continuation of employment relationship, and prevention among others. These principles will be discussed further and will assist in the document review to be conducted when assessing the NGOs HIV workplace policies.

2.2 Business Response

In the last 10 years large businesses have become key players in the fight against HIV/AIDS in the workplace. This is a far cry a few years earlier. The bottom line is crucial to business and in the light of the devastating impact this disease has on individuals as workers as a resource to business a new perspective has been placed on the workplace as

a tool to reduce the prevalence of HIV/AIDS. Large businesses have seen their role as more dynamic in addressing AIDS in the workplace (BER, 2003).

Among large businesses, over 90 percent have implemented an HIV/AIDS strategy in the workplace (BER, 2003). This is quite impressive though not very altruistic as the same companies have realized that in order to protect their companies they need to protect one of their key resources, which are people. Although corporate social responsibility tenets would disagree, businesses are not called to be altruistic but to administer prudent managerial principles over their resources; which would facilitate the implementation of workplace policies on HIV-related activities as one such measure.

Businesses have taken a number of steps in addressing the prevalence of HIV within the workplace. The most popular form was the distribution of condoms within the bathrooms. For many years this was considered a viable practice. As the disease continued to spread reaching the epidemic levels, more overt practices began to take form. These include advocacy and awareness raising, voluntary counselling and testing (VCT) (GBC, 2001) and expanding medical coverage to include Antiretroviral Therapy (ART).

2.3 Civil Society Sector

The following terms will be used interchangeably in this paper to collectively describe the civil society organisations. These are *Non governmental organisations (NGOs)*, Non Profit Organisations (NPOs), Voluntary Associations (VAs), Trusts, Section 21 Companies, Community Based Organisations (CBOs) and Cooperatives. Civil society organisations are diverse in their activities, operations and form. They exist outside of the state and the business sector. Based on the information provided by the Department (DSD, 2009), VAs comprise 94 percent of all registered organisations.

For the purposes of this study, the NGO sector is being defined very broadly as those not-for-profit organizations working outside government and the business sector. This study places emphasis on the voluntary organisations mainly because they comprise the largest number of registered organisations in South Africa. They are 'service oriented' in their delivery of diverse services to the community. They seek to implement programmes that significantly improve the quality of life for people amongst increasingly limited resources.

These organizations are largely funded by the government, international donors (sometimes through a government mechanism), private sector, churches and individuals to assist in the delivery of services to the vulnerable and poor within the communities.

In 1997 the NPO Act No. 71 was passed in parliament (DSD, 2009) to regulate the sector. Under the Act, registration remains voluntary which is one reason for outstanding large numbers of unregulated and informal organisations operating in South Africa. This is combated with the increasing donor funding which stipulates mainstreaming issues of governance (DSD, 2009), sustainability, programme efficiency as comprising primary indicators for accessing funding. This has stimulated growing registration of organisations with the Department of Social Development.

2.4 Contribution of NGOs to the Fight Against HIV/AIDS

NGOs have played a key role in implementing HIV/AIDS programmes throughout Africa and are central to the efforts in South Africa. Their implementation as with any other body has received 'mixed reviews' (DeJong, 2003) as the epidemic remains seemingly unfettered in Sub-Saharan and South Africa. Notwithstanding same, NGOs contextual factors have positioned these organisations as formidable in reaching the most vulnerable and affected groups of the disease.

Operating in the contextual environment in which NGOs work results in a convergence of socio-economic, cultural, health, political and technological zones in the organisations and its employees. The work of NGO staff in HIV-related programme implementation in communities does not exclude employees from being at risk of infection or being affected by the disease (James & Mullins, 2004). The convergence zone integrates and socialise on different levels of societal norms and practices. There cannot be a perceived separation as can be seen from high levels of infection of NGO staff, on local, regional and international levels (*Ibid*).

One of the reason for NGOs having 'mixed reviews' regarding implementation of HIV programmes can be attributed to under-performance and inefficiencies. As there is no known vaccine for the disease, NGOs have struggled with high staff turn-over, illness,

prolonged absences, death among other factors. James and Mullins (2004) have associated these effects to the vulnerable existence of NGOs to HIV/AIDS. There is inherent difficulty in NGOs meeting donor requirements and targets when they themselves are struggling with employees who have taken extended sick leave and where immediate family members are in need of care because of their deteriorated health condition as a result of AIDS.

Writers in development tend to speak to the issue of funding paradigms by donors and their imposition on NGOs. The increased use of terminology such as 'more accountability', 'results based monitoring', 'sustainability', 'value for money' (James & Mullins, 2004) among others have frightened and in some cases paralyzed NGOs and placed them into a catatonic state as they are not able to cope. This has also created inefficiencies and under-performance as their vulnerability has gone unnoticed, eroding the 'sustainable' nature of their work and the organisation.

There is a great need of NGOs for assistance from their partners, not just 'funding' opportunities but a holistic response to the problem (James & Mullins, 2004), as it must be acknowledged that sick doctors need medicine in order to continue care for sick patients. Similarly, NGOs need their partners to focus attention to their plight, from one organisation to another; ensuring that NGOs are equipped 'holistically' to attend to communities infected and affected by HIV/AIDS.

2.5 Scope of NGOs in South Africa

The Department of Social Development has reported an increasing demand from organisations to become registered under the Act. In March 2007, 44,222 organisations were registered compared to two years later in March 2009 when the number of registered NPOs grew to 56, 234 organisations.

In an Impact Assessment Study commissioned by the Department of Social Development in 2005, it was estimated that including informal CBOs, the number of organisations in the sector is closer to 100,000 in South Africa. Based on the regulated organisations also

reported by the Department, it is therefore estimated that over 30,000 organisations are operating informally throughout the country.

The study also reported the average number of employees working in the civil society sector in South Africa. Using the two studies conducted and commissioned by the Department, the following is a brief synthesization of the data to indicate an approximate calculation on the number of employees that are employed to the sector in South Africa. It has already been established that 94 percent of the 56, 234 organisations are classified as VAs.

Trusts and Section 21 companies employ approximately 19,685 and 21,838 employees respectively. While a projected number of 3,270,002¹ employees would be employed to cooperatives and unregistered organisations (based on the 30,000 organisations projected to be operating in South Africa), Voluntary Associations would account for approximately 729,467 employees. The NGO sector in South Africa roughly employs 1,097,990 employees.

Table 1 provides an illustration of the appropriation of the category of employees, the type of organisations and the distribution of employees throughout these organisations in South Africa.

Table 1: Average number of employees

Employment Data	NPOs registered with DSD	VAs Registered only with DSD	Orgs registered as Section 21s	Orgs registered as Trusts	Orgs registered as Coops	Unregistered VAs
Full-time	6	10	7.4	3	34	1.4
Part-time	1	0.6	1.9	0	60	0
Volunteers	7.3	3.2	3.8	9.9	6	9.5
Total	14.3	13.8	13.1	12.9	100	10.9

Source: NPO Impact Assessment, DOL, 2005

¹ approximate staff number based on unregistered VA

It is clear from Table 1 that the NGO sector accounts for a large number of employees which would support further funded and supported interventions in the area of workplace policy on HIV/AIDS.

2.6 NGO Management

In relation to these NGOs, few studies have focused on the inner core of the NGO (the administration and management of employees) and its impact on HIV/AIDS, though much has been said about the NGOs relation to the external environment - providing diverse assistance and in this context, assistance in the form of support to people living with HIV/AIDS (PLWHA).

A study conducted by HEARD, University of KwaZulu-Natal, (HEARD, 2002) highlighted a number of HIV related vulnerabilities of NGOs. NGOs are faced with high levels of staff loss, increasing demoralisation and increased staff turnover. The nature of NGOs dictates that institutional memory and experience are fundamental to growth and development. The impact of continuous and increased staff turnover severely impacts on the functioning of NGOs. With increasing reduction in Government's capacity, 'increased community care needs and loss of labour availability' threatens the existence of NGOs longevity within the sector.

HIV/AIDS is a chronic disease which can be very difficult to manage effectively. Within the NGO sector, it has been reported that senior managers have found the management of HIV/AIDS extremely difficult especially to cope (O'Grady, 2004; Oxfam, 2004). This coupled with the issue of non-disclosure has assisted in making management within the NGO difficult. There are a number of prevailing factors that assist in creating a phenomenon that seems unmanageable. Stigma is another such factor that can be debilitating in its effects. Various projects have sought to address this issue to destigmatize HIV (Nkosi, 2006). Managers within NGOs are faced with a deafening silence with regards to HIV/AIDS which adds to the seemingly unmanageable nature of the disease. It is however not the disease that is unmanageable but the plethora of unprecedented symptoms facing the NGOs.

It has been repeatedly stated that the NGO sector is one of the poorer on the continuum of

key organisational partners. It is therefore not surprising that small businesses averaging fewer than 20 employees are at highest risk for the impact of HIV/AIDS on their workplaces (O'Grady 2004). This is mainly considered to be influenced by limited financial ability to provide health care for employees and family members and the costs associated with replacement of staff.

2.7 Components of the policy

A workplace HIV policy can be as elaborately drafted as the Constitution Act, No. 108 of 1996, Employment Equity Act, No. 55 of 1998; Labour Relations Act, No. 66 of 1995; Occupational Health and Safety Act, No. 85 of 1993; Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993; and the Basic Conditions of Employment Act, No. 75 of 1997 among others (DOL, 2000). The policy can also comprise a simple organisational document, provided it captures key elements for effective implementation and monitoring. The HIV policy provides a framework in which the organisation makes a clear statement regarding its position towards reducing HIV/AIDS and reducing its impact on the organisation. The HIV policy should have at least four components namely: a general statement; policy framework and general principles; specific provisions; and implementation and monitoring (ILO, 2004; DOL, 2003).

There are many resources available to assist organisations in developing an HIV policy, which will be discussed in the findings. The important principle is that these policies are implemented to effect change and support the range of initiatives, activities and programmes to positively modify behaviour and reduce the impact of HIV/AIDS on the social, economic and political spheres in South Africa. The South African Department of Labour has provided documents that aptly assist organisations in developing their workplace policies on HIV/AIDS. These documents include the Technical Assistance Guidelines and the Code of Good Practice on Key Aspects of HIV/AIDS and Employment and also two ILO publications: the *ILO code of practice on HIV/AIDS and the world of work* and a *Workplace policy on HIV/AIDS: What it should cover*.

CHAPTER 3 RESEARCH PROBLEM AND RESEARCH QUESTION

The study is intended to provide information and understanding of how NGOs are managing the implementation of HIV/AIDS workplace policies. As little information is available about the internal complexities of NGOs and HIV, the study will generate more information that will serve to assist NGOs in raising their levels of implementation and show the unique advantage of NGOs in addressing the prevalence of HIV in the wider community.

The outcomes of the study will inform and provide guidelines for decision makers within the NGOs about further strategies available at their disposal. It will empower managers to proactively address the issues facing the NGOs to ensure the continuation of the sector.

The research question is stated as:

To what extent are workplace policies on HIV/AIDS are being implemented in two NGOs in Pretoria?

The study research aim and objectives are captured as:

To evaluate the extent to which HIV policies are being implemented in order to promote effective implementation of HIV policies in two NGOs in Pretoria.

- 1. To analyse the existing HIV policies within the two NGOs in Pretoria*
- 2. To establish the implementation of activities stated in HIV policies*
- 3. To identify the successes and challenges associated with implementing HIV policies*
- 4. To provide guidelines for overcoming challenges and building on successes in order to promote effective implementation*

With reference to the research problem, aim and objectives, the following hypothesis will be tested in the study.

The NGOs limited implementation of workplace HIV/AIDS activities and programmes within their organisations account for negligible impact on reducing the disease

CHAPTER 4 RESEARCH METHODOLOGY

The research paradigm draws mainly on the qualitative methodology. The methodology affords the study a deeper understanding of contextual factors affecting the organisations through conducting interviews and reviewing organisational policy documents.

4.1 Target Group

The study focuses on HIV policy implementation within two NGOs in Pretoria; the target group comprised senior managers in the organisations. This was in an effort to provide a managerial and policy context perspective of the implementation process of HIV policies. The policy and supporting documents were also reviewed during the study. The documents reviewed constituted the primary policy document for each organisation.

The study utilised an inclusion criteria focusing on seniority within management. The inclusion criteria reduced the target group to a manageable target eliminating the need to conduct a random sample or any other sampling techniques. The target was two senior managers within both organisations.

4.2 Method

Two qualitative processes will be undertaken in this study and one quantitative process. Each process relates to the two legs of the target group and material; the policy materials will be assessed using a content analysis; semi-structure interview techniques will be conducted with senior managers.

A qualitative method was necessary and was facilitated through a semi-structured interview schedule of questions. The purpose was to solicit information and to gain an understanding of each organisation's unique situation and to highlight successes and challenges. A document analysis was also conducted on each HIV policy document for each organisation as organisation's 'texts are one aspect of the sense making activities through which we construct, sustain, contest and change our sense of social reality' (Patton, 2002).

4.3 Ethical Considerations

Ethical considerations were paramount in undertaking this study. The participants involved in this study were provided with an accurate reflection of the purpose of the study, the use of the information and the need to preserve the integrity of the organisation and the managers themselves was discussed prior to initiating the study within the organisation. Informed consent was obtained from both participants as part of the process of conducting the study.

A high standard of data collection was undertaken to ensure the reliability of the information (Whiteside, 2005). The retrieved information through this study will be provided to decision makers in anticipation that this study will enhance current policy within organisations.

CHAPTER 5 RESULT

5.1 Document Analysis of Workplace Policies on HIV/AIDS

This section will provide an analysis of the findings of two case studies' policy documents on workplace HIV/AIDS. The comparative benchmarks are the Department of Labour, 2003 and the International Labour Organisation, 2004 documents. Five categories will be examined for both case studies².

A case study was conducted using document analysis on the two NGOs' HIV Workplace Policies. This was in an effort to analyse and draw synergies with current benchmark codes and guidelines on a national and international level and to support the NGOs in their ongoing work in reducing the impact on HIV/AIDS on their organisations. The document analysis aims to also ensure that NGOs remain sustainable and productive in their areas of specialised development.

The document analysis will examine the following categories: general statement; management; policy framework and general principles; specific provisions; and implementation and monitoring (ILO, 2004; DOL, 2003).

The main resource documents consulted for this analysis were two pieces of documents from the South African Department of Labour: *HIV/AIDS Technical Assistance Guidelines* and the *Code of Good Practice on Key Aspects of HIV/AIDS and Employment*, and also two ILO publications: the *ILO code of practice on HIV/AIDS and the world of work* and a *Workplace policy on HIV/AIDS: What it should cover*.

Following below are the outcomes of the case studies for the respective organisations.

² Case Study 1 – National Youth development Outreach (NYDO)
Case Study 2 – Child Welfare Tshwane (CWT)

5.1.1 General Statement

Based on the ILO description of what should be included in the general statement, the organisation has provided clear direction and commitment of its intension in implementing programmes to address HIV in the organisation. It should be noted, that the policy is silent on its relation to the wider South African legislative framework such as the Constitution of South Africa Act, No. 108 of 1996, Employment Equity Act, No. 55 of 1998; Labour Relations Act, No. 66 of 1995; Occupational Health and Safety Act, No. 85 of 1993; Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993; and the Basic Conditions of Employment Act, No. 75 of 1997 among others (DOL, 2000). The inclusion of the wider legislative framework provides a legal grounding for the policy and reassures employees that this is not merely a goodwill gesture but founded on core legal and rights-based perspectives.

The NYDO 'HIV and AIDS Draft Policy' provides a general statement of the reason for the policy on HIV/AIDS and illustrates the organisation's commitment to manage the impact on its employees, those infected or affected by the disease. The policy provides an objective and scope, which both fall under the ambit of what would constitute inclusion under the general statement.

Child Welfare Tshwane (CWT) provides a general statement in their HIV/AIDS Policy. It caters for a broad framework of primary and secondary goals for the organisation. The policy document has drawn widely from national instruments including the Constitution of South Africa Act, Employment Equity Act; Labour Relations Act; Occupational Health and Safety Act; Compensation for Occupational Injuries and Diseases Act; to list a few. This provides a firm contextual base for the document and should contribute to a grounded workplace programme for all employees.

5.1.2 Management.

The management function of any policy is important as it is an indicator of a manager, who will report as key responsibility area to senior manager, director, board of directors or as the case maybe. This paper believes that the category of 'management' may be inherent in the

wider category of 'implementation and monitoring' but that it should be extrapolated to create its own category as the management responsibility can be separate from the implementation and monitoring function.

In this category, issues such as championing the cause of HIV/AIDS from management; mobilise and delegate (if appropriate) the structure/committee implementing, reporting and monitoring the policy and programmes; representation at management and higher levels internal and external to the organisation; oversee the development of HIV/AIDS strategies within the organisation; issue of financial resources and budgeting. These are among the functions of management that should be addressed independently. The TAG document (2003) does provide an independent section on managing and management of HIV/AIDS policy, which supports this proposition.

The NYDO organisation in its HIV/AIDS policy provides a section on 'Responsibility Matrix' in which an action table is drafted and responsibilities are assigned to either employees, supervisors, manager or the wellness committee. This shows a forceful effort to align most of the responsibilities of the policy to sections of the organisation. It also endorses the commitment made by the organisation to seriously address the disease within the organisation and reduce the impact on employees. One of the drawbacks with the action table is that there appears to be no single section or department that holds ultimate responsibility for the management of the matrix. Who should an employee approach if they wanted to learn more about access benefits under the policy? Or if there is funding needed to support an awareness programme, who is responsible? Such person, section or department should be clearly identified in the policy as this will provide more management teeth.

The CWT policy being reviewed does not explicitly detail the management aspect of the policy. It is not indicated whether a designate will be assigned or whether this role will be assigned to a senior management employee. As the document is silent on this issue, further advice would be included in this paper's recommendations in a later chapter.

5.1.3 Policy Framework and General Principles

According to the ILO and the DOL publications there are policy framework and general principles that should be reflected in the workplace HIV/AIDS policy. The Code (DOL, 2000) has aptly collated the basic information needed for the policy framework and general principles section as 'details on employment policies (e.g. position regarding HIV testing, employee benefits, performance management and procedures to be followed to determine medical incapacity and dismissal); express standards of behaviour expected of employers and employees and appropriate measures to deal with deviations from these standards; grievance procedures in line with item 12 of this Code; set out the means of communication within the organisation on HIV/AIDS issues; and details of employee assistance available to persons affected by HIV/AIDS'.

The NYDO HIV/AIDS policy has made significant efforts in addressing this category of the policy. The organisation has provided clear details on employment policies speaking directly to recruitment and HIV testing. There is mentioned of performance management but with regard to the procedures to be followed, these need more elaboration or reference to another policy document possibly Human Resource Policy or as the case maybe. More comprehensive information of the employee assistance programme should be provided or again referred to an appropriate document. The communication and grievance procedures need to be elaborated in the policy; as presently the policy seems silent on these issues.

Based on the CWT policy the organisation has aptly undertaken to ensure that areas of employment procedures comply with the legislative framework pertaining to HIV/AIDS. Areas regarding HIV testing, employee benefits, performance management and procedures to be followed to determine medical incapacity and dismissal are mentioned without great detail. It remains important that these procedures are documented openly in this or another document. As it relates to grievance procedures, this is an objective of the policy but no further detail is provided. There is also silence on the matter of communicating the policy to employees and the manner in which this will be done.

5.1.4 Specific Provisions

Workplace HIV/AIDS Policies are founded on the guaranteed rights of non-discrimination and confidentiality, which are protected by the South African Constitution and reflected in many other legislative documents. There is also consensus about the inclusion of HIV workplace programmes and awareness and employee care and support (ILO, 2004; DOL, 2000). Organisations are at liberty to include additional provisions which are specific but these three groupings have received general consensus across national and international spheres.

Based on the NYDO HIV/AIDS policy, the organisation firmly upholds the right of non-discrimination against any employee especially against those infected or affected by HIV/AIDS. Breach of such rights will involve disciplinary action. There seemed to be an oversight by the organisation as the policy has specified 'discrimination against employees, by fellow employees'. This has inadvertently left the employer with discriminatory rights. Based on the tone and feel of the policy, this is clearly an oversight, but one which needs immediate attention.

There is mention of HIV/AIDS awareness sessions and/or corners by NYDO that will hold information and knowledge about the disease that will arm employees to make informed decisions. As stated earlier, clearer or more specific details of the EAP should be provided in the policy or reference made otherwise. As the policy presently stands, there is minimal benefits that can be derived from the current policy. In addition, the Code (2000) recommends that organisations provide an outline of the programmes that will be implemented through the HIV policy. This can be a daunting exercise especially if organisations are struggling with human and financial resources. With that said, NYDO should seek to explicitly include a programme even in its basic form as this will assist employees in their expectation of the workplace HIV/AIDS policy.

The specific provision pertaining to non-discrimination and confidentiality are distinctly outlined in the CWT policy. Both these provisions have included possible means of enactment - meaning that the policy outlines ways in which non-discrimination and confidentiality will be addressed in the organisation. The policy tends to speak quite

exclusively to persons infected by the disease. It needs to be more inclusive to all employees; as this may open the door for a case of discrimination. It is important that the organisation has indicated its commitment to these provisions as it provides an enabling work environment for staff members. The actual workplace programmes and activities of the policy, including employee care and support are not clearly outlined. This makes it difficult to assess and to provide recommendations.

5.1.5 Implementation and Monitoring

Based on the NYDO HIV/AIDS policy, the responsibility matrix mentioned earlier seems to be the only form of demonstrating implementation and monitoring in its most basic form of the policy. It is evident that the organisation has tried to include implementation and monitoring aspects in the policy but seemed to be suffering from resource challenges. In its current form, it can be concluded that the organisation at this point in time is not able to fully implement or monitor the policy based on the evidence provided in its policy.

The CWT's HIV/AIDS Policy does not explicitly provide for implementation and monitoring of the policy, which indicates one of the main weaknesses of the policy.

5.2 Interviews

Management interviews were also conducted with the two case study subjects, namely, Child Welfare Tshwane and National Youth Development Outreach (NGOs in the Tshwane Municipality). Interviews were conducted with the Director and Executive Director respectively. These senior management employees provided insightful information for this study, the absence of which would have limited the scope and understanding of the process of implementing HIV workplace policies in NGOs.

The interviews covered the following areas: policy development, policy programmes and activities, management, implementing and monitoring, impact of HIV, lessons learned and financial resources. Based on the literature and document analysis it is important to

understand the reality of senior management as facilitators, implementers and authorisers within the NGO environment as it relates to the HIV/AIDS policy. The following case studies will give a small but insightful perspective into what obtains in these organisations and as partners in reducing the prevalence of HIV/AIDS in South Africa.

Findings from case study interviews:

5.2.1 Case study 1: National Youth Development Outreach (NYDO)

5.2.1.1 NYDO Background

The National Youth Development Outreach (NYDO) was established in 1990 and started off as a coffee bar on Friday evenings (YDO, 2010). The gathering on a Friday evening was in an attempt to provide an alternative to a life of drugs and gangsterism for young people in the Eersterust, Mamelodi and Nellmapius communities. It has developed into a well established Youth Development Organization with an integrated and holistic approach to working with young people (YDO, 2010).

The organisation boasts a permanent staff complement of 32 including professional, administrative staff and semi-skilled employees. There are currently six volunteers associated with the organisation at this time. The main thrust of the organisation's specialisation lies in the area of youth in conflict with the law, youth development and at risk youth.

5.2.1.2 Policy Development

The organisation has a workplace policy on HIV/AIDS which is presently in a draft version awaiting finalisation from the board of trustees. The workplace policy on HIV/AIDS is part of a wider organisation policy on Human Resource and Wellness. The organisation views HIV/AIDS as one of the issues affecting their employees and as such a wider contextual approach is fostered in attending to the physical, emotional and spiritual 'wellness' of the employee. This approach is viewed as ensuring continued and sustained productivity of the employees and commitment to the organisation.

In 2005, the policy was developed as a result of a knowledge, attitude and perspective study among employees in which it was found that there were practices of high risk sexual behaviour. The relevance of the policy was evident.

The drafting of the policy was facilitated by an active board member who is experienced in the field of HIV/AIDS management. The draft was circulated to staff for comments, which facilitated a consultative process in finalising the policy.

5.2.1.3 Policy Programmes and Activities

The development of the policy prompted a series of training programmes for identified employees who become 'Health and Safety' representatives. They were trained in 'at risk triggers' among other areas. They provide peer counselling to their colleagues. Based on the interview, it was highlighted that during that period of promoting the policy and encouraging consultation, NYDO organised a workshop or training on HIV/AIDS and its related issues on every Friday. This increased awareness and spurred conversations that would otherwise be muted because of the stigma that is associated with the disease.

5.2.1.4 Management, Implementing and Monitoring

In the previous section when the NYDO policy was analysed it was highlighted that there was a matrix of responsibilities but found also that there was no specific person or department in which the lines of responsibility lay. During the interview, the executive director was posed with the questions of management, implementation and monitoring of the policy, programmes and activities. The responses to all these questions were 'No'; the organisation has not had resources with which it is able to delegate, effectively implement (although initial activities and programmes were undertaken) and monitor. This remains a challenge to the organisation.

5.2.1.5 Impact of HIV

Based on the survey that was conducted in 2005, it has been observed that the younger staff members are more at risk of contracting the disease mainly as a result of their higher

attainment in the number of sexual partners. This is despite the high levels of awareness activities undertaken by the organisation. There remains quite a high level of denial about HIV/AIDS, mostly associated with the stigma that is closely attached to the disease.

5.2.1.6 Lessons Learned

The external work that the organisation does in implementing HIV-related projects in the communities helps to allow for easier discussions among those staff members who are active in those projects. They are more open to the discussions around the disease because it also assists them in obtaining knowledge and understanding that can further elevate their job function.

There remain high levels of stigma and discrimination around the issue of HIV, which makes it difficult to engage the issues more openly. The organisation has found that the 'Wellness Policy' is less obtrusive and 'softens the blow' around health in general. HIV/AIDS is therefore not a forefront topic but lies beneath the discussion. This makes it easier for the organisation to engage with employees.

It has been observed that it is better not to have VCT services at the organisation's office, as there is observed discomfort and pressure that is placed on employees. The organisation has adopted the approach of moving away from familiar 'eyes'. This also gives the employee more confidence that their results are their own and will not be communicated to senior management. It is important that an external source or third party undertakes the VCT arrangements.

5.2.1.7 Financial and Other Resources

The organisation explicitly states that there is no funding for workplace HIV/AIDS programmes. This has limited the effectiveness of the policy. However, being a resourceful organisation, the organisation has partnered with an NGO offering VCT services and a corporate which from time to time sponsor an event. This has assisted in the small interventions that the organisation periodically implements.

5.2.2 Case Study 2: Child Welfare Tshwane (CWT)

5.2.2.1 CWT Background

Child Welfare Tshwane was established in Pretoria West in 1918 when there was an opening of a children's home for 27 children (CWT, 2010). Since then the organisation has grown leaps and bounds to become one of the most respected and recognized organisations in Pretoria and the wider community. This is manifested in CWT's work in seven community offices, with numerous successful projects serving families and children in their own communities (CWT, 2010).

It would be safe to classify CWT as a medium sized NGO employing 115 employees comprising mainly professional, administrative and semi-skilled staff. The organisation boasts a volunteer base of approximately 437 community members who are assisting the organisation in fulfilling its mission. The organisation provides a myriad of statutory services, along with child and youth care centre, life skills programmes and assisting local universities in the provision of student placement and supervision for fourth year Social Work degree candidates.

5.2.2.2 Policy Development.

The interview with Mrs Coetzee revealed that CWT has had a stand alone workplace policy on HIV/AIDS for quite a number of years. In 2008 the policy document was revised (building on the previous document) in an effort to position the organisation to comply with the updated legislative, national and international environment. The policy was developed to look after the wellness of the employees to function optimally; providing resources to employees to enable production and build loyalty to the organisation.

The development and revision of the policy were both supervised by the board of management (BOM) along with the internal managers of the organisation. There was inclusive consultation among BOM and managers. Employees are sensitised about the document upon their orientation into the organisation.

5.2.2.3 Policy Programmes and Activities

The organisation has limited workplace HIV/AIDS programmes and activities. The crux of the workplace HIV/AIDS training programme lies in the induction or staff orientation package. There is no specific internal organisation training on HIV/AIDS as part of the policy programme and activities.

CWT had an HIV programme that was funded as an awareness outreach programme for the communities in which it served. Through this programme employees were trained in an effort to build their capacities to efficiently prepare and implement the programme.

5.2.2.4 Management, Implementing and Monitoring

The responsibility to implement the workplace policy on HIV/AIDS resides with the Human Resource Manager. This position is responsible for all policy documents of the organisation. In addition, a sub committee from the BOM facilitates the review of policies regularly.

As part of the human resource manager's performance appraisal, the indicator for policy implementation is weighted in the total score. This may not specifically delineate HIV/AIDS policy but is broader to cover all policy implementation of the organisation. Currently, the organisation does not monitor the HIV/AIDS policy mainly because of limited resources.

5.2.2.5 Impact of HIV

The interview uncovered that the organisation perceives that they are less vulnerable to HIV/AIDS. This is mainly because their staff hold higher education levels and there have not been any reported cases of HIV/AIDS. The organisation understands that there is no comfort zone or HIV/AIDS free organisation and that being proactive remains a key element in the mitigating the impact of HIV on the organisation. However, to date, no measures or investigations to determine the organisation's vulnerability have been undertaken.

5.2.2.6 Lessons Learned

Sadly, the organisation has not experienced successes in the implementation of the workplace policy of HIV/AIDS as there has been little to no execution of the policy. The organisation has highlighted a number of challenges that has resulted in low implementation. The issue of funding specifically for workplace programmes remains a major challenge. The organisation does not include medical aid as a benefit which limits the benefits that can be accessed by employees who are ill. Another challenge is to get buy-in and to mainstream the HIV/AIDS policy at the highest levels within CWT.

It is important that lessons learnt from the process of implementing a workplace HIV/AIDS policy be highlighted and discussed at wider fora in an effort to raise awareness. It is important that the organisation has a high level champion promoting and encouraging the need of placing HIV/AIDS on the agenda of the organisation as a priority. Another lesson that has been learnt is that NGOs priority lies in obtaining funding as a matter of survival, in which services are delivered and employees' compensation packages are competitive as this will encourage staff retention. Among these priorities, the issue of HIV/AIDS is quite low, which results in it being sidelined to an extent.

5.2.2.7 Financial Resources

The organisation like many others of its nature (NGO) does not have a budget for the workplace HIV/AIDS programme and activities. As such, quite a number of activities that are needed internally to promote and educate about HIV/AIDS to employees are not able to be undertaken. The organisation has reached out to service providers including a private practitioner in an effort to provide private VCT services to employees. Sometimes this is at the discretion of managers based on their observations as employees are sometimes unwilling to approach a manager to access the services because of fear of stigma and discrimination.

CHAPTER 6 RECOMMENDATIONS

In generating possible way forward from this study, it is important that key stakeholders are identified with proposed action steps which can assist in effectively implementing workplace policies on HIV/AIDS in the civil society sector. For this study the key stakeholders are placed into two categories, policy-makers and donors and NGOs. Recommendations will aim to address both groups in establishing initial steps in addressing HIV in workplaces.

6.1 Policy-Makers and Donors

This group is inherently broad and far reaching in scope; it is important to consolidate the group a bit further to those bodies that support and is mandated with workplace policies on HIV/AIDS. These would include departments of Labour; Health and Social Development and donors that support HIV-related programmes in South Africa.

1. Conduct a NGO wide workplace audit on workplace HIV/AIDS policies and programmes. As this could be quite a daunting process, it would be recommended that an initial focus be given to registered entities with the Department of Health and Social Development.
2. Arrange provincial workshops with the various departments about the impetus to support civil society organisations with HIV/AIDS programmes within their organisations.
3. Develop a workplan for country wide workplace implementation of the initiative with NGOs.
4. Initiate funding for organisations that are in a state of readiness to implement HIV-related programmes within their organisations.
5. Provide support through capacity building for organisations whose policies are not ready for implementation.
6. Recruit/select a wide representation of stakeholders to convene, implement, monitor and report the process of the interventions.
7. Develop a process of feedback and consultation on the initiative; this could be through a published report to stakeholders.

6.2 NGOs

This study examined two NGOs but as was depicted through the literature review, the NGOs in South Africa have been experiencing similar successes and challenges. These recommendations are based on the two organisations studied; however, parallels can be drawn for other organisations in South Africa based on the research that been done.

1. Partner with a corporate body/organisation to support workplace HIV activities and programmes. NGOs are strategically placed to exchange services to these sometimes large organisations.
2. Align the NGO with a university HIV/AIDS centre or department as they can assist in further lectures, workshops, activities and programmes for employees.
3. Work alongside local clinics/hospitals for access to antiretroviral drugs for employees and family members. This could be apart of the VCT services being offered and or facilitated by the organisation.
4. An important separation is needed between HIV funded programmes that NGOs implement in communities and internal workplace HIV programmes. One does not replace the other.
5. Policy must move from paper to implementation. Effective ongoing workplace activities and programmes will also assist in reducing the spread of HIV/AIDS in South Africa.
6. Include workplace HIV activities and programmes in the annual report. This can be done by drafting a simple monitoring and reporting plan.
7. Involve the board of management or trustees. Table a standing agenda item on the board's meeting for workplace HIV/AIDS policy and programmes.
8. Ensure that workplace policies on HIV/AIDS are inclusive to all possible staff members.
9. Assign the workplace policy on HIV/AIDS to a senior manager, responsible for implementation.
10. Solicit funding for workplace HIV programmes from the respective departments and donors.
11. Create a NGO support group that hone in on HIV-related issues in the workplace.

12. Package, sell and promote workplace HIV interventions to indicate potential benefits to employees.

CHAPTER 7 CONCLUSION

The issue of HIV/AIDS in South Africa and in deed Sub-Saharan Africa requires continued policy attention as part of the strategic framework in addressing HIV/AIDS in the Country. The study has shown that particular emphasis on HIV/AIDS interventions in the workplace especially in NGOs. A greater coordinated and collaborative approach is needed as NGOs limited implementation of workplace HIV/AIDS activities and programmes within their organisations account for negligible impact on reducing the disease. This is against the background of over a million employees (based on a projected calculation) and millions of beneficiaries. The NGOs are a ready and available target audience for assistance that can significantly reduce the impact of HIV/AIDS on the country and the NGOs.

It is anticipated that the recommendations provided in this study will be able to assist both policy makers and NGOs in strategically positioning limited resources in an effort to fight the surge of HIV/AIDS in South Africa. It is important that a partner of sorts be forge instead of a donor and beneficiary relationship. This will further propel the efforts and capacitate both the NGOs and the policy-makers in finding good practices in ensuring the effectiveness of workplace policies on HIV/AIDS are implemented appropriately and are effective in their objectives.

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ADDENDUM 1: INTERVIEW QUESTIONS

SENIOR MANAGERS

NOVEMBER 2010

YOUR FEEDBACK IS HIGHLY APPRECIATED AND VALUED IN CONDUCTING THIS RESEARCH ON 'WORKPLACE HIV/AIDS POLICY'. KINDLY COMPLETE ALL THE QUESTIONS BELOW.

NAME OF ORGANISATION:

NUMBER OF PAID EMPLOYEES:

NUMBER OF VOLUNTEERS:

ORGANISATION WORK SPECIALISATION/AREA:

1. DOES THE ORGANISATION HAVE A HIV/AIDS WORKPLACE POLICY?
2. IS THE POLICY A STAND ALONE DOCUMENT?
3. IF NO, TO WHICH OTHER POLICY/POLICIES) IS IT ALIGNED?
4. WHEN WAS THE POLICY DEVELOPED?
5. WHAT INITIATED THE DEVELOPMENT OF THE POLICY?
6. DID AN EXTERNAL FACILITATOR ASSIST IN DEVELOPING THE POLICY?
7. WHO WERE INVOLVED IN THE FORMULATION OF THE POLICY?
8. DOES THE POLICY CAPTURE ANY UNIQUE FEATURES THAT ARE IMPORTANT TO THE STAFF?
9. IF YES, INDICATE
10. HAS THE ORGANISATION PROVIDED TRAINING ON THE POLICY TO STAFF?
11. HAS THE ORGANISATION ATTENDED ANY SPECIFIC TRAINING/WORKSHOP ON HIV/AIDS? IF YES, WHEN AND WHERE?
12. DOES THE ORGANISATION PARTNER/NETWORK WITH OTHER ORGANISATION IN THE FIGHT AGAINST HIV/AIDS IN OR AROUND THE COMMUNITY?
13. IS THERE A PERSON/DEPARTMENT RESPONSIBLE FOR IMPLEMENTING THE POLICY?

14. IS THE POLICY A KEY PERFORMANCE AREA/INDICATOR FOR THE PERSON/DEPARTMENT?
15. HAS THE POLICY BEEN ALLOCATED FINANCIAL RESOURCES OR BUDGET TO IMPLEMENT ITS ACTIVITIES/PROGRAMMES?
16. IS THE POLICY MONITORED? IF YES, HOW?
17. IS THE ORGANISATION VULNERABLE TO THE HIV/AIDS EPIDEMIC? IF YES, EXPLAIN
18. HOW HAS THE ORGANISATION EXPERIENCED THE IMPACT OF HIV/AIDS?
19. WHAT MEASURES HAVE OR WILL BE TAKEN TO MINIMISE THE IMPACT OF HIV/AIDS ON THE ORGANISATION?
20. DESCRIBE THE SUCCESSES THAT THE ORGANISATION HAS EXPERIENCED BY IMPLEMENTING THIS POLICY
21. DESCRIBE THE CHALLENGES THAT HAVE BEEN ASSOCIATED WITH THE IMPLEMENTATION OF THE POLICY
22. WHAT LESSONS HAVE BEEN LEARNED FROM THE CHALLENGES?